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**ABORTION, REPRODUCTIVE TECHNOLOGY, AND EUTHANASIA:
POST-CONCILIAR RESPONSES FROM WITHIN THE ROMAN CATHOLIC
CHURCH IN ENGLAND AND WALES 1965-2000**

JOHN WILSON

THESIS SUBMITTED FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

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THE UNIVERSITY OF DURHAM

DEPARTMENT OF THEOLOGY

2003

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ABSTRACT

John Wilson, Abortion, Reproductive Technology, and Euthanasia: Post-Conciliar Responses from within the Roman Catholic Church in England and Wales 1965-2000. Thesis submitted for the degree of Doctor of Philosophy, 2003.

This thesis is the product of original research into the responses offered by the Roman Catholic Church in England and Wales to the subjects of abortion, reproductive technology, and euthanasia, during the years 1965 to 2000. While focused on the period following the Second Vatican Council (1962-1965), it also offers an introductory historical overview of the Catholic moral tradition, and, more precisely, it assesses relevant pre-Conciliar responses from within the English and Welsh Catholic Church. The main substance of the thesis concentrates on post-Conciliar treatment of abortion, reproductive technology, and euthanasia, providing detailed and comprehensive exposition of the themes under review, and reflective analysis of their significance. Through an extensive location and examination of primary and secondary sources, this investigation makes an original contribution to the understanding of the bioethical attitude and approach of the Roman Catholic Church in England and Wales. In this, it is necessarily contextualised within a wider appreciation of social, moral, and ecclesiological questions. The thesis, together with its inclusive bibliography, provides a useful point of reference for any further and future research in this area.

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BIBLIOGRAPHICAL NOTE

In accordance with the regulations of the University of Durham, the bibliography includes all the relevant material that has been consulted in researching this thesis, whether or not it has been cited in the text. All references are listed alphabetically by author or, where the sources are unaccredited, by title.

This thesis quotes or refers to a significant number of articles for which the original text is no longer than a single page. Therefore, in order to simplify the footnote references, where a text of this nature is cited, only the author, if applicable, the title, and the date are given. These enable the reader to locate the full reference and relevant single page number in the bibliography and avoid unnecessary duplication of the page citation.

Where articles consisting of more than one page are cited or referred to, the footnote reference provides details of the author, if applicable, the title, the date, and the relevant page number for the citation or quotation. This enables the reader to locate the full reference in the bibliography, where the complete page numbers of the entire article are given. Certain references of a similar nature, for example to letters and editorials, are cited in the footnotes with more extensive details of source and date. This serves to avoid any confusion and to direct the reader more easily to the full reference within the bibliography. Unless stated otherwise, letters are to the editor of the publication in which they appear. Some of the entries in Briefing contain articles and letters by specific individuals that have been given an editorial title, introduction, and additional comment. As such, these entries do not have a designated author and are referenced by title.

ABBREVIATIONS

- AmpJ - The Ampleforth Journal
- ATMTA - Association of Teachers of Moral Theology Archive
- ATMTP - Association of Teachers of Moral Theology Paper
- B - Briefing
- BF - Blackfriars
- BPA - Bishop's Personal Archive
- CBCEWA - Catholic Bishops' Conference of England and Wales Archive
- CG - Catholic Gazette
- ChiS - Chicago Studies
- CIO - Catholic Information Office of England and Wales
- ClerR - The Clergy Review
- CLSN - Canon Law Society (Great Britain and Ireland) Newsletter
- CMG - The Catholic Medical Guardian
- CMQ - Catholic Medical Quarterly
- DubR - The Dublin Review
- EMed - Ethics and Medicine
- HeyJ - The Heythrop Journal
- JME - Journal of Medical Ethics
- Jur - The Jurist
- LCFN - The Linacre Centre Friends Newsletter
- Mon - The Month
- NBF - New Blackfriars
- NCE - New Catholic Encyclopaedia (1967)
- O - Origins
- PP - Priests and People
- PRCIO - Press Release of the Catholic Information Office of England and Wales
- PRCMO - Press Release of the Catholic Media Office
- SCE - Studies in Christian Ethics
- Sig - Signum
- SJT - The Scottish Journal of Theology
- StuC - Studia Canonica
- Tab - The Tablet
- TPA - The Parliamentary Archives

TW - The Way

TWS - The Way Supplement

UCA - Ushaw College Archive

WR - The Wiseman Review (The Dublin Review from 1961- 1964)

INTRODUCTION

1. Rationale

When Pope John Paul II celebrated his fiftieth anniversary of priestly ordination on 13 November 1996, the Roman Catholic bishops of England and Wales sent a congratulatory letter in appreciation of his “[...] tireless preaching of the gospel of Jesus Christ [...]”.¹ More precisely, they expressed gratitude for the pope’s advocacy of respect for human life, in stark contrast with “[...] the profound failure of society in England and Wales to uphold [...]” life’s dignity and sanctity.² Concentrating on the “[...] shameful scandal [...]” of abortion, the bishops committed themselves to the reform of national moral and social attitudes, so as to create a climate where political justification for pro-abortion legislation would be unnecessary.³

The following year, in October 1997, the English and Welsh bishops fulfilled their obligatory quinquennial visit *ad limina apostolorum*, to the pope and Vatican Congregations. Cardinal Basil Hume and Pope John Paul II exchanged speeches, each referring directly to bioethical issues.⁴ Hume noted the “[...] cheapening of human life, not least the shameful practice of abortion, [...] operating legally in our countries for thirty years, claiming up to five million innocent lives.”⁵ This manifestation of unbridled autonomy over life had unleashed sinister repercussions: “[...] developments in genetic medicine [...]”; “[...] the threat of legalised euthanasia [...]”; “[...] disregard for the inherent link between sexual intimacy and the creation of new life [...]”.⁶ Moreover, the fragmentation of marriage and family life was paradoxically accompanied by assertions of the right to parenthood, irrespective of ethical considerations regarding the status of the human embryo. Giving his assurance that the English and Welsh Catholic Church would continue to proclaim moral truth, Hume admitted that it nonetheless increasingly spoke “[...] at odds with political trends [...]”.⁷ In echoing the bishops’ concerns, John Paul unhesitatingly affirmed that “[...]”

¹ “Letter to the Holy Father,” 1996, 3.

² Hume continued: “We thank you for your unflinching defence of human life, especially at its most vulnerable moments. We recognise in our culture and society the new threats to human life which arise from false assertions of human liberty and the right to choose.” “Letter to the Holy Father,” 3.

³ “Letter to the Holy Father,” 3.

⁴ See: “Unique Ministry of Unity,” 1997.

⁵ “Unique Ministry of Unity,” 7.

⁶ “Unique Ministry of Unity,” 7.

⁷ “Unique Ministry of Unity,” 7.

Christians have a clear obligation to oppose legislation which jeopardises human life or repudiates its dignity.”⁸

In these summary assessments of ethical and historical perspective, the context and substance of this thesis can be identified. It seeks to examine and evaluate responses from within the Roman Catholic Church in England and Wales to abortion, reproductive technology, and euthanasia, during the period from the closure of the Second Vatican Council in 1965 until the year 2000. The task has been precisely delineated according to a definite rationale that is outlined in the following introductory clarifications.

2. The Roman Catholic Church

The choice of the Roman Catholic Church as the ecclesiastical context for this enquiry should not be interpreted as implying that its ethical stance is necessarily superior or representative in character. Whilst some would certainly argue for superiority, adherence to the absolute nature of certain ethical propositions undeniably renders Catholic morality unrepresentative of either the whole of Christian ethics or of secular mores. The decision to locate this study within the Roman Catholic tradition, as specifically experienced through the English and Welsh Church, has been influenced by two important factors. The first is purely personal, in that the Roman Catholic Church is the ecclesial community to which the writer belongs. This work therefore represents an attempt to engage and assess from within, whilst maintaining an impartial methodology and appreciation of the wider Christian and social milieu.

The second, more substantial reason concerns the lacuna that exists regarding a comprehensive appraisal of this kind. Various contemporary investigations into Roman Catholic opinion, most notably by the sociologist Michael P. Hornsby-Smith,⁹ have

⁸ “Unique Ministry of Unity,” 12. The pope continued: “As bishops, we must teach that responsible stewardship over life demands that everyone respect the medical moral and ethical difference between healing - using all the ordinary means available to care for life from natural conception until its natural end - and killing. In the face of recent developments in biotechnology, with extremely delicate moral implications, the whole Church, guided by the college of Bishops in union with the Pope, must firmly and clearly proclaim that scientific research remains true to itself as a human activity only if it respects the ethical order inscribed by the Creator on man’s heart [...]”

⁹ See: M. P. Hornsby-Smith and R. M. Lee, Roman Catholic Opinion (1979); M. P. Hornsby-Smith, Roman Catholics in England (1987), Roman Catholic Beliefs in England (1991), ed., Catholics in England (1999), “A Changing Church; Facing the Future,” 2000. For a more general overview of national Christianity see: G. Davie, Religion in Britain (1997).

been supplemented by numerous historical presentations,¹⁰ perhaps most eminently by the theologian and historian Adrian Hastings.¹¹ Yet, whilst there have been significant, though partial, considerations of certain aspects relevant to this investigation,¹² the need remains for a historical and systematic evaluation of the moral perspective of English and Welsh Catholicism as officially articulated with respect to abortion, reproductive technology, and euthanasia.¹³ This present work is then a contribution to post-Conciliar understandings within this setting.

3. The Roman Catholic Church in England and Wales

It should be stated that the responses under consideration are primarily those of the Roman Catholic Church in England and Wales as officially constituted. This is not to ignore or denigrate the contribution of individual theologians or members of the wider Catholic community, who, by virtue of baptism and mission, complementarily comprise the visible reality of the Church. Indeed, both moralists and lay professionals, particularly from the disciplines of medicine, nursing, and the law, have long co-operated in formulating and enunciating the Church's interpretive stance. As such, this is a necessary and continuing enterprise and certain past endeavours in this area will be examined here. Individual theological and ecclesial opinion, however, will only find consideration in relation to the official responses proposed by, under the agency of, or in collaborative association with, episcopal directives. This will, nevertheless, necessitate familiarity with broader ethical sources and academic literature and interpretation. These will be integrated within the discourse where relevant.

¹⁰ For a more expansive introduction see: E. Norman, Roman Catholicism (1985); P. Kennedy, ed., The Catholic Church in England and Wales (2001). For a more focused approach see: V. A. McClelland and M. Hodgetts, eds., From Without the Flaminian Gate (1999). For a popular examination see: D. Sewell, Catholics (2001).

¹¹ See: A. Hastings, ed., Bishops and Writers (1977), A History of English Christianity (1991), ed., Modern Catholicism (1991), "The Church in England Today," 1997, "The English Catholic Agenda," 2000.

¹² Notably: J. Mahoney, Bioethics and Belief (1984); K. Boyd, B. Callaghan, and E. Shotter, Life Before Birth (1986); K. T. Kelly, Life and Love (1987); D. Smith, Life and Morality (1996).

¹³ In this context, mention should be made of the contribution of the Association of Teachers of Moral Theology, founded in 1968 as a forum for discussion. Having broadened its base beyond Catholic clergy to encompass lay, female, and ecumenical members, the archive of the Association's conference papers, many of which remain unpublished, provides thorough and learned British comment on all aspects of moral theology in the post-Conciliar period. Those relevant to this discussion are referenced where appropriate in the text. See: K. Kelly, "A Brief History of the Association," 1999. Although not officially representing the Catholic Church in England and Wales, the Association has put itself at the service of the Bishops' Conference. For example, in July 1987 a meeting was convened between the two to explore the

A further clarification concerns the geographic concentration on the Roman Catholic Church in England and Wales. The borders of these countries constitute the juridical boundary of an Episcopal Conference. This is the ecclesiastical mechanism for co-ordinating the individual diocesan and other bishops of a particular territory into an administrative body.¹⁴ While it should be noted that Scotland is a separate ecclesiastical jurisdiction, governed by its own Episcopal Conference, there has been co-operation between the Catholic Church in England and Wales, and that in Scotland, and also that in Ireland. Such joint responses to certain moral issues are significant for this discussion.

Amid continued theological and canonical reflection as to the status and authoritative nature of Episcopal Conferences,¹⁵ the Bishops' Conference of England and Wales nonetheless embodies the Roman Catholic Church in an official capacity with respect to the national communities it oversees. In this regard, its contribution concerning moral issues comprises a legitimate expression of Catholic teaching as relayed and applied through the collegial action of bishops within the local Church. In addition, the Bishops' Conference has various consultative committees and executive bodies to both inform and voice its opinion. Furthermore, it is associated with numerous Catholic organisations and groups whose advice the Conference seeks, and whose opinions receive its approbation. The major spokesman for the bishops of England and Wales, both before and after Vatican II, has been the Archbishop of Westminster, particularly when speaking as President of the Bishops' Conference.¹⁶ The comment and perspective of those holding this office can be taken as officially representative of the English and Welsh Catholic Church as a whole. The fact that successive archbishops would increasingly venture to speak on morality beyond their own community

role of a moral theologian in the contemporary Church and to examine questions of moral methodology. See: "Bishops and Moralists," 1987.

¹⁴ The Second Vatican Council issued guidance concerning the formation and functioning of Episcopal Conferences in paragraphs 36-43 of its document on the episcopate. See: "Decree on the Pastoral Office of Bishops," (1996): 310-314.

¹⁵ See: P. Huizing, "The Structure of Episcopal Conferences," 1968; R. Lettmann, "Episcopal Conferences," 1980; D. Murray, "The Legislative Authority," 1985; A. Dulles, "The Teaching Authority," 1988, "What is the Role," 1988; J. A. Komonchak, "Episcopal Conferences," 1988; H. Legrand, J. Manzanares and A. García y García, eds., The Nature and Future (1988); F. Thomas, "The Bishop in His Teaching," 1988; S. Wood, "The Theological Foundation," 1988; T. J. Reese, ed., Episcopal Conferences (1989); John Paul II, "Apostolos Suos," 1998.

¹⁶ Relevant names and dates of office are as follows: Arthur Hinsley (1935-1943); Bernard Griffin (1943-1956); William Godfrey (1956-1963); John Carmel Heenan (1963-1975); George Basil Hume (1976-1999); Cormac Murphy-O'Connor (from 2000). Also relevant, given his prominent national profile is Thomas Winning, Archbishop of Glasgow (1974-2001).

demonstrates renewed engagement with the secular world and furtherance of Catholicism's continuing rehabilitation within national life.

Consistently reviewing its structures in relation to the perceived needs of the local Church,¹⁷ the Bishops' Conference has, with impressive constancy, produced a substantial body of material creating a formidable archive. The primary post-Conciliar source of this, both generally, and specifically as it pertains to morality, is the Conference's official documentation service, known since 1974 as Briefing.¹⁸ The major part of this collection consists of piecemeal texts rather than substantial treatises, demanding extended and detailed systematic examination to enable comprehensive analysis.

A general observation can usefully be offered regarding the material contained in Briefing. In serving the Bishops' Conferences of England and Wales, that of Scotland, and the wider Catholic community, Briefing's primary purpose is one of information. It presents a diverse body of material, some of which originates externally to the relevant national Catholic communities. This is integrated into a comprehensive review that operates on two levels. At an international level, Briefing includes major papal documents and statements, together with those issued by Vatican Congregations and departments. In addition, the inclusion of speeches, addresses, and homilies by prominent foreign Catholic bishops, theologians, and officials, supports the publication's representative orientation towards the global Church.

At a second level, Briefing collates a similar genre of material from within the national Catholic Churches under the respective Episcopal Conference jurisdictions. Thus, the documents and statements of the Conferences of England and Wales, and of Scotland, their departments and associated bodies, together with the speeches, addresses, and homilies of individual bishops, theologians, and officials, present an

¹⁷ A review of the Conference's structure in January 1967 resulted in the formation of eight commissions covering education, theology, ecumenical relations, the lay apostolate, missionary activity, religious life, social welfare and the mass media. See: "New Structures," 1967. Subsequent re-structuring in 1983 organised the Conference to approximate its current shape. See: In the House (1982); M. P. Hornsby-Smith, "The Bishops' Commissions," 1982; Bishops' Conference of England and Wales (1983).

¹⁸ Until 1974 the Catholic Information Office of England and Wales distributed the official documentation of the Bishops' Conference in press release format. In June 1974, however, the title "Briefing" was chosen for the new journal-style publication, although volume and number references only appeared in 1975. Despite various changes in format, this remains the official organ of the Catholic Church in England and Wales, and of that in Scotland; as such, its content can be taken as authoritatively

authoritative compendium of belief and practice. In this historical and ecclesial context, this thesis is an evaluative investigation into the sources located within what can be identified as Briefing's second, national level, of material, focused around the subjects of abortion, reproductive technology, and euthanasia. In establishing the narrative for this, research has, by necessity, concentrated on official ecclesiastical and journalistic texts, supplemented by theological reflection where appropriate.

4. The Roman Catholic Church in England and Wales 1965-2000

The thirty-five year period of analysis, from 1965 to 2000, has been deliberately selected. The year 1965 represents a watershed in Roman Catholicism, marking the close of the momentous and revolutionising Second Vatican Council (1962-1965). Through the programme of aggiornamento,¹⁹ massive and regenerating shifts in theological and ecclesiological understanding began to take effect and have influence at national and local levels. These altered both the approach and application of Catholic moral theology.

Until the late 1960s, and into the early 1970s, Catholic morality was taught predominantly within the environment of priestly formation and expressed in literary form through the universal pedagogy of manualism. An assessment of this with regard to its particular manifestation within the English setting will be offered in a subsequent historical overview. The renewal of moral theology, instigated by Vatican II, provided more progressive pre-Conciliar interpretations with grounds for acceptance, whilst those post-Conciliar received new orientation and vision.²⁰ The moral manuals were effectively consigned to 'death row' and eventual extinction. Bearing in mind the manualistic tradition, the aftermath of the Council provides a natural starting point for enquiry into modern Roman Catholicism and, in particular, aspects of its morality. The year 2000 offers a fitting closure date, marking the end of the second Christian millennium and a suitably distanced position for retrospective analysis. The nature of

reflecting the position of the Bishops' Conference and the Roman Catholic Church, unless otherwise expressly stated.

¹⁹ The Italian word for "updating" or "revision" commonly used to describe the intention and effect of Vatican II.

²⁰ Vatican II specified: "Special care is to be taken for the improvement of moral theology. Its scientific presentation, drawing more fully on the teaching of holy scripture, should highlight the lofty vocation of the Christian faithful and their obligation to bring forth fruit in charity for the life of the world." "Decree on the Training of Priests," 1965, par. 16, 376.

the subjects under review, however, renders any terminating point artificial, since the Church's response to them remains a contemporaneous reality.

Significant transition is detectable within the post-Conciliar period, both ecclesially and socially. A general decline in religious belief and practice in the West has been matched by a rejection of Christian ethics and a lessening of the Church's credibility as an authoritative teacher in matters of morality. The movement for sexual liberation has engendered an autonomous approach towards the body, increasingly manifest in the realm of bioethics. New developments in medical science, particularly in the sphere of artificial reproduction, have forced moral questions to be asked and answered that were previously unimaginable or irrelevant.

In the dialogical spirit of Vatican II, the Church's proclamation of the Gospel to the modern world demanded renewed communication of moral imperatives. Revival in moral theology has served to propose definitive perspectives on the human person and society, interpreted within rational and Christological categories, and inspired by concern for authentic human flourishing in the context of the common good.²¹ To varying extent, Catholic moral methodologies have undergone reformulation as positive propositions for the good life, wholesomely distinguished from the heavily legalistic restrictions expounded by pre-Conciliar manualism. During post-Conciliar domestic reappraisal, this constructively pro-active approach has found a certain influence within the local Church in England and Wales.

Allied with a positive moral attitude is the more reactive disposition of justification and defence: responding apologetically to specific moral challenges with the vision and teaching of the Catholic tradition, prompted by the Church's Conciliar commission to read and evaluate the signs of the times.²² The general rallying call to moral living is a constant dimension of Christian faith, enunciating the virtues that

²¹ Within the vast literature on the renewal of moral theology, see the following by E. McDonagh: Moral Theology Renewed (1966), Invitation and Response (1972), Gift and Call (1975), The Making of Disciples (1982).

²² Vatican II called for renewed engagement by the Church with the issues of the day: "In every age, the Church carries the responsibility of reading the signs of the times and of interpreting them in the light of the Gospel, if it is to carry out its task. In language intelligible to every generation, it should be able to answer the ever recurring questions which people ask about the meaning of this present life and of the life to come, and how one is related to the other. We must be aware of and understand the aspirations, the yearnings and the often dramatic features of the world in which we live." "Pastoral Constitution on the Church," 1965, par. 4, 165. The text develops this invitation to reflection by setting it within the context

shape moral character in faithfulness to Christ and imitation of his gospel. At specific points, however, and with continuing implications, the English and Welsh Catholic community has encountered the reality of precise moral issues in an unprecedented way. Initiatives from the secular realm of science and medicine, particularly when unforeseen, have inevitably reduced the Church to a defensive standpoint. News journalism seeks reaction from Church officials whenever scientific advance impinges on what is still perceived to be life's sacral quality.

Various features determine the efficacy of the Church's reaction to specific moral issues, whether in terms of teaching, evaluation, or communication. Accurate scientific or technological understanding avoids the "[...] fallacy of the generalisation of expertise [...]"²³ the notion that assumed competence in one arena, whether science, medicine, law, or morality, necessarily implies proficiency in the others. Whatever the Church's contribution, it must be founded on sound and comprehensive knowledge.²⁴

Besides the tone and language of any moral pronouncement, the nature of morality's relationship to law must also find measured consideration. How a religious organisation addresses a pluralistic society on ethical questions, particularly when it seeks to influence legislation, demands clarity of principle and appropriateness of argumentation. The dilemma is multifaceted: if religious principles are argued on purely rational grounds, the accusation may be levelled that the full truth of the gospel has been compromised. If an explicitly faith-orientated position is presented, it risks rejection as ghetto fundamentalism or moralising imposition. The situation is further complicated by the relationship of morality to legislation. Might official ecclesiastical morality prohibit something in principle, but tolerate it in practice for the sake of a pluralistic society? How should immoral actions relate to legal sanction? Catholic morality has always operated in a bi-polar fashion around faith and reason, or in

of the positive and negative dimensions of developments in science and technology as related to their impact upon the human person and society.

²³ T. Shannon, *What Are They Saying* (1985): 5.

²⁴ This has been demonstrated at various junctures. Initial discussion of the determination of death, important for the morality of organ transplants, artificial life support, and brain death criteria, clearly referred theological analysis to a scientific foundation. Writing in 1957, Pope Pius XII stated: "It remains for the doctor [...] to give a clear and precise definition of 'death' and the 'moment of death' of a patient who passes away in a state of unconsciousness. [...] Where the verification of the fact in particular cases is concerned, the answer cannot be deduced from any religious and moral principle and, under this aspect, does not fall within the competence of the Church." T. J. O'Donnell, "Theological and Pastoral Implications of Brain Death," 1980, 136. See also: K. Rahner, "Theological Considerations on the Moment of Death," 1974.

Richard Gula's expression, according to reason informed by faith.²⁵ The methodological task of realising this effectively, especially in terms of concrete questions, cannot, however, be underestimated.

5. Abortion, Reproductive Technology, and Euthanasia

In addition to a precise context and time-span, this study is further demarcated by its specific tripartite content, namely the subjects of abortion, reproductive technology, and euthanasia. While abortion and euthanasia have longer moral pedigrees than questions of assisted fertility, each particular issue finds prominence in the period under examination. Intrinsically related to fundamental human and religious notions of existence, the scientific developments, legislative proposals, and changing secular attitudes related to each stimulated official and unofficial reaction from within the English and Welsh Catholic Church. Such response is identifiable in various statements, declarations, submissions, and reports, some with direct implications for legislation and public policy. As realities pertaining immediately to human life, approaches to abortion, reproductive technology, and euthanasia, display most acutely the divergent understanding of Catholic morality and secularist society.²⁶ In this sense, they provide the lens through which broader questions can be examined regarding the formulation and communication of moral teaching, the nature of the language and argumentation employed, and the relationship between moral catechesis, public policy, and pastoral strategy.

During the era 1965 to 2000, a generalised pattern can be seen in terms of Catholic interaction with issues of abortion, reproductive technology, and euthanasia. Historically, from the early twentieth century, each was the subject of theological and ethical reflection to varying degrees. The 1967 Abortion Act neither settled the argument, nor removed the matter from discussion; it remained prominent during the late 1960s and 1970s, provoking renewed response and continuous support for attempts at amendment. Opposition to abortion remains a defining characteristic of Roman

²⁵ See: R. Gula, Reason Informed By Faith (1989).

²⁶ Luke Gormally distinguishes a secularised society, where political and religious authorities function independently, from a secularist society, essentially atheistic in character. Thus, a "[...] secularist mindset either rejects or has lost understanding of any intrinsic connection between chosen human behaviour and a transcendent human destiny to which God in his providence directs us [...]. In consequence a substantive conception of human flourishing slowly drops off the map, particularly any conception the realisation of which requires respect for absolute negative norms." "Catholic Bioethics in a Secularist Society," 1997, 414.

Catholicism, evident in England and Wales throughout the time span. Following pre-Conciliar discussion of artificial fecundation, the late 1970s and mid 1980s witnessed further serious moral evaluation of artificial fertility in the wake of readily available in vitro fertilisation and the Warnock Inquiry and Report. The shift from fertility treatment to embryo experimentation elicited a consistent Catholic affirmation of human life's dignity from the time of conception. The question of euthanasia has been constant, prompting comment on the diversity of contexts in which it has been encountered and counter offensive whenever attempts at legalisation have gathered momentum. Within a generally unified approach, however, Catholic interpretations on some specific questions, notably the administration of artificial nutrition and hydration to patients in a persistent vegetative state, indicate more divergent perceptions.

6. Investigation and Assessment

This introduction has outlined the rationale underpinning the present research. In keeping with these parameters, the thesis is composed of four main chapters leading to a conclusion. Chapter one provides a historical overview, briefly tracing the development of Roman Catholic moral theology as the foundation for a contextualising exposition of pre-Conciliar responses. It concludes with an orientating excursus of post-Conciliar considerations pertinent to the main themes within the subsequent chapters. Chapters two, three, and four, treat, respectively, the response of the Roman Catholic Church in England and Wales to abortion, reproductive technology, and euthanasia, from 1965 to 2000. The conclusion seeks to provide synthetic analysis and reflection, with constructive propositions for consideration.

CHAPTER ONE

ESTABLISHING THE HISTORICAL CONTEXT

1. Introduction

Emerging from its Jewish roots, Christianity is par excellence a religion of tradition, such that the past, informing the present, directs the future. No epoch of its history exists in a vacuum; the intelligibility of each part demands contextualisation within the whole. In terms of this thesis, analysis of post-Conciliar responses to issues of abortion, reproductive technology, and euthanasia, will only be properly comprehensible if set against the broader historical panorama. The Second Vatican Council undoubtedly ushered in a massive paradigmatic transformation. In order to appreciate the significance of the pre and post-Conciliar periods with respect to this study, a foundational overview is required that takes appropriate account of both. This chapter therefore seeks to provide an accurate context for the subsequent thematic presentations. First, it will briefly outline the origin and development of Roman Catholic moral theology, focusing particularly on twentieth-century pre-Conciliar Catholicism and the response of the English and Welsh Church to the subjects under review. Then, as an immediate prelude to the examination of each theme in detail, the chapter's narrative framework will conclude with certain post-Conciliar observations pertinent to the orientation of the discussion.

2. Moral Theology's Origins

Whilst historical presentations of Roman Catholic moral theology are not abundant, authors such as Louis Vereecke, John Mahoney, John A. Gallagher, and Servais Pinckaers, have made definitive contributions to the sweeping chronological study of its genesis and evolution.¹ These have been supplemented by numerous minor presentations.² Although the discipline of Christian ethical reflection originated within

¹ See: L. Vereecke, Storia Della Teologia Morale (1979-1980); J. Mahoney, The Making of Moral Theology (1987); J. A. Gallagher, Time Past, Time Future (1990); S. Pinckaers, The Sources of Christian Ethics (1995), "A Richer History Than One Might Think," (2001).

² For example, see: B. Häring, "Historical Survey of Moral Theology," 1963; J. M. Ramirez, "Moral Theology," 1967; F. X. Murphy, "History of Moral Theology," 1967; L. Vereecke, "History of Moral Theology," 1967; J. J. Farragher, "History of Moral Theology," 1967; M. M. Labourdette, "Methodology of Moral Theology," 1967; B. Häring, "How Free Was and Is Moral Theology?," 1978; G. Lobo, "Moral Theology Down the Ages," 1989; E. Williams, "Foundations and Lessons," 1997; T. E. O'Connell, "The

the early New Testament communities,³ the specification of this enterprise as “moral theology” occurred somewhat belatedly as a post-Reformation precision.⁴ Throughout the historical unfolding, a process of Christian moral awakening and theological systematisation is disclosed that was neither programmed nor uniform. Assimilation and exchange characterise Christianity’s encounter with culture, philosophy, politics, and science, moulding its moral understanding and defining its response. Similarly, domestic clarification and self-definition have internally shaped the Christian moral tradition, according an exclusive prominence and dominance to certain theological trends at particular times and within specific circumstances.

2.1 Shape and Definition within Moral Reflection

Beyond patristics, the catalyst for an initial, though rudimentary, methodological moral analysis rests with the impetus of a seemingly casual and uncalculated shift in sacramental penitential practice. Gradual transition from a unique, unrepeatable and personal act of post-baptismal repentance, to the sixth century Celtic monastic practice of frequent individual auricular reconciliation, evoked a primitive theologising on the matter of confession and morality. Presented with a largely uneducated clergy, this move stimulated the formation of Penitentials as pastoral handbooks enabling confessors to identify and interpret kinds of sin and impose appropriately corresponding acts of reparation. From this altered praxis emerged a modus operandi set to affect and augment moral understanding throughout western Christendom, precipitating the evaluation of human action according to categories of sin.⁵ Ensuing historical development was steered by the influential cultural and institutional changes in the loci of clerical formation and moral education. As the vade mecum for confessors, the Penitentials were a pastoral initiative arising from the “[...] syncretism of monastic Christianity and Celtic traditions.”⁶ This heritage, closely associated with the sacrament of penance and the adjudication of sin, grounded the emergence of the manuals of moral theology.

History of Moral Theology,” 1998; J. F. Keenan, “History, Roots, and Innovations,” 1998; D. Bohr, “Historical Perspectives,” 1999.

³ See: R. Schnackenburg, The Moral Teaching (1965); J. T. Sanders, Ethics (1986); J. L. Houlden, Ethics (1987); W. Schrage, The Ethics of the New Testament (1988); W. A. Meeks, The Origins of Christian Morality (1993); R. B. Hays, The Moral Vision (1998); W. C. Spohn, Go and Do Likewise (1999).

⁴ See: Mahoney, Making of Moral Theology, vii; F. L. Cross and E. A. Livingston, eds., The Oxford Dictionary (1997): 1110.

⁵ See: J. T. McNeil, A History of the Cure of Souls (1951); B. Poschmann, Penance (1964); J. T. McNeil and H. M. Gamer, Medieval Handbooks of Penance (1990).

Following the reforms of Popes Gregory VII (c.1015-1085) and Gregory IX (c. 1148-1241), and a consequently more centralised and hierarchically structured church, theological learning shifted from the monastery to the cathedral school, from religious to secular clergy, still pastorally focused, but lacking an explicit monastic-contemplative dimension. The increasing codification of ecclesiastical life, promoted by and facilitating the extension of papal and episcopal jurisdiction, is revealed in the legislative slant of the Summae Confessorum, sophisticated eleventh and twelfth century descendants of the Penitentials for use by non-monastic divines.⁷ The benefits of a standardised approach to the ministry of reconciliation notwithstanding, the moral life was identified with a via negativa, not a wholesome seeking after the good, but a pre-occupied avoidance of sin, with morality rubricated as an appendage to Church law.⁸ The prominence of universities in the thirteenth century witnessed moral theological reflection surrender its immediate pastoral context to theoretical systematisation within the speculative arena of scholasticism. Through the Summae Theologiae, culminating in that of Thomas Aquinas, Christian morality received definition in scholastic terminology and concepts that remain perennially influential.

Prescinding from the pastoral ethic of the Penitentials, the codified morality of the Summae Confessorum, and the later scholastic and Thomistic synthesis, post-Reformation Catholicism afforded a further locus for moral theology. The innovative Tridentine seminary system furnished the context, with Jesuit textbook manuals of morality providing the content as normative primers oriented towards clerical preparation for the administration of the sacraments, particularly penance. That moral theology's evolution was bound initially to the practice of confession, and latterly to the preparation of priests for its sacramental celebration, inevitably coloured its delivery and self-understanding, notably in the casuistic application of moral criteria for the pastoral resolution of individual questions of conscience.

2.2 The Emergence of Manualism

During the four hundred years between the Councils of Trent (1545-1563) and Vatican II, Catholic moral theology was dominated by a manualistic methodology expressing a largely Thomistic philosophical and theological worldview. Delivered

⁶ Gallagher, Time Past, 11.

⁷ See: Gallagher, Time Past, 18-20.

within the seminary environment, its operatives were clerical, and therefore exclusively male. Formulated over centuries, the manuals maintained consistency through a commonality of structure, concepts, and terminology, bequeathed to each successive generation through the medium of ecclesiastical Latin. These compendia of morality attained ascendancy throughout Roman Catholicism, although individual approaches and trends within manualism reflected the external nexus of the Church with society, and the internal stirrings and refinements of specific schools of theological bias and philosophical interpretation.⁹

The 1879 Encyclical Letter of Pope Leo XIII, Aeterni Patris,¹⁰ and the ensuing Neo-Thomistic revival, stimulated a particular tone within the manuals towards the close of the nineteenth century, dominating Catholic moral reflection and teaching until the 1960s. Aeterni Patris affirmed the necessary faith orientation of philosophical deliberation and the power of human reason to attain divine truth. The designated vanguard of this enterprise was the “[...] golden wisdom [...]” of the Angelic Doctor, St. Thomas Aquinas.¹¹ This was not, however, simply the arbitrary elevation of a prominent theologian, but papal endorsement for a renewed scholastic, and unashamedly Thomistic, methodology, perceived as capable of maintaining the balance between faith and reason where fideism and rationalism had failed.¹²

Neo-Thomism began to gain prominence in the mid-nineteenth century, bolstered by the “Dogmatic Constitution Concerning the Catholic Faith,” Dei Filius, promulgated in 1870 by the third session of Vatican I.¹³ Treating the interconnected relationship between revelation, faith, and reason, Dei Filius stressed that God could be

⁸ See: Mahoney, Making of Moral Theology, 28-36.

⁹ Gallagher partitions this period into three overlapping sections: 1540 to 1650 saw the beginning of the manualist tradition and the Society of Jesus entrusted with secular clerical formation. Jesuit manuals were employed as case-focused pastoral guidebooks in morality, canon law, and sacramental theology. Once established, the manual tradition began to focus inwardly: from 1577 to 1879, it centred on debates of probabilism, probabiliorism, and equiprobabilism, each a different response to the binding nature of a doubtful law, reflecting an increasingly legalistic and casuistic approach. Influenced by Aeterni Patris, and its affirmation of Aquinas’ centrality in theology, the manuals were further demarcated as Neo-Thomistic texts, consistent with the newly promulgated 1917 Code of Canon Law, and enduring until the early 1960s. See: Gallagher, Time Past, 32-43.

¹⁰ See: “Aeterni Patris,” (1981).

¹¹ “Aeterni Patris,” 26.

¹² See: G. A. McCool, Catholic Theology (1977): 2. In works published in 1833 and 1835, the French traditionalist Louis Bautain rejected reason’s capacity to determine divine truth independent of a primary act of faith. Although not condemned, his fideistic position was queried and eventually retracted. The Bohemian theologian George Hermes was posthumously condemned for presenting a methodology “[...] which states that reason is the chief norm and the only medium whereby man can acquire knowledge of supernatural truths [...]” Gregory XVI, “Condemnation of the Works of George Hermes,” (1957): 406.

known “[...] with certainty from the consideration of created things, by the natural power of human reason [...],” but that additionally, revelation gives divine knowledge of things “[...] beyond the scope of human reason [...]”¹⁴ With faith upheld as that which allows access and assent to divine revelation, a mutually assisting “[...] twofold order of knowledge [...]” was proposed where truth, understood through natural reason, could be perfected by a supernatural faith in divine revelation.¹⁵ By advocating the synthesis of Aquinas, Aeterni Patris proposed a philosophical and theological system supportive of the claims of Dei Filius. More significantly, it enshrined an interpretation of Thomism as both the desired and required methodology for Catholic intellectualism. In terms of moral theology, the tangible result was the distinct “[...] theological genre [...]”¹⁶ of the Neo-Thomistic manuals of moral theology. These encapsulated a morality lived within a sacramentalist economy, where eternal salvation was mediated exclusively through the ministry of the institutional Church.¹⁷

3. An English Manualist: Henry Davis, SJ (1866-1952)

Manualism found particular and culminating native expression in the four-volumed work Moral and Pastoral Theology by the English Jesuit moralist Henry Davis, first published in 1935 and subject to continued revision.¹⁸ Recommended for “[...] the advantage of being both English and up to date [...],” it was endorsed for demonstrating “[...] right from wrong not merely by the aid of human reason and utilitarian experience, but in the light of revelation and the declared will of God.”¹⁹ In manifesting this genre to his national Roman Catholic community, Davis effectively extended to twentieth-century English and Welsh Catholicism a vernacular, yet legalistic, moral

¹³ See: “Dogmatic Constitution On the Catholic Faith,” 1990.

¹⁴ “Dogmatic Constitution,” 806.

¹⁵ “Dogmatic Constitution,” 808.

¹⁶ Gallagher, Time Past, 2.

¹⁷ See: Gallagher, Time Past, 44; 50-62.

¹⁸ Davis’ text was not the only English version, but became a prominent standard work for the education of seminarians and priests, offering a distinct vernacular distillation of continental Latin works. J. F. Keenan summarises: “Until the Second Vatican Council, moral theology remained for nearly three centuries a code of conduct; its hallmark for being right was that it rarely changed. For this reason, Henry Davis’ Moral and Pastoral Theology was found in all seminaries and was probably the text most referred to in moral theology for nearly thirty years.” J. Keenan, “Moral Theology Today,” 1994, 372. On publication Davis’ work received considerable praise, particularly for its treatment of “[...] every medico-moral question [...]” E. J. Mahoney, “II. Moral Theology,” 1935, 136. It continued to be reprinted, revised, and enlarged to incorporate the instructions of the Roman Congregations and official interpretations of Canon Law. The fifth edition was published in 1947, and a revised single volume version was issued shortly after as H. Davis, Moral and Pastoral Theology: A Summary (1952). To be referred to as Summary.

system. The accent for moral theology was less a positively proposed programme for right and virtuous living, consequent on Christian discipleship, and more a forensic examination of human actions designed to ascertain culpability and sin. Yet, interpreting manualist morality for the English setting, the commanding nature of Davis' treatise matched comprehensive moral reflection with practical pastoral guidance.

Structured according to a first volume of Principles,²⁰ a second of Precepts,²¹ and two of Sacraments,²² Davis made no pretence to originality in presenting his indigenous textbooks of morality. They stood, quite firmly, on the shoulders of the giants, namely the authors and authorities of the Tridentine theological tradition and, more immediately, those of the nineteenth century Neo-Thomistic revival.²³ His self-professed novelty, however, resided in relating morality to its indispensable spouse, the new 1917 Codex Juris Canonici and its pastoral application through a comprehensive treatment of the sacraments.²⁴ His task was not the “[...] repetition of ancient

¹⁹ “Reviews: Moral Theology,” 1935. Furthermore, this stated: “Before long, every English-speaking priest ought to regard the Heythrop compendium of moral theology as indispensable.”

²⁰ H. Davis, Moral and Pastoral Theology: Volume One (1935). Comprising five treatises of fundamental moral theology, Davis' first volume examined the meaning, scope, and definition of moral theology (Treatise I); the nature and operation of human acts, including a discourse on conscience (Treatise II); the definition, variation, and application of law (Treatise III); the notion of sin, together with its various distinctions (Treatise IV); and the virtues, both cardinal and theological (Treatise V). To be referred to as Principles.

²¹ H. Davis, Moral and Pastoral Theology: Volume Two (1935). A further three consecutive treatises discussed the Decalogue (Treatise VI); the certain precepts of the Church, explicitly focusing on fasting (Treatise VII); and Church law on books, notably their censorship and prohibition (Treatise VIII). To be referred to as Precepts.

²² H. Davis, Moral and Pastoral Theology: Volume Three (1935), Moral and Pastoral Theology: Volume Four (1935). To be referred to as Sacraments 1 and Sacraments 2 respectively. The sacramental treatises follow the scholastic and Tridentine pattern of a general introduction and subsequent individual examination. Characteristically, the primary concerns revolved legalistically around definition, validation, administration, and jurisdiction. Much of this would later be expunged from a renewed moral theology and realigned into sacramental or liturgical theology, or, more appropriately, remain solely under the auspices of canon law. In a moral theological system focused on external acts, however, the sacraments formally entered the discussion, partly due to the outward aspects of sacramental life, and partly because the grace given through them affected human character and behaviour. The sin-hued nature of manualistic morality demanded that what constituted a personal state of vice or virtue should be identifiable with clarity and certainty. In offering grace and forgiveness, the sacraments were directly relevant to a genre of morality focused on the avoidance of sin. Integral to a salvific economy of sacramental necessity they enabled the renewal of the moral life such that sacramental invalidity would have damning implications for virtuous living and eternal reward. Particularly in the case of penance and absolution, the precise definition of what constituted a valid sacrament ensured the prospective moral integrity of the recipient and the possibility of salvation. Explicit concern for individual morality is demonstrated in the greater attention given to penance and marriage than to any of the other sacraments, with sexual abuses in both treatises camouflaged into Latin.

²³ Principles, xi-xiv. Davis listed various Latin editions of Theologia Moralis, multiple-volumed moral manuals by authors spanning the Tridentine period.

²⁴ Principles, vii. Davis acknowledged other moral manuals published in English, but noted their inadequacy in dealing with either canon law or the sacraments.

controversies [...],” which “[...] would merely weary the reader [...],” but the status quaestionis of Catholic moral theology and teaching, systematised and delivered for the English Church of his day.²⁵ In this, Davis mediated a moral methodology operative throughout the post-Tridentine period, renewed by neo-Thomism, and effective until the Second Vatican Council. Representing the officially sanctioned approach to Catholic morality, Davis’ achievement reveals the moral mindset within the Catholicism of his time and place, enshrining fundamental and specific principles that were to remain influential in subsequent Catholic understanding and response.

As a significant, if not the premier, representative exponent of Roman Catholic moral theology in England and Wales during the thirty-year prelude to Vatican II, Henry Davis’ treatment of abortion, reproductive technology, and euthanasia, is obviously significant for later investigation. Thus, to fill out the adequate historical context for post-Conciliar assessment it is necessary to examine Davis’ approach to these issues, and to supplement this with similar analysis of attitudes more widely evident within the pre-Conciliar English and Welsh Catholic Church.

3.1 Abortion, Reproductive Technology, and Euthanasia According to Davis

3.1.1 General Orientation

Presented as a primary schema for Catholic morality, Davis’ work of Principles considered human acts in relation to God’s intended purpose for human living and fulfilment, accessible through the natural law, and according to categories of law, sin, and virtue. In his subsequent volume of Precepts, this framework was systematically enlarged through extensive discussion of the Decalogue.²⁶ Accepted as obliging precepts of “[...] Revelation through Tradition [...],”²⁷ the Commandments were interpreted as scriptural confirmation and formalisation of the principles of right reason and natural law, with each injunction directly and precisely applicable to contemporary moral living. Language of divine legislation and imposition apportioned to moral theology the judicious determination of blame and gravity in any breach of the objective order established by Commandment morality.

²⁵ Principles, viii.

²⁶ Precepts, v-x. Of the 425 pages of text, Treatise VI on the Decalogue covers 396 pages.

It was within his discussion of the Decalogue that Davis examined directly the subjects of abortion and euthanasia. Although there is no explicit reference at this point to the morality of artificial reproduction, certain principles concerning human procreation served to establish criteria according to which later ethical assessment would be made. Given the direct references to abortion and euthanasia in Davis' manual, assessment of these will precede examination of material pertaining to artificial reproduction, which Davis scrutinised more extensively in a later additional work.

3.1.2 Commandment Morality

Davis differentiated the Commandments into the initial three, concerning the external worship of God, and the remaining seven relating to issues of life and relationship.²⁸ Devoid of modern exegetical methodology, there was no attempt to engage critically, historically, or theologically with the scriptural text. Such inadequacies allowed an immature biblical ethic to prevail, but one that must be seen in context. Roman Catholic ethical scholarship had not yet seriously begun its continuing reflective debate on the place and use of scripture in moral theology. Davis was writing before the pivotal 1943 Encyclical Letter of Pope Pius XII, Divino Afflante Spiritu, which encouraged Roman Catholic exegetes to employ faithfully, but cautiously, the techniques of modern scriptural analysis in elucidating this basal source of theological formulation.²⁹ Equally significant, Davis' text followed the 1907 Holy Office Decree Lamentabili, issued under Pope Pius X, and condemning liberal approaches to biblical interpretation proffered by those castigated as modernists.³⁰ A literal, non-contextual acceptance of each Commandment provided the divinely authored precepts that Davis applied to exact matters of religion and relationship. Interpreted axiomatically, the Commandments were comprehensive in offering a positivistic content that could be extended to regulate every detail of Christian life. This deductive and decisive methodology operated throughout Davis' treatment of each Commandment.

²⁷ Precepts, 1.

²⁸ See: Precepts, 1.

²⁹ The magisterium's first comprehensive response to modern critical biblical scholarship was the 1893 Encyclical of Leo XIII, Providentissimus Deus. Accepting the importance of scientific exegetical criteria, it demanded these find balance with the criteria of faith and tradition in upholding both the divine inspiration and inerrancy of the canonical books. See "Providentissimus Deus," 1981. Fifty years later in 1943, Pius XII significantly developed the possibilities for Catholic scientific exegesis in Divino Afflante Spiritu, advocating the use of original languages and critical and literary methods of analysis in affirming the literal and spiritual senses of the biblical text. See: Biblical Studies (1959).

It was from a general examination of the Decalogue precept against killing that Davis derived his specific moral evaluation of abortion and euthanasia.³¹ This he grounded in two premises: first, that God alone was the author of life, its beginning and its ending; second, that all human living, received as God's gift, was relative to absolute divine dominion. Consequently, this understanding positively demanded the safeguarding of one's own life, and that of any dependants, obliging all ordinary means to achieve this.³² Negatively, any attacks on life, qualified as unjustifiable killing and including self-killing, or any attitudes conducive to such assault, were explicitly forbidden.³³

In the Thomistic perspective, the human person's natural orientation toward fulfilment and their last end was understood as a cumulatively perfecting process, enacted through bodily existence. Thus, suicide was an irrational thwarting of this capacity, contradicting natural and divine law, and also God's purposeful creation of humankind for service and participation in society. Whether by action or omission, precipitating death could never be permissible except in defined excusing circumstances: Christian martyrdom, a just death penalty, and where a cause of death, not wrong in itself, produced a justifying good and important effect, permitting, but not intending death.³⁴ Clarification of the principle of double effect distinguished the place and function of intention, action, and result in moral reasoning and responsibility.³⁵ Whilst intention could not alter the badness of a wrong action, good action and right intention might allow a foreseen, and otherwise forbidden, concomitant unintended bad effect to be tolerated.³⁶ Such articulations, conveyed through manualists such as Davis, continue to find ready application in contemporary bioethical debate.

³⁰ See: "The Errors of the Modernists," 1957.

³¹ See: Precepts, 113.

³² Ordinary means were distinguished from the extraordinary methods deemed non-obligatory by virtue of their cost or associated "[...] intolerable pain or shame." Precepts, 113.

³³ Davis expanded the terms of the prohibition on killing: "[...] it forbids unjust killing, wounding, mutilation, striking and also anger, hatred and revenge, the latter three sins because they lead to violence, injustice and murder itself." Precepts, 113.

³⁴ Davis cited various examples: "An officer, finding that the only way to induce his men to follow him in an important attack is to stand in the open and so expose his life, does so and is shot. His action had two effects. The first, which he intended, was to display that necessary courage which should draw on his own men; the second, his death, he foresaw and put up with. His action is morally good." Precepts, 117.

³⁵ See: Precepts, 114-118.

³⁶ Among numerous examples to explain this interpretation Davis stated: "If a man jumps out of a boat in order to commit suicide, we should say that the first effect of his jumping into the water is to lighten the boat; the second, to place himself in the water; the third to drown. Why is it that we defend another man who jumps out of a boat to certain death, in order to relieve the overloaded boat of his weight and to give others a chance of surviving? We defend his action, because the first effect, viz.: The lightening of the boat, was a good effect, intended by him as such, and the other effect, his drowning, was not at all

The prohibition against killing was extended beyond cases of self and other individuals to questions of war, acceptable when defensive and determined as just.³⁷ The criterion of just defence was similarly the sole justification for capital punishment as the legitimate right of a State, only to be exercised after due legal process and in the absence of any further means of maintaining security and peace.³⁸ These positions were founded on the right, whether of State or individual, to proportionate defence against unjust aggression, including killing if necessary. Crafted exceptions aside, divine and natural law forbade absolutely the direct and intentional killing of those qualified as innocent. By association, the injunction not to thwart life included lesser attacks on the body, notably mutilation and sterilisation.³⁹ As physical integrity was required for human fulfilment, this demanded that no bodily part be removed or impeded, except where sacrifice of a part was necessary for the continued existence of the whole. At a practical level, the absolute nature of these derived and constant moral norms was to be applied consistently and universally, ensuring clarity, certainty, and austerity in moral matters. It was in this context that Davis addressed the subjects of abortion and euthanasia.

3.1.3 Abortion According to Davis

Utilising traditional moral distinctions between directly intended and indirectly foreseen action, in conjunction with the principle of double-effect, Davis offered his reader an ethico-pastoral commentary on abortion.⁴⁰ It served to distinguish directly intended fetal killing, which could never be tolerated, not even to save a mother's life,⁴¹ from potentially acceptable abortive actions that were indirect and unintended, even though foreseen.⁴² Davis' ready engagement with complex cases reveals a fledgling interdisciplinary approach to ethical evaluation, combining the scientific reality of surgical judgement with the application of sound moral principles, whilst recognising

intended in itself, neither as an end nor as a means. It was foreseen and permitted. In the first case, the man intended his death and took the means; in the second case, the man intended to lighten the boat and did so." *Precepts*, 117.

³⁷ See: *Precepts*, 121.

³⁸ See: *Precepts*, 123-124.

³⁹ See: *Precepts*, 126-138.

⁴⁰ See: *Precepts*, 138-143.

⁴¹ Davis' emphasised absolutely: "[...] evil may never be done that good may ensue, the moral evil in the case being the deliberate extinction of an unoffending life." *Precepts*, 140.

⁴² Davis gives the example of where a mother needs life saving medicine or treatment that has a detrimental effect on the developing fetus. The direct intention is to save the mother's life; indirectly and unintentionally, the fetus is harmed. Similarly, a diseased uterus may be excised to save a mother's life,

diverse medical opinions in certain areas.⁴³ Numerous questions of obstetric medical ethics received unequivocal assessment, defining what was morally legitimate in practical circumstances, with any direct and intentional attack on human life strictly prohibited.⁴⁴

3.1.4 Euthanasia According to Davis

In addition to abortion, Davis' interpretation of Commandment morality's prohibition against directly killing the innocent found parallel application in the question of euthanasia, providing the necessary grounds for condemnation, whatever its motivation.⁴⁵ Given their access to vulnerable subjects and viable means, medical professionals were especially called to account: no drugs could ever be administered with the intention of hastening death.⁴⁶ Whilst pain relief may morally be given to the suffering, only a dying patient spiritually prepared for death might receive analgesia that would unintentionally hasten the process. The ability to consciously secure one's eternal reward through repentance and the last sacraments was considered more important than palliation.⁴⁷ Davis' Summary simplified the crux of euthanasia ethics, rejecting any medical action intended to end life.⁴⁸

3.1.5 Artificial Reproduction According to Davis

From the fourth, sixth, and ninth Commandments, Davis deduced religious and moral principles that would inform later moral evaluation of artificial reproduction. The dictate to honour one's father and mother set the foundation for the duties of children to parents, with juvenile obligation stemming from the natural and beneficial bond between pro-creator and offspring, and the family the natural basis of society under

even though the fetus will perish. The direct intention is to save the mother's life; the accompanying indirect result is the death of the fetus. Precepts, 141-142.

⁴³ See: Precepts, 143-154.

⁴⁴ See: Precepts, 159-167; Summary, 56; 63-64.

⁴⁵ "It is sinful to kill those who are fatally wounded or the dying, on the plea of putting an end to their pain [...]." Precepts, 127.

⁴⁶ "Doctors, nurses and midwives sin seriously, if through grave negligence, and still more, if, of set purpose, they cause or hasten the deaths of patients, or do not use reasonable and ordinary precautions, for their duty is to keep patients alive, they have no privilege of killing them." Precepts, 127.

⁴⁷ Davis noted: "[...] it would not be permissible to take away consciousness during the last hours of life, if the patient is not spiritually prepared for death, for it is possible with great care and attention, to dull pain without destroying consciousness, and it is a serious sin against charity to be the direct and voluntary cause of another dying unprepared." Precepts, 168.

⁴⁸ "The procedure is morally wrong since no man may give permission for murder, nor may any private individual directly take away or shorten the life of another." Summary, 63.

parental governance.⁴⁹ The precepts against adultery and covetousness precluded anything that contradicted “[...] the orderly propagation of the race [...]” or promoted “[...] lustful thoughts and desires [...].”⁵⁰ Sexual appetite and expression were tolerable and meaningful only in relation to the virtue of chastity, and, by association, temperance and modesty. Chaste, virtuous restraint prohibited all extra-marital sexual activity and regulated sexuality within.

The pre-eminence of chastity was enforced by recourse to the exemplary sinlessness and virginity of Christ and Mary; the body was emphatically the “[...] temple of the Holy Ghost [...].”⁵¹ Marriage was the acceptable remedy for concupiscence, but it nonetheless remained a poor second to virginity, “[...] the higher and nobler state and absolutely more pleasing to God.”⁵² Davis’ practical, moral, and spiritual counsel promoted a rigorous rejection of sensate stimulation, conjoined to a piety of purity.⁵³ Marriage was an instrumental means for children and continence, with sexual pleasure exclusively and intrinsically bound to the conjugal relationship.⁵⁴ This provided the criteria for all sexual morality; to legitimise sexual pleasure apart from intercourse between spouses would disincline people to marry at all.⁵⁵

Although not directly applied to artificial reproduction in his manual, the issue not yet so prominent, Davis had nonetheless articulated significant and relevant principles from within the Catholic moral tradition. Intercourse was the sole legitimate sexual act, and only between spouses. This was the means to children and there existed a necessary relationship between progeny and their pro-creating parents. Parliamentary deliberation of artificial insemination, however, demanded that Catholics receive more extensive moral instruction. In his 1951 treatise Artificial Human Fecundation⁵⁶ Davis

⁴⁹ See: Precepts, 69-76.

⁵⁰ Precepts, 172.

⁵¹ Precepts, 173.

⁵² Precepts, 173.

⁵³ Precepts, 174-175.

⁵⁴ As sexual intercourse was ordered by nature, and therefore by God, towards procreation and raising children, the married state, the proper and stable environment for this, was the only legitimate place for the pleasure accompanying it to be experienced. “Since, therefore, sexual pleasure had no purpose at all except in reference to the sexual act between man and wife, it would be a perversion of nature for an individual to use that pleasure outside wedlock.” Precepts, 177-178.

⁵⁵ Precepts, 179.

⁵⁶ See: H. Davis, Artificial Human Fecundation (1951). To be referred to as Fecundation. Davis approved, with one reservation, the report of the 1945 investigative committee into artificial insemination presided over by the Archbishop of Canterbury, Dr. Geoffrey Fisher. His reservation concerned the acceptance of masturbation as a last resort for a husband seeking to inseminate his wife, allowed as “[...] being directed to the procreative end of marriage [...]” Fecundation, 14. Such ecumenical convergence was accompanied by the warning that Catholics not be deceived “[...] by the euphemisms, such as were those

offered a separate examination, applying previously established themes and updating his Summary of manual morality accordingly.⁵⁷

In distinguishing artificial insemination from assisted insemination,⁵⁸ and that by husband from that by donor,⁵⁹ Davis set the parameters of his moral assessment, although appeal to papal teaching was considered sufficiently authoritative in itself to direct Catholic consciences.⁶⁰ Summarising Pius XII's directives,⁶¹ Davis proclaimed the immorality of any conception outside the marital bond. Such action would seriously violate both the natural and divine law, the dignity of the spouses, notably the wife, and the benefits of stable relationship for any children.⁶² Condemnation was extended to sperm donors, with whom "[...] there exists no bond of origin, no moral or juridical bond of conjugal procreation."⁶³ Only between spouses might there be the possibility of assistance in conception. Each technique, however, must be subject to specific moral evaluation. The act of intercourse could not be replaced, but merely facilitated in achieving its natural purpose according to God's will and design, as befitting the dignity of spouses and children.⁶⁴

Seeking to expound reasoned argumentation, directed particularly to those outside the Catholic Church and therefore not bound by the authority of its magisterium,

which veiled the subjects of birth control (termed the spacing of births), euthanasia (termed mercy-killing), and sterilisation (termed eugenic, and under the guise of the fair name of healthy progeny)." Fecundation, 5. "Catholics are entitled to know what view they may take of artificial human insemination; they have to know what forms of it – if any – they may approve, and what forms of it they must condemn. [...] When Catholics are unable to make up their minds on such moral problems as the present one, they are rightly guided by authority." Fecundation, 5-6.

⁵⁷ See: Summary, 467-468.

⁵⁸ Artificial insemination "[...] means the introduction by some mechanical means, such as a pipette or syringe, of the male element of procreation into the generative tracts, namely, vagina, womb, tubes, of a woman with a view to conception." Assisted insemination involves "[...] the procedure of injecting into the womb the male element of procreation which has already been deposited during sexual intercourse in the vagina of the wife." Alternatively it may utilise a dilator "[...] during intercourse to expand the vagina [...]" or "[...] a cervical cup [...] placed inside the vagina to direct the course of the male element [...]." Fecundation, 6.

⁵⁹ "The first kind of insemination is homologous, the second kind heterologous." Fecundation, 7.

⁶⁰ See: Fecundation, 10.

⁶¹ See: Pope Pius XII, "Allocution to Delegates," (1960).

⁶² See: Fecundation, 10.

⁶³ Fecundation, 10.

⁶⁴ See: Fecundation, 11. Masturbation was explicitly excluded as a means of procuring semen. Davis cited argumentation against heterologous artificial insemination as outlined by Cardinal Griffin in an address to Catholic doctors in 1945: "Such a practice offends against the dignity of man, sins against the laws of nature, and is unjust to the offspring. The donor of seed is reduced to the state of a stallion." Griffin condemned as gravely sinful the act of "[...] pollution [...]" by which the seed is obtained, describing the act of a wife receiving donated semen as having "[...] the malice of adultery." He concluded: "The practice is against the natural, moral and divine laws by which the procreation of children takes place

Davis' fundamental objection to artificial insemination by donor was expressed in terms of the absence of obligation between the donor and any child conceived. Conversely, there would be no "[...] bond of origin [...]" between a husband and the child of his donor-impregnated wife.⁶⁵ Furthermore, donor involvement was comparable to adultery, at least in terms of a sexually related intervention between husband and wife by a third party.⁶⁶ Only in the context of conjugal intercourse could Davis justify as permissible those techniques of assisted fertility not explicitly prohibited by papal teaching and judged favourable by a "[...] considerable number of moral theologians."⁶⁷ Those deemed acceptable involved either "[...] some form of mechanical assistance [...]" or a syringe to relocate the semen, after intercourse, to a place within the womb more favourable to conception.⁶⁸

Davis' perspective characterises pre-Conciliar moral theology in its dogmatic condemnation of abortion and euthanasia, and in its mainly negative evaluation of the reproductive technologies available. Divine authority, mediated through reason and revelation, uniquely regulated the generative processes leading to human life's existence and any possible means of its extinction. This manualistic interpretation was ratified in the more general attitudes of the pre-Conciliar English and Welsh Roman Catholic Church. Examination of these will serve to expand Davis' exposition and broaden the context of this historical foundation.

within a family, and the father of the child undertakes the duties of the upbringing of his progeny." Fecundation, 12.

⁶⁵ Fecundation, 15.

⁶⁶ "Though such a procedure is not strictly adultery, it partakes of the malice or inordination of adultery, for if a man intends the wife of another man to be inseminated by means of his donated semen, he intends a wife's sexual organs to be used independently of her husband's legitimate and exclusive right over them." The argument concerned the donor usurping the husband's rights, which even with consent, the husband could not abdicate or transfer. Fecundation, 15-16.

⁶⁷ Theologians opposed to any form of assisted insemination followed the argument that "[...] nature intends new life to be brought forth only by the sexual act done naturally, as the whole nature of the sexual apparatus of man and woman is designed immediately to procreate. Man is therefore restricted in the use of his sexual function; he may exercise it only in natural intercourse." Fecundation, 18-19.

⁶⁸ Fecundation, 19-20. Fewer theologians advocated the use of a syringe to draw the semen and aspirate it into the womb if the syringe was removed from the vagina in the process, seeing this as an unacceptable interruption.

4. Morality Beyond the Manuals: Responses of the Pre-Conciliar Catholic Church in England and Wales to Abortion, Reproductive Technology, and Euthanasia

4. 1 General Themes

From the first edition of Davis' treatise in 1935 until the close of Vatican II, Catholic moral theology in England and Wales existed as an enterprise dedicated to proclaiming true doctrine. It sought to combat error and equip confessors and the lay faithful, especially healthcare professionals, for the correct ethical evaluation of particular cases and questions. Executed in the context of a scholastic methodology, nascent biblical exegesis, and a Church cautiously engaged in the world, yet suspicious of its values, a dry-toned and defensively rigid moral vision prevailed. Although tempered by emerging alternative perspectives, especially those relating morality more intimately to spiritual themes,⁶⁹ together with those forging interdisciplinary psychological approaches,⁷⁰ such influences were yet to be determinative and the conserving nature of Catholic moral reflection evidences minimal innovation.

Derived from within the manualist outlook, certain colloquial presentations structured morality according to the categories of divinely ordered nature and society.⁷¹ E. J. Mahoney's two volumed Questions and Answers demonstrated a certain legalistic obsession, occasionally verging on the scrupulous.⁷² This collection of reader enquiries and expert replies, taken from The Clergy Review, encompassed moral dilemmas,

⁶⁹ Significant was the translated work of the Jesuit Emile Mersch, Morality and the Mystical Body (1939). The premise for moral living was the individual acting "[...] as a member of Christ [...]," such action paralleling Christiform incorporation into the life of the Trinity. Morality thus proceeded from a spiritualised theology of the incarnation, with the "[...] Christian law [...] essentially positive [...]" and holiness the product of divine adoption through grace. Mersch, Morality, viii. In the English context, the express notion of morality as identification with Christ was succinctly depicted in Aelred Graham's series of reflections on virtue. The model for virtuous living was the charity of Christ lived according to the Father's will, "[...] not as an external conformity to a law against which his spirit chafed, but in identifying himself with it to the depths of his soul." A. Graham, "The Virtue of Charity - I," 1944. More extensively, the move towards an explicit presentation of morality as theological and spiritual participation in Christ was the consistent and developed theme in the thought of the English Dominican Gerald Vann.

⁷⁰ The Catholic Psychological Society was founded in 1936 with a defensively framed constitution. Article 2 stated the Society's purpose as the furtherance of "[...] study amongst Catholics of the science of psychology as applying to medical, educational, religious and general problems." The subsequent article, however, added: "[...] in cases where the principles underlying Catholic faith and morals are attacked in the works of non-Catholic psychologists [...]" the society functions "[...] to defend Catholic principles by means of judicious scientific propaganda [...]" E. B. Strauss, Letter, 1936. Interest in the interactive relationship between psychology and morality resulted in a growing body of literature, some indigenous studies, others American or translated continental works.

⁷¹ For example, see: L. Ruland, Foundations of Morality (1936); M. C. D'Arcy, Christian Morals (1937).

⁷² See: E. J. Mahoney, Questions and Answers: I (1946), Questions and Answers: II (1949).

queries about sacramental and liturgical practice, and clarifications regarding Canon law. Sourced in the manuals and the magisterium, the explicitly moral explanations offered carefully constructed analysis with scholastic rationale and a pastoral orientation, thus extending manualism to the resolution of new quandaries. Consequently, morality persisted as a discipline of delineation, arbitrating between the permissible and the prohibited, distinguishing the nature and extent of sin and guilt.⁷³

Pius XI's 1930 Encyclical on Christian marriage, Casti Connubii,⁷⁴ enthused interest in the theological and moral aspects of marriage: its sacramentality, goods, and sexuality.⁷⁵ Canon law's insistence that those to be married must receive proper instruction⁷⁶ contributed to a pastoral demand for suitable didactic material. These appeared as either historical-theological syntheses of the Catholic position⁷⁷ or biological presentations of sexuality and reproduction consistent with Catholic morality.⁷⁸ Their focus was expository or apologetic in tone; the hierarchical ordering of the ends of marriage, their place within the perceived totality of the conjugal relationship, and the prohibition of contraception, were all generally accepted without question.⁷⁹

Preoccupations surrounding appropriate education in marriage and sexuality prompted the Hierarchy of England and Wales to raise its voice through a statement

⁷³ With a changing panel of experts, the question and answer approach of The Clergy Review continued until July 1974.

⁷⁴ See: Christian Marriage (1965).

⁷⁵ Such themes were taken up in the 1936 Lenten Pastoral Letter of Bishop McGrath of Menevia, who urged reverence for the indissolubility, fidelity, and faithfulness of marriage, and cautioned against the dangers of mixed marriages. See: "Menevia: Christian Marriage," 1936. Bishop Cowgill of Leeds similarly focused on the sanctity of the marriage bond. See: "Leeds: The Marriage Bond," 1936.

⁷⁶ See Canons 1018 and 1033; S. Woywod, A Practical Commentary (1929): 571; 583.

⁷⁷ For example, see: B. Jarrett, The Vocation to Marriage (1935); T. G. Wayne, Morals and Marriage (1936); B. Sause, Why Catholic Marriage is Different (1937); E. Mersch, Love, Marriage and Chastity (1939); F. Von Streng, Marriage (1939); H. Doms, The Meaning of Marriage (1939); D. Von Hildebrand, In Defence of Purity (1946); G. H. Joyce, Christian Marriage (1948); E. C. Meddinger, Two in One Flesh (1949).

⁷⁸ For example, see: H. Sutherland, Laws of Life (1945). See also: U. A. Hauber and M. E. O'Hanlon, Biology (1937). The latter was described as: "A textbook of biology specifically designed to combine an up to date presentation of scientific data with Catholic philosophical principles." W. R. Thompson, Rev. of Biology, 1937, 639.

⁷⁹ "Catholic opposition to birth control almost certainly had as its consequence in this period a significantly higher birth rate for Catholics than for the general population: probably at no other time was there so objective a contrast in social mores between Catholics and others." Hastings, A History of English Christianity, 277. Whilst not denying the procreative aspect of marital love, Herbert Doms in The Meaning of Marriage emphasised the total giving nature of the relationship between husband and wife, rather than focusing primarily on the procreative dimension.

released in April 1944.⁸⁰ In criticising the “[...] widespread laxity of moral conduct [...],” and government initiatives for school sex education to combat rising instances of sexually transmitted disease, the bishops called for better health education, particularly in modesty.⁸¹ Affirming sex as “[...] ordained by God to bring new life [...]” and specifying its sole and worthy locus as within marriage, this procreative aspect was to be taught clearly to children, individually, and preferably by parents, with religious and virtuous motivation.⁸² Echoing the substance of Casti Connubii, the bishops reflected the prevailing sense of a pro-creative priority within the goods and institution of marriage, all of which had significance for the morality of artificial reproduction.

Between 1935 and 1964, a combined defensive and instructive rationale underpinned discussion of medical ethics, seeking to expound and preserve Catholic moral principles in a non-Catholic culture increasingly hostile to traditional Christian morality. Catholic healthcare professionals were offered various resources of theological, ethical, and practical guidance, some native, others imported or translations of European works. In effect, the methodology and conclusions of the moral manuals were distilled into interdisciplinary medico-moral handbooks for the Catholic doctor and nurse. These demonstrated how spiritual and moral precepts, together with canonical and sacramental regulations, were to be applied in particular cases.⁸³ Attempts at permissive civil legislation with respect to abortion, reproduction, and euthanasia, generated divergence and tension in the rapport between morality and law, ensuring that each subject received continuous consideration.⁸⁴

From both moral and spiritual perspectives, the case had long been made for the provision of independent Catholic hospitals in England and Wales, where Catholic patients could receive treatment in a religious atmosphere according to ethical principles

⁸⁰ See: “Statement of the Hierarchy of England and Wales on Morality,” 1944. This followed the Lenten address of Pope Pius XII and appeared to apply it to the English setting. Describing the Commandments as “[...] pillars upholding the moral order [...],” Pius identified their contravention as “[...] alarm signals pointing out grave moral dangers.” Within this context, he appealed to the ideals of Christian marriage and family in contradistinction to prevailing moral laxity. See: “On the Commandments,” 1944.

⁸¹ “Statement of the Hierarchy on Morality.”

⁸² “Statement of the Hierarchy on Morality.”

⁸³ For example, see: P. Finney Moral Problems (1935); A. Bonnar, The Catholic Doctor (1938); B. D. Johnson, The Catholic Nurse (1950); J. Marshall, Medicine and Morals (1960), The Ethics of Medical Practice (1960); G. Kelly, Medico-Moral Problems (1960); A. Bonnar, Medicine and Men (1962).

⁸⁴ See: N. St. John-Stevan, “Law and Christian Morals,” 1960, The Right to Life (1963), Life, Death and the Law (1961), Law and Morals (1964), “Public Morality,” 1964.

consistent with the Church's belief and practice.⁸⁵ Pre-Conciliar practical interaction between faith and medicine was further cemented by the Church's increased dependence on Catholic physicians for its informed teaching on medical ethics. Thus, a symbiotic relationship between Catholic moralists and Catholic doctors and nurses gave foundation and credibility to the Church's stance.⁸⁶ This was underpinned by the work of the precursor to the Guild of Catholic Doctors, the Guild of St. Luke, St. Cosmas, and St. Damian, an organisation of Catholic medics established on 27 July 1910. The Guild sought to combine the practice of medicine with support, solidarity, and education for its members, in complete fidelity to Catholic faith and morality.⁸⁷ In this, it replicated and complemented the work of its sister association, the Catholic Nurses' Guild of England and Wales, founded in 1897.

Concern that medicine should be adequately ethically grounded, both generally and particularly as practised by Catholics, is evident from the various episcopal rallying calls to moral attitudes and behaviour, faithfully echoed by theologians and practitioners alike.⁸⁸ Cardinal Bernard Griffin's congratulatory commendation of the revamped post-war Catholic Medical Quarterly succinctly identified adherence to Catholic moral teaching and unity in its proclamation as the essential qualities of a Catholic medical alliance.⁸⁹ As Bishop of Leeds, John Carmel Heenan focused the question more

⁸⁵ See: P. W. O'Gorman, "The Need for Catholic Hospitals," 1926; "The Catholic Hospital," 1935. A general reduction in religious practice, a decline in vocations to nursing religious orders, financial constraints and, not least, the institution of the National Health Service, combined to secure the almost complete demise of Catholic hospitals and nurse training facilities in England and Wales. At the formation of the National Health Service in 1948, Cardinal Griffin had feared state interference and urged Catholic institutions to remain independent, thereby safeguarding their ethos. The ensuing crisis in Catholic healthcare, however, resulted in a review committee established in 1970 by Cardinal John Heenan that recommended either the closure or specialisation of Catholic hospitals given their failure to utilise resources effectively. See: "The Future of Our Catholic Hospitals," 1971; "Further Consideration on Catholic Hospitals," 1971. Although the Federation of Catholic Hospitals and Healthcare Institutions was convened in 1987 to co-ordinate remaining institutions in England and Wales, the post-Conciliar period witnessed the drastic fragmentation of both the rationale and the facilities of Catholic healthcare. See: J. F. Hanratty, "Federation of Catholic Hospitals," 1987; "Whither Catholic Hospitals?," Editorial, 1996.

⁸⁶ For a justification of this see: J. Foley, "Catholic Medical Organisations," 1948. For a practical perspective see: B. Daly, "Co-operation," 1949.

⁸⁷ See: "The Aims and Objects of the Guild," 1989. See also: E. Ware, "The Aims and Objects of the Catholic Medical Guild," 1928; J. Stafford Johnson, "The Catholic Outlook," 1933; "Statutes Under Which the Guild Was Founded," 1941. The Guild published isolated volumes of its journal, The Gazette, in March 1914 and March 1921. In 1923, the first edition of The Catholic Medical Guardian appeared and was produced consistently until October 1941. Following wartime suspension, the journal was re-launched in October 1947 incorporated into the Catholic Medical Quarterly; this has remained in publication ever since. See: W. H. Reynolds, "The Guild," 1967. For a post-Conciliar perspective see: J. P. Wroe, "The Scope of the Guild," 1971.

⁸⁸ See: H. J. Carpenter, "The Ethical Support of Medicine," 1929.

⁸⁹ "It is of vital interest to the Catholic Church in this country that our Catholic doctors should speak and act in one united voice in following the principles of the natural and divine law, which are being openly

fundamentally on the moral formation of future doctors and the necessary balance between scientific research and Hippocratic care for the vulnerable.⁹⁰ Catholic interests would only be preserved if medical training existed within an appropriate ethical environment, and, if Catholic doctors, integrating faith and profession, retained an ecclesial sense of their responsibilities.⁹¹ Despite such affirmations, the transition and tensions of the immediately pre and post-Conciliar period, particularly with respect to the subject of contraception, could not but affect and destabilise the Catholic medical community.⁹²

Having examined various general themes within pre-Conciliar English and Welsh Catholic morality, specific responses to abortion, reproductive technology, and euthanasia can now be usefully addressed. These stand indicative of future approaches.

4.2 Pre-Conciliar Catholic Responses to Abortion

Catholic treatment of abortion in the pre-Conciliar period had an extensive medico-moral pedigree distinct from the manuals.⁹³ It was, however, the 1938 Bourne case of induced abortion following teenage rape that sharply focused the disparity between legal permissibility and Catholic moral prohibition.⁹⁴ The legal premise of legitimate recourse to abortion where a mother's life was endangered was judicially reinterpreted as applicable in this circumstance. Life and health were held to be synonymous, such that the threatened mental danger to health, where rape had resulted in pregnancy, was deemed of such gravity as to justify abortion. Furthermore, the

attacked and violated today. [...] I fervently hope that the Guild [...] will [...] be able to express sound ethical principles in medicine and enable our Catholic doctors to speak and act in union." "A Message from His Eminence Cardinal Griffin," 1948. See also: "Sermon to the Catholic Delegates," 1948.

⁹⁰ See: J. C. Heenan, "Academic Freedom," 1954.

⁹¹ See: A. Bonnar, "Catholic Doctors," 1957; B. Towers, "Catholics and the Study of Medicine," 1958; G. D. Boyle, "The Catholic Doctor," 1964; K. F. M. Pole, "The Catholic Doctor," 1964; D. A. MacFarlane, "The Catholic Doctor," 1964.

⁹² See: J. Dominian, "Medicine in Transition," 1963; P. M. Loftus, "Theological Aspects," 1961; B. Webb, "Catholics and Family Planning," 1962; P. Joy, "The Catholic Doctor," 1964; J. V. O'Sullivan, "The Pill," 1964.

⁹³ See: J. Canavan, "The Ethics of Medical Abortion," 1926; A. J. Schulte, "The Rights of the Unborn Child," 1929; P. Fitzsimmons, "The Accidents of Pregnancy," 1929; L. McIlroy, "The Sociological and Medical Aspects," 1936. For reflection on pastoral provision following unplanned pregnancy, see: D. Gordan, "Rescue Work," 1937.

⁹⁴ Dr. Aleck Bourne was charged on 18 July 1938 under section 58 of the 1861 Offences Against the Person Act following his curettage of a fourteen-year-old girl pregnant by rape. See: "The Abortion Trial," 1938; "The Bourne Case," 1938. In "The Law of Abortion," 1938, legal and medical correspondents treated the matter, the former concluding: "One of these days the Catholic body will have seriously to take stock of the situation and decide where the drift of things is leading, and what they propose to do." "The Law of Abortion," 104.

implications of this judgement were such that a Catholic physician might be held culpable before the law if maternal death followed from a refusal to perform therapeutic abortion.⁹⁵

The Franciscan Catholic moralist Alphonsus Bonnar construed the case as further evidence of a gradual, but progressive, loss of Christian moral values in society, achieved by the redefinition of traditional medical ethics within the terms of the law.⁹⁶ Offering his own ethical assessment, Henry Davis appealed to the universal law of morality that, without exception, excluded the direct killing of the innocent.⁹⁷ The act of rape was certainly unjust aggression and, if possible, the expulsion of semen following it would be perfectly moral. The legitimacy of repelling the attack, and its effect, however, could not morally be extended to allow the termination of a newly conceived life. The admittedly tragic circumstances of the case did not diminish the sacrosanct right to life after conception.⁹⁸ Furthermore, any possible justification for taking life was foreseeable only in response to an unjust aggressor, and a child in the womb could never be viewed as such. In legitimising a broadened concept of therapeutic abortion, the judgement had established a permissive precedent continually rejected by successive episcopal teaching⁹⁹ and Catholic comment.¹⁰⁰

Persistent proposals for the decriminalisation of abortion reveal a variety of Catholic reactions, divergent in approach, but equally outraged at the possibility of amendment. Lord Amulree's 1952 Abortion Bill sought reform of the 1861 Offences

⁹⁵ "It will be agreed that the position of the Catholic doctor is untouched by these considerations, or by any decision that the law may make, since for him the teaching that the product of conception has in all circumstances an inalienable right to life must always remain binding. Nevertheless, a passage in the summing-up indicates that a strict adherence to the moral law may conceivably bring him into conflict with the law of the land should he allow a woman to die because he refrains from inducing, or declines to induce, therapeutic abortion." "The Law of Abortion," 104.

⁹⁶ See: A. Bonnar, "The Bourne Case," 1939.

⁹⁷ See: H. Davis, "The Catholic View," 1938.

⁹⁸ "The fundamental reason of the Catholic view that condemns all such killing of an innocent person is that life is a divine gift and that the Giver of it has a divine purpose in giving it. No human authority can claim the right to terminate or frustrate that divine purpose." Davis, "The Catholic View," 232.

⁹⁹ Preaching to Catholic delegates attending the 1948 annual meeting of the British Medical Association, Cardinal Bernard Griffin expounded: "In many cases, in order to preserve the life of the mother, a doctor or surgeon will prescribe abortion or an evacuation of the womb, and the result is the destruction of the life of the child. Ethics teaches that the child in the womb has an equal right to live as the mother and the best medical practice would prescribe a remedy which would save the life of both mother and child. Obviously, it would be easier to remove the foetus, destroy the infant life, but this would offend against the rights of the child and would moreover harm both medicine and research." "Sermon to the Catholic Delegates," 97.

¹⁰⁰ See: E. J. Mahoney, "Therapeutic Abortion," 1938; R. O'Sullivan, "The Committee's Report," 1939; J. V. O'Sullivan, "Gynaecological Problems," 1952; A. Keenan, "Co-operation in Therapeutic Abortion," 1957; L. L. McReavy, "Eclampsia and Abortion," 1959.

Against the Person Act by removing the penalty for abortion where intervention was in good faith to preserve the mother's health, or, if by a physician, where abortion followed a second medical opinion and was also performed in good faith to prevent injury to the mother's body or health.¹⁰¹ Within the Catholic response, the alarmist rhetoric of some¹⁰² found more sober expression in the words of Cardinal Griffin, whose stout opposition nevertheless influentially transmitted the Catholic position in stark terms.¹⁰³ Such resistance made an impression; when Kenneth Robinson introduced his Medical Termination of Pregnancy Bill in 1961, he explicitly addressed Catholic objections and belief.¹⁰⁴

Within the abortion debate, the place of propaganda was increasingly appreciated, eliciting minor criticism of the counterproductive publicity attracted by zealous Catholic protest.¹⁰⁵ Griffin himself alluded to the adverse attention of the secular press in the wake of Pius XII's 1951 "Allocution to Midwives," where appeal to "[...] 'save the child' was twisted to mean 'let the mother die.'"¹⁰⁶ Whilst requests for an officially appointed commentator, able to rebuff such inaccuracy, were initially

¹⁰¹ See: "Abortion Law," 1953.

¹⁰² "In this country, more than in others, the law is regarded as a normal guide for behaviour. The non-Catholic regards divorce as his right, for Parliament allows it. Birth-control in specified types of cases is facilitated by regulations of the Ministry of Health, and a Catholic mother of a mixed marriage will have no support from public opinion in resisting the killing of her unborn child when that is proposed as an effective solution for a difficult situation arising out of housing – or even of rape." W. J. O'Donovan, *Letter*, 1953, 135.

¹⁰³ "Faced with the dilemma of two innocent lives in danger a doctor needs a principle to guide him. The Christian principle is: Thou Shalt Not Kill. This Bill would, however, introduce the principle that an individual may decide which life is more valuable. [...] This Bill must be opposed for it is against the whole tradition of English law, of natural law and of divine law. Christians who are prepared to speak in opposition to this Bill must also be prepared for unpopularity. They will be faced with the usual sentimental arguments. It will be said that this Bill will bring to an end the horrors perpetrated by unscrupulous quacks upon ignorant girls in sordid attics up dark alleys. Of course, we all cry out against the perpetration of these horrors, but to bring them to an end it is not necessary to introduce a Bill to legalise actions in direct contravention to the law of God. Use will be made of the word 'therapeutic.' When all is said and done, this is an attempt to legalise the direct killing of the innocent unborn." "Abortion and the Law," 1953.

¹⁰⁴ See: "Therapeutic Abortion," 1961. The Bill extended the acceptable conditions for abortion to include cases of various fetal disabilities and hereditary diseases, and pregnancy due to incest, rape or in children under 13.

¹⁰⁵ Regarding Lord Amulree's Abortion Bill, *Tablet* editorial comment claimed: "It has been put down by its promoters solely for the purpose of advertisement, and it would have received very little advertisement has it not been for the Catholic attacks on it." "The Abortion Bill," *Editorial*, 1953. The vote by the Magistrates' Association in favour of abortion amendment received similar interpretation: "The resolution of the Magistrates – like the Bill which was introduced by Lord Amulree in the House of Lords a year ago – was manifestly brought forward for propaganda purposes." "Magistrates and Morals," 1955. The resolution adopted by the Magistrates' Association significantly furthered the grounds for abortion by including suspected physical and mental fetal disability within an additional exemption clause. See: "Abortion Law Reform," 1956.

¹⁰⁶ "Abortion and the Law."

rejected,¹⁰⁷ the maturing Catholic community would rapidly realise the importance of pro-active representation in the media. Moreover, it would recognise that formulations opposed to abortion must also offer realistic alternatives.¹⁰⁸

4.3 Pre-Conciliar Catholic Responses to Reproductive Technology

Allied with deliberations surrounding abortion, two juxtaposed and yet distinct aspects associated with the faculty for human reproduction equally underwent significant moral analysis within twentieth-century English and Welsh pre-Conciliar Catholicism. The question of sterilisation presented itself initially as a eugenic measure, targeting those designated mentally defective or undesirable.¹⁰⁹ Only secondarily was sterilisation the subject of concern as a contraceptively motivated act. Under the direction of Henry Davis, himself following papal instruction, Catholic moral evaluation was decisive. Whether voluntary or not, all categories of sterilisation contradicted the moral precept prohibiting bodily mutilation, and, in addition, perverted the nature of human procreativity.¹¹⁰ With such attempts to thwart the capacity for conception rejected, so conversely were artificial efforts to achieve it.

Davis had already established an ethical foundation for a Catholic appraisal of reproductive technology, encapsulating previous theological interpretations and

¹⁰⁷ "I am at a loss to understand why the Catholic Hierarchy in Great Britain, realising as they do the influence which the press exerts on all the sections of the community, have not seen fit to appoint an official spokesman with responsibilities in this field. Such an appointment would ensure that the official version of any important Papal pronouncement or Vatican statement, together with responsible indigenous Catholic comment, would be immediately available." B. M. Thimont, Letter, 1951. Alphonsus Bonnar, reacted disparagingly to the request and argued its impracticability: "The suggestion is made in your correspondence columns that the Hierarchy should appoint some kind of 'official spokesman with responsibilities in this field.' A truly unenviable position for anyone, calling, indeed for a superman!" A. Bonnar, Letter, 1951.

¹⁰⁸ Discussing Kenneth Robinson's Bill on abortion, Letitia Fairfield stated: "Certain urgent considerations arise when Catholics oppose a Bill that has been introduced with obvious if misguided humanitarian intent. What contributions are we prepared to make to alternative solutions?" L. Fairfield, "Abortion and the Law," 1961, 103.

¹⁰⁹ For background see: T. J. Colvin, "Should a Catholic be a Eugenicist?," 1929; C. J. McSweeney, "The Case Against Sterilisation," 1929.

¹¹⁰ See: H. Davis, "Sterilization," 1926, "Sterilization," 1929, *Eugenics* (1930), *State Sterilization* (1931), "State Sterilization," 1931, "Sterilization," 1934. In *Precepts*, 129-133, Davis rejected the therapeutic, eugenic, and punitive arguments proffered for sterilisation. Although a debated issue in Catholic morality, with contrary minority opinions, Davis affirmed his own position as consistent with magisterial teaching: "What was the common Catholic teaching on this matter of the sterilisation of the mentally defective up to December, 1930, has been endorsed, approved and taken out of the region of discussion by the Encyclical Letter, *Casti Connubii*, of our Holy Father Pope Pius XI." *Precepts* 136. For Catholic opposition to statutory voluntary sterilisation see: E. J. Mahoney, "Sterilization," 1934; "A Catholic Federation Rally," 1935; "Sterilization: The Federation Protests," 1936.

allowing certain limited intervention.¹¹¹ Letitia Fairfield pondered the wider incriminations related to artificial insemination: its selfish motivation on the part of parents; the legitimisation of anonymous donors and their intrusion into the marital relationship; concerns for the integrity and stability of the family unit.¹¹² Resisting criminalisation, Fairfield urged, however, the appropriate registration of donor information to protect the dignity of each child's origin. Official response was formulated in terms of the evidence of the Catholic Committee convened by Cardinal Godfrey in January 1959 and submitted to Lord Feversham's commission on artificial insemination in 1960.¹¹³

The response was divided into five parts: the introduction presented the main argumentation for Catholic teaching on artificial insemination as grounded in the natural moral law, and, therefore, universally accessible through reasoned reflection on the nature, purpose, and functioning of the reproductive organs. This enabled the particular means and specific end constituent of sexual intercourse to be discerned as expressive of divinely created order and intention for humankind.¹¹⁴ Deriving support from scripture and the magisterium, further consideration demonstrated marriage as the exclusive relationship conducive to the good of spouses, children, and ultimately of society. In this schema, mere biological reproduction was subsumed within a spiritual and personal act of procreation that, without conferring any right to children, imposed within contractual marriage the duty of conjugal relations consistent with normative and

¹¹¹ See: E. J. Mahoney, "Questions and Answers: Artificial Fecundation," 1943 and 1945. Correspondence between Davis and Mahoney debated the extent to which authoritative moralists allowed certain forms of assisted conception. Davis' permissive interpretation was reflected in Archbishop Griffin's statement that "[...] assisted insemination of the wife after normal intercourse with her husband [...]" was not condemned. "Correspondence: Artificial Fecundation," Aug. 1945, 381. See also: "Correspondence: Artificial Fecundation," Jul. 1945; "The Morality of Artificial Human Insemination," 1949.

¹¹² See: L. Fairfield, "The Perils of A.I.D.," 1958. See also: "Artificial Insemination," 1955; A. Bonnar, "The A.I.D. Controversy," 1958.

¹¹³ See: "Artificial Insemination and the Law," 1960. The committee consisted of moral theologians, medics, and lawyers, under the chairmanship of L. L. McReavy. See also: "Artificial Insemination," 1960 and K. Boyd, B. Callaghan, and E. Shotter, Life Before Birth, 66-67; 79-81; 85-87, for discussion in an ecumenical context.

¹¹⁴ The application of the natural law to the generative faculty was distinguished from its application to other human faculties: "It is important to note that the end served by this faculty is different in kind from that served by other faculties, such as sight and hearing. These are clearly means to the individual good of their possessor, and since he has a personal right to the fully human life they are meant to serve, he may rightly supply artificially for accidental deficiencies in their working, for example, by the use of reading glasses or hearing aids. The human generative faculty, on the contrary, is not designed primarily and directly for the good of its individual possessor, though it should serve that end secondarily and indirectly. It is neither complete nor independent in either sex. The complementary nature of the generative organs, the mutual act in which they properly function, the procreative purpose they serve, indicate that they are designed to be used not in solitary acts, but with another person, and for the good of the human species." "Artificial Insemination and the Law," 22-23.

divinely ordered nature. Accordingly, the Catholic Committee emphasised the moral illegitimacy of any attempt to facilitate insemination artificially, except in assisting a precise act of spousal intercourse to achieve its intended purpose.¹¹⁵

Parts three and four of the Catholic evidence addressed further moral obstacles, namely the involvement of donors in the artificial insemination process and the question of legislative prohibition.¹¹⁶ Third-party infringement of marital unity and exclusivity would threaten the stability of the relationship whilst at the same time encouraging a league of donors devoid of any obligation apart from ejaculation.¹¹⁷ The procedure would inevitably involve deception and secrecy regarding personal origins. It would leave judgements about potential suitability solely in the hands of doctors, and possibly compromise the necessary distance demanded to safeguard degrees of affinity.¹¹⁸ Such factors, combined with considerations of the psychological motivation for selfish fulfilment, the acknowledged neurotic causes of some infertility, and the possible resentment of the non-biological father, resulted in the Catholic Committee's recommendation that artificial insemination by donor be outlawed.¹¹⁹ Recognising that, realistically, this would probably prove impractical, the Committee counselled certain regulatory clauses. These prohibited semen banks and commercialisation; maintained marriage nullity on the basis of impotence, even where conception had been achieved by artificial insemination; and allowed a husband to claim damages where his wife received donor impregnation without his consent. Furthermore, artificial insemination by donor, and without the husband's consent, was proposed as grounds for a judicial separation, akin to that of adultery.¹²⁰ Where permissive legislation appeared inevitable, Catholic opinion still embraced the obligation to curtail its worst abuses and effects.

¹¹⁵ "One may not therefore argue, either from the nature of the sexual faculty, or from the nature of the matrimonial contract, that a married couple have a right to achieve conception by artificial means. The most one can argue is that they have a right to promote the efficiency of the natural means by facilitating the act of conjugal intercourse, or by helping it to achieve its effects." "Artificial Insemination and the Law," 23-24. For an account of a procedure to assist conception in conformity with Catholic teaching see: J. J. Hofman, "Towards an Aid to Fertility," 1964.

¹¹⁶ Part two clarified related points of Canon Law. A first stated that a marriage unconsummated due to impotence, and therefore invalid, could not be validated by artificial conception. Impotence, not infertility, was an impediment to marriage. Secondly, children conceived, naturally or artificially, in a marriage presumed valid, but later nullified, were to be considered legitimate, unless donor semen was used. "Artificial Insemination and the Law," 24-25. Part five summarised relevant teaching of Pius XII. See: "Artificial Insemination and the Law," 28-30.

¹¹⁷ "Donors in the A.I.D. procedure are prepared to function as human stallions, begetting children they are never to know, of whose existence they may not even be informed, and for whom they accept no responsibility." "Artificial Insemination and the Law," 27.

¹¹⁸ See: "Artificial Insemination and the Law," 26-27.

¹¹⁹ See: "Artificial Insemination and the Law," 27-28.

¹²⁰ See: "Artificial Insemination and the Law," 28.

4.4 Pre-Conciliar Catholic Responses to Euthanasia

As with abortion and artificial reproduction, moves for legalised euthanasia received persistent opposition from Catholic quarters during the decades preceding Vatican II. In the absence of specific statutory propositions, the efforts of the Voluntary Euthanasia Legalisation Society necessitated continuous vigilance. Contradicting the fifth Commandment, and an affront to divine sovereignty over life, euthanasia was additionally a perversion of professional healthcare and the duties of physician and society towards the sick and infirm.¹²¹ Its support in certain medical quarters merely bolstered the arguments for independent Catholic hospitals “[...] run on Catholic principles [...]”¹²² The flaws of the proposed 1936 Voluntary Euthanasia (Legalisation) Bill, set before the House of Lords and defeated,¹²³ were not merely judged immoral and inhuman, but emotionally motivated and medically unnecessary,¹²⁴ offering “[...] undoubtedly the legalisation of murder.”¹²⁵ The capacity of pharmacology and medical technology to prolong life elicited a burgeoning bioethical casuistry, already primitively evident in the manuals, but now more sophisticatedly applied to questions of death and

¹²¹ For background see: P. E. Hallett, “The Fifth Commandment,” 1928; J. R. R. Trist, “Euthanasia,” 1930. Addressing the 1935 Westminster Catholic Federation Conference, Catholic physician W. J. O’Donovan described attempts to justify euthanasia by medics as turning the traditional guardians of health into angels of death. See: “A Catholic Federation Rally,” 568. A. Guthrie Badenoch argued the term “mercy killing” should be substituted with that of “mercy murder,” the latter better befitting the morality of the act. See: A. Guthrie Badenoch, “Mercy-Murder,” 1936.

¹²² “An Euthanastist Who Shirked,” Letter, 1937, 104.

¹²³ “After an interesting debate its rejection was carried by 35 votes to 14. [...] The two episcopal peers who took part in the debate opposed the Bill, but both would still leave the power of terminating life in the hands of our profession, a concession which none of us Catholic doctors would dare, or care, to ask from any of our hierarchy. So euthanasia is down and out, a result attributed by Lord Ponsonby to ‘an alliance between the priesthood and the medicine men.’” “The ‘Mercy-Murder’ Bill,” 1937.

¹²⁴ See: “Euthanasia: An Essay,” 1936. The process, outlined in the Bill, by which the dying person, their family, and physicians, would arrive at a consentient decision was described thus: “If a perverse and evil genius had sought some plan by which the final throes of the sick might be intensified, he could scarcely have devised any scheme better fitted to this end. The anguish of mind which all concerned would feel while this grim decision was being debated, and its execution pending, needs no imagination to picture, and no pen to describe.” The medical correspondent argued that patients must remain free of the pressures euthanasia legislation would bring to bear: “Once this proposal secured the force of law, the incurable invalid would be beset by misgivings as to whether or not he owed it to his family and friends to demand release by euthanasia, or he would be harassed by dreadful doubts as to whether or not his friends wished to have him ‘put out of his misery.’ Grim suspicions of this order would poison the atmosphere of the sick room and make an incurable illness a thing of horror far beyond anything which man’s inevitable departure from this world need bring. [...] On the other hand, it is not unknown for the relatives of such a sufferer to feel that the situation is intolerable, and to suggest that it be brought actively to an end.” “Euthanasia: An Essay,” 699. See also: “The Lords and Euthanasia,” 1936 and “Letters to the Editor: Euthanasia,” 1936.

¹²⁵ “Voluntary Euthanasia,” 1936, 5. Furthermore: “The Intention is malicious inasmuch as it means to take away innocent human life. True, the consent of the victim must be obtained as a preliminary, but [...] it does not require great depth of thought to visualise the exercise of terrorism and tyranny when this is desired.”

dying.¹²⁶ Complemented by the encouragement of appropriate care for the aged, Catholic attitudes resisted the “[...] sentimentalism [...]”¹²⁷ of euthanasia, urging instead the harmonisation of moral principle with a call to social action.¹²⁸

5. Assessing the Pre-Conciliar Situation

The general hallmarks of pre-Conciliar Catholicism in England and Wales are fully manifested in the particular moral responses surveyed: absolutist in doctrine, certain in teaching, internally focused, and suspicious in outlook. In terms of moral methodology, Davis’ *Moral and Pastoral Theology* stands exemplary, reflecting the general tenor of English Catholic moral thinking, governed and substantiated by unquestioning acceptance of magisterial authority. Scripturally and Christologically stunted, and devoid of an explicit personal spirituality, the moral life was dogmatically conveyed in defensive and apologetic terms through a physicalist interpretation of natural law. This said, moral teaching and response on abortion, reproductive technology, and euthanasia was comprehensive and precise. The foundations and positions adopted during the first half of the twentieth-century would prove influential and determinative after Vatican II, with accepted principles and interpretation applied to new realities and situations.

6. Transition and Development: The Church After Vatican II

In conformity with every other national Catholic community, the Church in England and Wales was charged with implementing the project for reform instigated by Vatican II.¹²⁹ This entailed a thoroughgoing renewal of ecclesiastical life, inciting

¹²⁶ See: W. J. O’Donovan, “Death from a Medical Point of View,” 1936; K. F. M. Pole, “A Matter of Life and Death,” 1951; J. O’Connell, “Artificial Methods of Sustaining Life,” 1954; L.L. McReavy, “Use of Drugs,” 1957, “Use of Medicinal Drugs,” 1957.

¹²⁷ Cardinal Griffin warned in 1948: “It has recently been suggested that doctors should co-operate in the practice of euthanasia and that incurable patients should be allowed the privilege of being exterminated. Do not be misled by sentimentalism. The sort of sentimentalism I mean is that which would recommend the abolition of the death penalty for murder, but at the same time would recommend the death penalty for an innocent, helpless human being. A doctor’s duty is to save life and not to destroy it and if once it were recognised as part of his duty to inflict death, he would rightly deserve to lose any confidence that the public had ever placed in him.” “Sermon to the Catholic Delegates,” 98.

¹²⁸ See: “Care of the Aged,” 1953; “The Care of the Aged,” 1955; T. Rudd “The Care of the Elderly,” 1960; “To Set at Liberty the Captives,” 1961. See also: A. J. P. Graham, “Euthanasia,” 1950; W. J. O’Donovan, “Euthanasia,” 1951.

¹²⁹ For background introduction, see: G. Alberigo, J. Jossua, and J. A. Komonchak, eds., *The Reception of Vatican II* (1987); T. G. McCarthy, *The Catholic Tradition* (1994).

transition to effect transformation.¹³⁰ Yet, challenges to previously accepted attitudes and behaviour in this era stretched beyond religious matters internal to the institutional life of the Church. The mid-to-late 1960s witnessed the fruition of a liberalising dynamic, variously, and since then, continuously operative throughout most western countries, not least within British society. Publicly overturning previously accepted moral taboos, noticeably in the area of sexual ethics, the secularist individualism intrinsic to the assertion of personal rights and freedom facilitated a new morality, depicted by certain Christian reactionaries in terms of a self-evidently degenerative cult of softness.¹³¹

To complete the background canvas for the detailed depiction of post-Conciliar Roman Catholic ecclesial responses to abortion, reproductive technology, and euthanasia, the following observations serve as indicators of context and influence against which the presentations of subsequent chapters can be situated. They concern the impact and repercussion of the birth control controversy, transitions within both Church and culture, reflections on the nature of moral statements, approaches to moral methodology, and the reception of magisterial teaching.

6.1 The Significance of the Birth Control Controversy

No investigation of Catholic attitudes towards questions of morality after Vatican II could ignore the 1968 Encyclical Letter of Pope Paul VI, Humanae Vitae.¹³² Whilst its implications continue to be debated, the controversies of its historical formulation and teaching have been well researched such that they require acknowledgement rather than repetition.¹³³ Humanae Vitae's enduring impact,

¹³⁰ For national applications, See: M. P. Hornsby-Smith, "Into the Mainstream," (1988), The Changing Parish (1989), "The Roman Catholic Church in Britain," 1989, "Believing Without Belonging?," 1992.

¹³¹ See: A. Lunn and G. Lean, The New Morality (1964), The Cult of Softness (1965).

¹³² Of the numerous translations available, see: On Human Life (1970).

¹³³ Amongst the vast literature, see: R. Blair Kaiser, The Encyclical (1987); N. St. John-Stevas, The Agonising Choice (1971); J. E. Smith, Humanae Vitae (1991). Amongst the literature of specifically English responses, see: H. McCabe, "Contraception and Holiness," 1965; G. E. M. Anscombe, "Contraception and Natural Law," 1965; M. Dummett, "The Question of Contraception," 1965; D. O'Callaghan, "The Evolving Theology of Marriage," 1966; G. A. Beck, "Usuary and Contraception," 1967; L. L. McReavy, The Transmission of Life (1968); D. Knowles, Peter Has Spoken (1968); J. Mahoney, "Understanding the Encyclical," 1968; T. Gilby, "The Encyclical Abstraction," 1968; L. L. McReavy, "The Essential Doctrine of Humanae Vitae," 1968; M. Gallon, "Humanae Vitae," 1968; D. Frazer, The Most Serious Duty (1968); P. Harris, A. Hastings, J. Horgan, L. Keane and R. Nowell On Human Life (1968); B. Murtough, ed., The Pope, the Pill and the People (1968); J. Mahoney, "The Development of Moral Doctrine I," 1969; J. McHugh, "The Doctrinal Authority," 1969 (three articles); F. Frost, Contraception and Unholiness (1969); J. Mahoney, "The Development of Moral Doctrine II,"

particularly as experienced in England and Wales, must bear consideration in reflections upon Catholic morality in successive decades. Despite the Hierarchy's positive reception and analysis,¹³⁴ disappointment and resentment amongst laity, clergy, and theologians, inevitably took its toll.¹³⁵ A Church desiring to speak on morality after the Council faced an image of itself and the world radically different than before. This difference was, and remains, massively coloured by the Humanae Vitae episode.¹³⁶

6.2 A Different Church

The immediate post-Conciliar period carried with it a definite sense of ecclesial upheaval, summarised in Cardinal Heenan's address to denominational leaders of the British Council of Churches in 1972.¹³⁷ Describing the Roman Catholic Church in Britain as "[...] in many respects different from the Church of 1962," he offered a personal impression of contemporary British Catholicism "[...] in the aftermath of the Council [...]."¹³⁸ Heenan noted that there was both satisfaction and discontent with Vatican II at a popular level.¹³⁹ To be endorsed were the positive strides in ecumenical understanding, together with revised approaches to the exercise of authority and consultation in decision making.¹⁴⁰ Evaluating the Catholic community's moral perspective, however, Heenan concentrated more negatively on the damage inflicted by Humanae Vitae, and the controversy of its reception. The document's rejection had been

1970; J. Marshall, "Humanae Vitae," 1971; K. T. Kelly, "A Postive Approach," 1972 (four articles); J. Dominian, "Birth Control," 1973; A. Clarke, Humanae Vitae (1978).

¹³⁴ For the Hierarchy's interpretation see: J. Heenan, "The Authority of the Church," 1968. For various English episcopal pastoral letters on Humanae Vitae see: "Cardinal Heenan's Pastoral Letter," 1968; "The Encyclical: Two More Pastorals," 1968; "Bishop Worlock's Pastoral," 1968. For comment, see: "Humanae Vitae: The English and Welsh Bishops' Statement," 1968; "Cardinal Heenan's Letter," 1968; "Cardinal Heenan Talks to David Frost," 1968. For international reaction see: J. Horgan, ed., Humanae Vitae and the Bishops (1972).

¹³⁵ See: "Contested Encyclical," Editorial, 1968; D. M. Berridge, "To Make Obedience Possible," 1968; T. C. Potts, "The Arguments of Humanae Vitae," 1969; M. J. Walsh, "Collegiality," 1969.

¹³⁶ Even before the publication of Humanae Vitae, the Guild of Catholic Doctors appealed for unity and loyalty towards Church authority on the subject of contraception. Editorial comment in the Guild's journal, however, registered discontent that the English doctor chosen to give evidence before the Papal Commission on Birth Control did not "[...] even claim to represent the views of the majority of Catholic doctors [...]" in England and Wales: "It is difficult to understand why in such an important question the Guild should be completely ignored." Editorial, CMQ, 1965. Recognising practical and pastoral difficulties, the Guild offered its official support when the Encyclical was issued: "It is hard to see how one can call oneself a Catholic and refuse to adhere to the ruling of the head of the Church and successor to St. Peter." Editorial, CMQ, Oct. 1968, 107. For similar sentiments, see also: J. P. Wroe, "Humanae Vitae," 1968; K. F. M. Pole, "Comments," 1968. Less affirmative is: J. M. Finnerty, "The Rational Pros and Cons," 1969.

¹³⁷ See: Text of Cardinal Heenan's Lecture, 1972.

¹³⁸ Text of Cardinal Heenan's Lecture, 1.

¹³⁹ See: Text of Cardinal Heenan's Lecture, 2.

¹⁴⁰ See: Text of Cardinal Heenan's Lecture, 3-4.

decisive, perceived more as a rebuttal of Church authority, than a refusal to accept specific moral teaching on the regulation of birth. Heenan qualified such opposition as unprecedented, and its effects on the future Church as incalculable. Whilst ecumenism and renewed priestly identity shone as hopeful beacons for the Church of tomorrow, the progressive erosion of ecclesial authority seemed set to threaten traditional tenets of Catholic doctrine. Not least among these was “[...] the right to life of the unborn, the senile and the incurably sick [...],” attacked as much from within the Church as from without.¹⁴¹ A Church community more liable to question created an environment less blindly submissive to magisterial moral pronouncements.

6.3 A Changing Culture

Episcopal comment on English and Welsh society after Vatican II indicated awareness of a changing moral climate and the need for renewed approaches towards it. As the voice of official Catholic sentiment, Heenan registered unease with the permissive depreciation of once rigid ethical and religious precepts.¹⁴² In a 1973 Lenten pastoral letter, Archbishop John Murphy of Cardiff underlined the rapidly mutating nature of morality that had “[...] crept on us unawares [...],” such that “[...] many who, twenty or thirty years ago, walked solidly with us, now no longer walk with us.”¹⁴³ The widening gulf between traditional Catholic morality and the “[...] ‘secular city’ [...],” was signalled by a steady decline in moral values, ushering in divorce, abortion, and sexual licence, threatening human dignity and societal health with further decadence.¹⁴⁴ As the rightful antidote, Murphy urged Catholic obedience to the moral law and the magisterium. Moreover, personal and corporate witness to moral truth would provide the invaluable service Catholics could offer to contemporary society and the world, positively elevating the restless search for fulfilment beyond indulgent materialism and possessiveness, working spiritually and practically to overcome the effects of immorality.

Heenan’s own Lenten pastoral for 1973 similarly focused on morality, reflecting on the abandonment of self-restraint and the rejection of authority and law.¹⁴⁵ Whether

¹⁴¹ Text of Cardinal Heenan’s Lecture, 7.

¹⁴² See the following accounts of speeches by Heenan: “The Permissive Society,” 1969, “Morality Without God,” 1970. “Ethics 1970 Style,” 1970. See also: B. C. Butler, “Permissiveness,” 1971.

¹⁴³ J. Murphy, *The Counter Culture*, 1973, 2.

¹⁴⁴ Murphy, *The Counter Culture*, 2.

¹⁴⁵ J. Heenan, *Lenten Pastoral*, 1973.

human or religious, the latter was increasingly understood as the oppressive and intolerable limitation of personal freedom. Emphasising a theistic foundation for truly human values, Heenan nonetheless affirmed religious formulations of morality as conducive to the good of society as a whole.¹⁴⁶ He rooted the swift decline in public morality in so-called enlightened liberal views¹⁴⁷ combined with subtle changes in linguistic expression.¹⁴⁸

The interaction between Catholic sexual morality and 1970s cultural trends prompted Heenan to comment further through a December 1972 address on the contemporary state of the family.¹⁴⁹ Offering lucid exposition of traditional Catholic morality, he stressed the necessity of procreation and family life for the essential well being of society, confirming the life-long union of man and woman as their rightful locus for existence. Such order had been established by God's creative design, yet changing social patterns presented new challenges and strains to the ideal of traditional family life, not least the moral threats of the sexual revolution. Heenan's personalist foundation for sexuality emphasised the need for authentic education in human relationships, accessible to believers through scripture and tradition, and to unbelievers by means of natural law. Revived post-Conciliar appreciation of lay collaboration led Heenan to advocate that the laity initiate opposition to forces endangering public morality. Such involvement would counter accusations that Church authority was unrepresentative of the people's voice. The family's central place demanded that anything undermining it be confronted. Wayward concepts of freedom and rights, now formulated in legislation, attacked the indissolubility of marriage and life in the womb, both of which were damaging to society's health.¹⁵⁰

¹⁴⁶ "We used to think that all reasonable people would acknowledge the Ten Commandments. But today some in responsible positions deny that there is such a thing as the moral law. [...] Not only believers suffer when God's laws are defied. The fact is that the law of God is the law of reason – hate, violence, dishonesty and killing destroy society whether or not people accept God and his law." Heenan, *Lenten Pastoral*, 1.

¹⁴⁷ "Some Christians and even some clergy support abortion, euthanasia and easier divorce because they regard them as enlightened." Heenan, *Lenten Pastoral*, 2.

¹⁴⁸ "We speak of industrial action not of strikes, of fighting inflation not of denying the lowest paid workers a living wage. We call poor people the underprivileged and talk of artistic freedom instead of corruption. This is the fashion of our times." Heenan, *Lenten Pastoral*, 2.

¹⁴⁹ See: *The Family Today*, 1972.

¹⁵⁰ The family "[...] may be attacked with every form of licence but it must survive if our civilisation is to endure. I have taken the example of divorce but every attack on morality is an attack on the family. [...] It is easy to see that unbridled freedom can be secured only at the cost of invading the rights of others. [...] So we could go through the whole list of social attitudes. The freedom of the healthy mother to kill her child in the womb is possible only if the right to life of the unborn is denied. Give the doctor the right to kill the incurable and senile and nobody will feel safe in his hands. What begins as privilege almost

The fact that a changing ethical climate posed fresh difficulties for the credible communication of moral teaching was vocalised by the English and Welsh bishops in their November 1973 preparatory working paper for the forthcoming 1974 Synod on evangelisation.¹⁵¹ In their discussion of the contemporary factors that might hinder the proclamation of faith, the bishops identified the secularisation of traditional religious life and values as pre-eminent. Thus, they acknowledged: "The central teachings of the gospels are being questioned and there is disagreement among members of the Church themselves about the interpretation of their moral demands. The very mode of expression used by the Church to evangelise may be an obstacle to understanding by contemporary men and women."¹⁵² Such assessment was increasingly evident, namely that a new language and perspective for morality was necessary. To some degree, this had already begun to be tentatively recognised. Preaching to pro-life workers at a Mass in thanksgiving for life, Cardinal Heenan asserted that wholesale rejection of life and reproductive processes, most recently manifested in the 1967 Abortion Act, was detrimentally shaping the moral character of English society.¹⁵³ Yet, he did so in a positive manner, focusing on the implicitly affirmative dimension of an anti-abortion position; that it actually demonstrates appreciation and gratitude for the gift of life.¹⁵⁴

Concern about escalating challenges in healthcare ethics motivated the Bishops' Conference to proactively establish a Catholic centre for medical ethics with the explicit mandate of communicating Catholic moral teaching.¹⁵⁵ As a trust governed by the

always ends up as compulsion - education and insurance are the most obvious examples." *The Family Today*, 4-5.

¹⁵¹ See: *Evangelisation of the Modern World*, 1973.

¹⁵² *Evangelisation of the Modern World*, 2.

¹⁵³ *Mass in Thanksgiving for Life*, 1973, 2.

¹⁵⁴ "One of the great drawbacks of speaking in the name of the Church is that so often it is only to condemn and denounce. The Ten Commandments, after all, are mostly prohibitive [...]. It is distressing that in the name of religion we have to keep telling people what not to do. This makes them think religion is a killjoy [...]. Now you and I know that religion is really not like that at all. It is not a recipe for misery. On the contrary, it is a way of peace and joy. I am very glad that you do not take a negative line. You do not keep saying 'Don't destroy life.' You say 'Thank God for the gift of life.' The success of your campaign against abortion depends on your ability to make people see that abortion is a rejection of life." *Mass in Thanksgiving*, 1.

¹⁵⁵ The Centre's purpose was identified thus: "It will bring together and codify knowledge on ethical matters and sponsor research both scientific and theological in areas of growing concern like psychiatric treatment or organ transplant where factual information is lacking and where the Church's position is not yet explicit. It will communicate this information, both directly and through other organisations such as the Catholic Professional Guilds. It will also provide the Hierarchy with briefing material on the professional and technical aspects of ethical situations faced by Christians providing health care. It will help the Catholic Professional Guilds to perform their own task of training and communicating to their members. It will help to strengthen the hospital chaplaincy service by contributing to training and thereby increasing the effectiveness of individual counselling. It will provide effective communication with non-Catholics especially by maintaining good liaison with organisations like the London Medical Group, the Society for the Study of Medical Ethics, The Institute for Religion and Medicine and other similar bodies,

archbishops of England and Wales, it was opened in November 1977 as the Linacre Centre for the Study of Healthcare Ethics.¹⁵⁶ Furthermore, in September 1982, the Catholic Joint Committee on Bioethical Issues was established to serve as an advisory and collaborative body to the Bishops' Conferences of England and Wales, Scotland, and Ireland.¹⁵⁷ Comprising bishops, theologians and lay experts in medicine, nursing, social work, and the law, it was envisaged as a research and monitoring organisation that would assist the Church in its public response. Such initiatives demonstrate recognition that advances in bioethics required renewed ethical approaches, or at least the application of traditional principles to the modern context, and that the Catholic community was prepared to engage in this task.

6.4 The Nature of Statements on Morality

On 31 December 1970, the bishops of England and Wales issued a brief instruction entitled Statement Concerning Moral Questions.¹⁵⁸ Their decision to speak authoritatively on matters of morality was taken hesitantly. Amongst their prospective audience, they recognised a diversity of opinion concerning moral teaching. They also appreciated the need for appropriateness in its delivery.¹⁵⁹ If they were to address the broad spectrum of contemporary ethical issues, they accepted the necessity of doing so succinctly and pertinently. To this end, and as a preparatory measure, the bishops had requested a process of lay consultation.¹⁶⁰ Although reflecting the more participatory

and develop an informed understanding of the RC position on ethical problems in the field of health and social care." A New Catholic Centre, 1973, 2.

¹⁵⁶ See: "The Linacre Centre," 1977.

¹⁵⁷ See: New Catholic Joint Committee, 1982; "Ethics Committee Set Up," 1982. The Committee's terms of reference were: "To develop and promote throughout Britain an understanding of the teaching of the Church and its response to the medico-moral and legal questions concerning the sanctity of human life." New Catholic Joint Committee, 1. In November 1997 the committee was renamed the Catholic Bishops' Joint Bioethics Committee.

¹⁵⁸ Bishops' Conference, Statement Concerning Moral Questions (1971). To be referred to as Statement.

¹⁵⁹ Statement, 3.

¹⁶⁰ The first of its kind, the bishops' request was circulated by the National Council for the Lay Apostolate and was favourably received, eliciting contributions from prominent groups of Catholic laity. Welcoming the bishops' initiative, the groups concurred in desiring a positive affirmation of values rather than a condemnation of society's failures. Comment should extend to social and political questions not merely those of bioethics and marriage. The Catenian Association requested "[...] simple, direct language avoiding outmoded styles or conventions." The Catholic Renewal Movement saw the consultation as "[...] the starting point of a continuous dialogue between the bishops and the laity." It was hoped that relevant experts might also be consulted, with room for "[...] genuine disagreement and honest discussion." The Newman Association identified the need for communal moral formation rather than set answers to individual problems: episcopal ethical statements would be more effective were they less frequent, but more targeted. One group within the Newman Association suggested "[...] the bishops might consult with other Christian leaders with a mind to issuing a Christian rather than a Catholic pastoral." "The Bishops' Statement on Ethics: Some Lay Opinions," 1970. Further submissions made additional recommendations. The Catholic Marriage Advisory Council urged a positive and

ecclesiology of Vatican II, the gesture was also practically motivated, enacted to ensure their message was not completely outmoded. The bishops made it clear from the outset, however, that the consultative process was in no sense to be construed as determinative. Within a moral system grounded in revelation, guided by reason, and authentically interpreted only through the magisterium, the bishops rejected any progressive notion that Catholic moral teaching could be democratically defined or prescribed. Delineating their agenda, the bishops identified their purpose as presenting a summary reaffirmation of “[...] Catholic teaching on a number of points.”¹⁶¹ They assigned the task of exhaustively elucidating the virtuous life to moral theologians, who, presumably, were to be unquestioningly expository in the same manner as the laity was advisory.

Consistent with an official and magisterial text, the content and methodology of the Statement are conservative rather than speculative or innovative. The lack of any universal appeal reveals an introverted slant, focused and orientated through an introductory excursus on the Christological foundation for moral living. The text’s destination was very definitely religious; an exhortation formulated by Roman Catholic Christians and intended for Roman Catholic Christians.¹⁶² As such, it exhibited cautious engagement with society, depicting the believer according to the model of being in, but not of, the world. Catholics were thus urged to practice the exemplary demeanour that testified to a higher law, in effect, to be moral leaven in preponderantly secular and permissive dough.

Whilst sustaining a primarily theological ethic, the bishops’ moral catechesis was supplemented by argumentation from rational reflection according to the tradition of classical moral theology. This appears, however, more in the form of observation rather than instruction, with explicit moral imperatives reserved for the Roman Catholic Christian alone.¹⁶³ Any developed integration between the religious and the rational is absent. Furthermore, the document’s separatist tone serves to consistently distinguish

compassionate response rather than a re-stating of rules. The St. Vincent de Paul Society sought support for the practical implementation of principles of social justice. The Young Christian Workers requested a youth formation programme in social teaching, with emphasis on international development. See: “The Bishops’ Statement on Ethics: More Lay Opinions,” 1970.

¹⁶¹ Statement, 4.

¹⁶² Within the text, the bishops made their appeal to Christians rather than to Roman Catholics. Similarly, they refer to Christian, rather than Catholic, morality and teaching. Whilst not excluding other Christians, it does appear, however, from the text as a whole, that the term Christian was understood primarily within the context of the Roman Catholic Church. This is clear in the decidedly Catholic presentation of conscience. See: Statement, 22.

the moral attitude of the believer from that of prevailing society. This said, a two-fold nuance is identifiable in the text. Primarily, the Statement commends a Christian ethic to believers; secondarily, it proposes more generally acceptable supportive rational comment. An albeit disintegrated alliance of an explicitly Christian ethical mandate, combined with an implicit morality of more inclusively valid propositions, illustrates a tentative movement from ecclesial introspection towards national moral responsibility. As will be examined, this dynamic is reflected in the bishops' specific treatment of abortion and euthanasia.¹⁶⁴

Despite its pithy, unsophisticated style, the 1970 Statement is significant as the first comprehensive moral analysis by the bishops of England and Wales after Vatican II. While ecclesiastical and episcopal teaching authority was only extended to Catholics, the supporting arguments demonstrate awareness of a broader audience, namely the whole of society, and the need to speak convincingly in terms acceptable to it. The developing rationale for this is doubly rooted in a renewed post-Conciliar commitment to the global nature of the Church's mission and the reality that Catholic values cannot be lived in a hostile environment. In fact, circuitously, Catholic morality requires that secular culture be transformed by its own principles in order to accommodate and facilitate its practice. To this end, the bishops' embryonic move towards a more embracing morality represents an attempt to provide parallel, non-religious, justification of ultimately religiously grounded ethical proposals. Their hesitancy reflects the intricacy of this approach. It raises questions about the legitimacy of any one faith-based authority seeking to determine policy for a diversely religious and secular society. Moreover, there are accompanying considerations concerning how ecclesiastical authority in moral teaching might be exercised, discussion of its appropriate language and style, and how civil legality and moral permissibility interact. Such post-Conciliar reflection provided form and definition for the emerging enterprise of national moral pedagogy, particularly as relayed through questions of abortion, reproductive technology, and euthanasia.

¹⁶³ This is illustrated with respect to comments about social justice in industry; rational moral observation is followed by a specific command to Christians rather than a general call to action. See: Statement, 10.

¹⁶⁴ There is no assessment of reproductive technology in the bishops' text. Yet, in presenting marriage and sexuality, the bishops stated "[...] two fundamental principles [...]" that would come to be used as partial validating criteria for assessing assisted fertility: "[...] first, that sex is part of God's design for living and is therefore good; secondly, that the context for the sexual union of man and woman is marriage." Statement, 19.

The seemingly disparate forces of ecumenism and secularisation combined to arouse recognition that the Christian churches ought “[...] to be working together in offering guidance on moral and ethical questions.”¹⁶⁵ A formal process of co-operation resulted in the descriptive report Public Statements on Moral Issues, issued in March 1979 by the Liaison Committee of the British Council of Churches and the Roman Catholic Church.¹⁶⁶ Its purpose was merely to investigate “[...] how the member churches of the Council, the Council itself, and the Roman Catholic Church, each set about the preparation and presentation of statements on such issues, and how they expect them to be received.”¹⁶⁷ Roman Catholic moral statements were notably “[...] confident in tone, carefully worded and generally expressed in absolute terms.”¹⁶⁸

The initiative indicated an enhanced national profile and moral authority for the Roman Catholic Church in England and Wales, signalling a post-Conciliar thaw in attitudes towards dialogue and collaboration, even if only partial. In affirming both the possibility and benefit of ecumenical partnership in moral teaching and response, the report distinguished the Roman Catholic methodological approach from that of the other Christian churches according to its definitive notion of magisterium. Underpinning the articulation of Catholic ethical statements, the sense of authoritative binding teaching was interpreted as having determinative effect on their promulgation and reception, although reaction had been more nuanced and critical since Humanae Vitae. Yet, this reticent sense of acceptance, alongside a negatively perceived style of communication, effectively undermined the presumption that moral teaching “[...] will not be questioned or debated within the Church, but simply applied.”¹⁶⁹ The very manner and delivery of post-Conciliar Catholic moral teaching was recognised as crucial for potential adherence.

¹⁶⁵ “Watching Brief: Public Statements on Moral Issues,” 1979, 2. A paper of the Association of Teachers of Moral Theology had been presented to the Ecumenical Commission of England and Wales in 1974 entitled “Unity Talks Should Tackle Moral Problems.” It stated that, at an official level, discussion between the Catholic Church and other churches had centred largely and solely on matters of doctrine. The lack of any moral coherence was seriously undermining doctrinal agreement and the strength of united Christian witness: “A neglect of moral theology in ecumenical encounter could well impair the progress already made on the doctrinal front. The feeling of many Catholics that other Christians are a long way off is closely linked to moral differences. The experiences of Catholics in seeking and failing to get much Protestant and Anglican support for a stand against abortion has sometimes bred disillusionment and the feeling that when the chips are down, we are alone in standing up for moral principles.” Unity Talks, 1974, 1. See also: S. Charles and J. Mahoney, “Ecumenical Witness,” 1977.

¹⁶⁶ See: Public Statements on Moral Issues (1979).

¹⁶⁷ Public Statements, 5.

¹⁶⁸ Public Statements, 23.

¹⁶⁹ Public Statements, 23. See also: L. Mooney, Problems in Communication of Moral Teaching, 1975.

6.5 Approaches towards Moral Methodology

In a pluralistic society, religious moral statements intended to shape public attitudes require not merely appropriate language and tone, but also at least supplementary argumentation convincing to non-believers. This realisation gained momentum in the post-Conciliar English and Welsh Catholic Church. In a 1980 address on marriage and family, Cardinal Hume emphasised that an acceptance of marriage and family, and the rejection of divorce, were natural and sensible human realities, not religious impositions or inventions.¹⁷⁰ Although a specifically Christian understanding conveyed a definite religious dimension, the fundamental concept pertained to human well being and flourishing, which rationally all people seek and hold in common. The attraction of such an approach surpassed moral formulations originating within the Church and destined solely for believers, or those offered universally but with religious terminology and rationale.

Introducing the 1987 Synod on the role of laity, Hume chose to focus on the necessary moral dimension of all Christian discipleship.¹⁷¹ Catholics were to embody the principles of Catholic morality as “[...] values which constitute human dignity and provide the foundation for human rights.”¹⁷² Intrinsic to this was the inviolability of human life from conception, not a “[...] Catholic idiosyncrasy [...],” but the essence of civilised society, only rejected at great cost.¹⁷³ Whether the question was abortion, euthanasia, or fertility treatment, the inevitable result was potential or actual harm to the vulnerable: the embryo, the unborn, the sick, the handicapped, the terminally ill. For Hume, the question was one of justice, not ecclesiastical authority or faith.

In 1993, Hume exalted the moral values originating in the family as the basis for individual and societal well being.¹⁷⁴ In rejecting the individualised privatisation of morality, universal respect for life, human dignity, and fidelity, were proposed as realities concomitant with the very fact of human existence in relationship.¹⁷⁵ These must assist society to rediscover its moral character, initiated and nurtured in the stable

¹⁷⁰ See: “Cardinal Hume on Marriage and the Family,” 1980.

¹⁷¹ See: “Major Moral Issues,” 1987.

¹⁷² “Major Moral Issues,” 326.

¹⁷³ “Major Moral Issues,” 326.

¹⁷⁴ See: “Reflections on Moral Values,” 1993.

¹⁷⁵ “Reflections on Moral Values,” 16.

environment of family life, with such virtues valid apart from the monopoly of religion.¹⁷⁶

6.6 The Reception of Magisterial Teaching

Roman Catholicism's universal ecclesial character crucially demands a favourable relationship between central teaching authority and the various national Churches for the harmonious maintenance and growth of Catholic belief and practice. The public attitude of the Bishops' Conference of England and Wales to Rome has generally been one of reciprocal appreciation, particularly on questions of bioethics. Its acceptance and dissemination of magisterial moral teaching in this field is exemplified in the reception and response extended to Pope John Paul II's 1995 Encyclical Letter Evangelium Vitae.¹⁷⁷

Cardinal Hume introduced the text as a product of extensive consultation and he praised its restatement of important moral truths.¹⁷⁸ As a systematic collection of individual teachings, designed to affirm the Catholic Church's stance on life issues within a changing global community, the document offered an "[...] inspiring exposition [...] of the most fundamental moral question there is: the value of human life [...]"¹⁷⁹ In condemning the "[...] direct and voluntary killing of an innocent human being [...]" as "[...] always gravely immoral [...]," Hume stated this was authoritative confirmation of "[...] the unchanging teaching of the Catholic Church."¹⁸⁰ The Encyclical's critique of the gradual desensitisation to the value of human life found support in Hume's own analysis of the 1967 Abortion Act's legacy: legislation had

¹⁷⁶ "Reflections on Moral Values," 16-17.

¹⁷⁷ See: Evangelium Vitae (1995). For a theological discussion of the Encyclical see: K. W. Wildes and A. C. Mitchell, Choosing Life (1997). A similar attitude was demonstrated in the bishops' endorsement of John Paul's earlier 1993 Encyclical on fundamental moral theology, Veritatis Splendor. See: Veritatis Splendor (1993); "Encyclical Letter Veritatis Splendor: Cardinal Hume's Comments," 1993; "Encyclical Letter Veritatis Splendor: Pastoral Message," 1993. Amongst the literature of appreciative and critical theological evaluations, see: G. J. Hughes, "Veritatis Splendor," 1993; A. Meredith, "Reflections on Veritatis Splendor," 1993; J. Berkman, "Truth and Martyrdom," 1994; J. Clague, "The Changing Face," 1994; J. A. DiNoia and R. Cessario, eds., The Splendor of the Truth (1994); G. J. Hughes, "Responding to Official Church Teaching," 1994; J. F. Keenan, "Moral Theology Today, 1994; K. Kelly, "Moral Theology in the Parish," 1994; F. Kerr, "The Quarrel Over Morals," 1994; S. Lee, "Law and Morals," 1994; J. Rist, "The Challenge of Veritatis Splendor," 1994; J. A. Selling, "Ideological Differences," 1994; J. A. Selling and J. Jans, eds., The Splendor of Accuracy (1994); J. Wilkins, ed., Considering Veritatis Splendor (1994); C. Yeats, ed., Veritatis Splendor (1994).

¹⁷⁸ See: "Introducing the Encyclical," 1995.

¹⁷⁹ "Introducing the Encyclical," 3.

¹⁸⁰ "Introducing the Encyclical," 3.

facilitated a restricted practice that was now a right available on demand.¹⁸¹ Furthermore, he feared this same legislative slippery slope might soon engulf completely assisted reproduction and embryo experimentation.¹⁸²

Hume interpreted Evangelium Vitae as a call to action that was directly pertinent to the situation in England and Wales.¹⁸³ Its message needed to be proclaimed to religious and non-religious alike, couched in terms acceptable to a pluralistic society.¹⁸⁴ While abortion and euthanasia were “[...] pivotal life issues, [...]” the fight against them must constitute part of an expansive “[...] consistent ethic of life [...]” encompassing the entire range of moral and social injustices.¹⁸⁵ Similarly, legislative appeal by itself could never be enough; there must be credible and practical alternatives to abortion and euthanasia, together with defence of the legitimate right and duty to conscientious objection.¹⁸⁶ Despite its idealistic nature, Hume concurred with the Encyclical’s essential message: “[...] unconditional respect for human life [...]” must be “[...] the foundation of a renewed society.”¹⁸⁷

¹⁸¹ “Introducing the Encyclical,” 4.

¹⁸² “Introducing the Encyclical,” 4.

¹⁸³ “Last year there was a suggestion that soon ova from aborted fetuses could be used in infertility treatment. It is ironic that a foetus can be regarded as human enough to become a biological ‘parent,’ and still be denied the right to be born alive.” “Introducing the Encyclical,” 5. See also: Thomas J. Winning, “Applying Evangelium Vitae,” 1995.

¹⁸⁴ “We live in a pluralist society where many people doubt that morality is any more than the expression of personal outlook. Many consider that the Church’s teaching may be binding on Catholics but does not apply to anyone else. In these circumstances it is essential to expound the church’s teaching in a way which makes clear not only its authoritative status, but its inherent reasonableness and persuasive force.” “Introducing the Encyclical,” 5. Possibly concerned by extremist pro-life strategies adopted in the United States, Hume qualified: “In a democracy such as ours there can be a place too for peaceful protest, but not for inappropriate or violent action. [...] We need to win people over to our view by the quality of our arguments.” “Introducing the Encyclical,” 5.

¹⁸⁵ “Introducing the Encyclical,” 5.

¹⁸⁶ “The underlying causes of attacks on life have to be tackled, especially by ensuring proper support for families and motherhood. Adequate palliative medical and nursing care must be made available for all those facing serious or terminal illness. The hospice movement has already shown what can be done.” “Introducing the Encyclical,” 5.

¹⁸⁷ “Introducing the Encyclical,” 5. See also: B. V. Johnstone, “Life in a Culture of Death,” 1995; L. Redmond, “The Lawyers and the Bishops,” 1995; R. McCormick, “The Gospel of Life,” 1995; J. Berry, “The Gospel of Life,” 1995; “Evangelium Vitae and Pro-Life,” 1996; R. J. Barrett, “An Ambrosian Right,” 1996; A. Mohler, “The Culture of Death,” 1997; G. Lysaght, “Evangelium Vitae,” Undated; N. P. Harvey, “Reflections on Evangelium Vitae,” Undated. Following Evangelium Vitae, the Bishops’ Conference adopted the strategy proposed by the Vatican and instituted a “Day for Life” as a means of raising awareness of life issues and implementing the Encyclical’s teaching. See: “Bishops’ Conference of England and Wales,” 1995.

7. Post-Conciliar Responses to Abortion, Reproductive Technology, and Euthanasia

The historical overview outlined in this chapter has attempted to provide a context, both distant and immediate, for the examination of post-Conciliar responses to abortion, reproductive technology, and euthanasia as offered by the Hierarchy of the English and Welsh Catholic Church and various associated bodies. The evolution of moral theology bequeathed to pre-Conciliar understandings a manualistic perspective that pervaded moral attitudes both generally and specifically. With respect to abortion, reproductive technology, and euthanasia, this resulted in a definite and decidedly negative moral evaluation that would be influential in subsequent considerations. The generic post-Conciliar observations illustrate the changing environments of Church, culture, and society. If ecclesiastical teaching were to be heard outside church walls, and equally more credibly within them, the task of addressing moral issues necessitated clarity of argument, universally accessible through rationally substantiated propositions. Whilst responsive to the Roman magisterium, domestic integrity in expounding moral truth further required that the English and Welsh bishops effectively collaborate ecumenically and with the laity. The realisation of such qualities with respect to abortion, reproductive technology, and euthanasia, is the subject of investigation in the following three chapters. Each has a specific chronological breakdown that reflects the differing prominence and significance of the particular features under consideration. This occurs in chapter two with respect to abortion.

CHAPTER TWO

ABORTION: POST-CONCILIAR RESPONSES FROM WITHIN THE ROMAN CATHOLIC CHURCH IN ENGLAND AND WALES 1965-2000

1. Introduction

This chapter introduces the first thematic presentation of the main tripartite focus of this thesis. According to the parameters already established, it will examine responses from within the Roman Catholic Church in England and Wales to the subject of abortion in the post-Conciliar period from 1965 to 2000.

Internal to general cultural transitions in ethical understanding occurring on numerous fronts both preceding and during this era, approaches to abortion in the early 1960s are distinguished by progressive movement towards legalisation, realised in 1967 through the Abortion Act. This demonstrated altered attitudes regarding human life and disclosed divergent perceptions of the respect to be accorded to it. The necessary post-Conciliar concentration of the English and Welsh Catholic Church on domestic ecclesiastical realignment did nothing to lessen its wider concern for morality in general, nor, specifically, for the ethics of abortion. Indeed, the Conciliar impetus for renewed engagement with the modern world demanded response from the local Church to this particular sign of the times and its incumbent ramifications. The desire to evaluate the effectiveness of this endeavour provides the rationale for this chapter as the basis for an eventual synthetic analysis and comment across the themes and timescale.

Due to the specific nature of the material under analysis, this chapter is chronologically divided into four sections. The first, from 1965 to 1969, treats reactions to abortion legislation and the immediate implications of the Act as experienced by Catholic ecclesial and medical communities. The second section examines significant responses to abortion during the period 1970 to 1979; the third section follows this methodology from 1980 to 1989, and the fourth from 1990 to 2000.

2. Catholic Responses to Abortion 1965-1969: The Church and the 1967 Abortion Act

2.1 The Move Towards Abortion Legislation

The previous introductory overview of pre-Conciliar ethical opinion served to illustrate the unreservedly absolutist prohibition of directly intended abortion within Catholic moral teaching. This had formed the foundation for negative Catholic appraisal of the 1938 Bourne judgement. In an attempt to clarify that adjudication, Lord Silkin introduced an Abortion Bill into the House of Lords in 1965. This petitioned for the formal assimilation of the Bourne decision into statute law and a further extension of acceptable conditions for the termination of pregnancy. Significantly, it sought to establish any potential threat posed by an unwanted pregnancy to maternal mental health as grounds for abortion equivalent to any such threat posed to maternal physical health. In addition, it advocated the legalisation of abortion in cases of fetal deformity, impoverished social conditions, maternal psychological frailty, or where pregnancy followed from sexual offence.¹

Individual Catholic reaction to the Silkin proposals rejected any supposed need for legislative clarification and denied any medically necessitated justification. Moreover, the stimulus for legal reform was identified as more accurately resting doubly with an expanding sense of maternal right in decisions about the termination of unwanted pregnancy, and the desire to relieve the suffering experienced by recourse to illegal abortion.² Furthermore, it was contended that broadening the legal basis to increase the availability of abortion would eventually lead to unrestricted practice of termination on demand, merely offering “[...] abortion freely to her who seeks it.”³ Thus, Catholic opinion suggested that individual claims be evaluated in relation to notions of societal common good. These required the consistent preservation and application of principles ordered to the safeguarding of human life.⁴

¹ See: The Church Assembly Board for Social Responsibility, *Abortion: An Ethical Discussion* (1965): 66-67. This Anglican report addressed the major ethical implications of altering abortion legislation and proposed an amended version of the Silkin Bill whereby two doctors would judge any request for abortion according to the particular pregnancy's threat to maternal life or health in the broadest sense. For a Catholic critique see: L. L. McReavy, "Questions and Answers: An Anglican Statement," 1966.

² See: L. Fairfield, "Abortion and the Law," 1966, 68.

³ S. Spencer, Letter, 1966, 223.

⁴ See: "Abortion and Lord Silkin," Editorial, 1966.

The introduction into the House of Commons of the Medical Termination of Pregnancy Bill by David Steel in 1966 evoked a more extensive and formally constructed Catholic critique of the ethics and practice of abortion. Similar to the Silkin Bill in purpose, Steel's Bill encompassed, yet also enlarged, the measures already set forth.⁵ Comment after the Bill's second reading summarised the major ethical concerns.⁶ Besides enhancing the respectability of termination, a clause legitimising abortion in cases where care of a child, or an additional child, would overstrain the mother received particular criticism.⁷ This was surpassed only by that levelled at the possibility for the manipulation of consent through external forces exerting pressure upon the pregnant woman or child.⁸ The lack of comprehensive consideration regarding conscientious objection created precise difficulties for the Catholic physician who might be potentially culpable, legally and professionally, for any refusal to perform what would become a lawful and medically acceptable procedure. Furthermore, the possible false invocation of rape as a justification for abortion, the laxity in official notification concerning the procedure, the capacity for misinterpretation, and the spectre of specific abortion clinics, all conspired to compound moral disquiet.⁹

The need for amendment of the Steel Bill, together with regulatory refinement of its propositions, was officially expressed in an October 1966 statement issued in the name of the Catholic bishops of England and Wales.¹⁰ In explicit response to requests for guidance about the Bill, the bishops invoked the then recent teaching of Vatican II, detailing abortion's unacceptability in terms of Catholic moral principles irrespective of any legal approbation.¹¹ The bishops nuanced their application of ethical teaching, however, by disclaiming any attempt on their part to impose Catholic morality by statute.¹² Rather, they recommended appropriate respect for those who might possibly

⁵ See: J. Keown, *Abortion* (1988): 84-87.

⁶ See: "A Note on the New Abortion Bill," 1966.

⁷ "It leaves the door wide open for the woman who doesn't want to be bothered with a child, who can pay for an abortion, and who can make the right sort of hysterical scene to two sympathetic doctors." "Note on New Abortion Bill," 137.

⁸ "The only provision as to consent in the Bill is that an abortion performed upon a girl under sixteen shall require her express consent in addition to any necessary consent of her parent or guardian. Even so, the consent need not be in writing. Incidentally, the father of an unborn child has no say where an abortion is in question, whatever the circumstances." "Note on New Abortion Bill," 138.

⁹ See: "Note on New Abortion Bill," 138-139.

¹⁰ See: "The Bishops and Abortion," 1966.

¹¹ "All direct destruction of life in the womb is immoral. No civil law can change the moral law which we are obliged to obey." "Bishops and Abortion."

¹² "Bishops and Abortion."

be compromised in conscience, and, somewhat over-optimistically, anticipated successful amendment through the parliamentary process.¹³

The dichotomy within the bishops' approach was not lost at a popular level, appearing to some as flagrant inconsistency.¹⁴ With episcopal encouragement, it fell to others to agitate more forcefully against the wisdom of the Bill's formulation, and its inherently permissive nature,¹⁵ and thus to actively petition for its withdrawal.¹⁶ The manifestation of varying degrees of dissatisfaction regarding Catholic inertia and ineffectiveness in engaging with the abortion debate testifies to the complex interaction of religious morality with public policy, and the hesitant role of ecclesiastical authority in brokering the two.¹⁷ The influential opposition to abortion by non-Catholics,¹⁸ although possibly more noticeable and less easily dismissed than the expected Catholic rejection, certainly raised important questions about the efficacy of Catholic witness and contribution. In the context of the metamorphosing post-Conciliar Church, and the intensifying debate over possible revisions of moral teaching on contraception, perceptions surrounding the immutability of the Catholic stance on abortion were less definite. This was reflected to some extent in contemporary surveys of Catholic opinion.¹⁹ Furthermore, the need for a credible and practical alternative to termination, alongside more proficient education in sexuality and relationships, demanded that if

¹³ "Bishops and Abortion."

¹⁴ "The Catholic witness against abortion is not strengthened by the sort of loose thinking of which the hierarchy is here guilty." P. R. Glazerbrook, Letter, 1966, 1253. "What would we say about a Catholic statement in 1943 in Germany which would have read as follows? 'Catholics do not demand that their own convictions on the sinfulness and non-permissibility of liquidating the Jewish population should be imposed by law upon all citizens. They do however claim that Catholics should not be asked to take part in the firing squads and to be members of the personnel of the gas chambers.'" J. Giertych, Letter, 1966. Retrospective assessment was no less critical: "The Abortion Law is now a fact, and no amount of wishful thinking will repeal it. Before it became law, we had the opportunity to oppose it. How many Catholic doctors did? [...] The Hierarchy are not free from blame either. The official attitude was 'much better if the laity oppose it.' But where was the lead? [...] Had the Hierarchy stated unequivocally that all Catholics must, in every possible way, oppose every Member of Parliament who voted for the bill, we might have had a different result." D. T. Heffernan, Letter, 1973, 78-79.

¹⁵ For example, editorial comment reported: "Mr. Norman St. John-Stevas, [...] who is a member of the Standing Committee on Mr. Steel's Abortion Bill, is performing a great public service by emphasising that, so far from tightening up the definitions and the grounds for medically approved abortion, the Committee is broadening them." "The Bad Abortion Bill," Editorial, 1967.

¹⁶ Founded in 1966, The Society for the Protection of Unborn Children, comprising Anglican bishops on its committee and together with all-party parliamentarians, sought the retraction of the Bill, favouring instead an investigative Royal Commission into abortion law reform. Explicit appeal was made to Catholic clergy and laity to support the petition that, while accepting some moderate abortion reform, "[...] the proposals in the present Termination of Pregnancy Bill threaten the principle of respect for the sanctity of human life long implicit in our law [...]" "Petition for Withdrawal," 1967.

¹⁷ See: "Catholics and Abortion," Editorial, 1967.

¹⁸ For example, parliamentarian Jill Knight. See: J. Knight, "The Right to be Born," 1967.

¹⁹ A poll of practising Catholics in March 1967 revealed 64% would approve legal abortion where a mother's life was endangered; 39%, would approve abortion for fetal deformity; only 6%, would approve abortion on maternal demand. "A Gallup Poll," 1967.

Catholic resistance to abortion were to be heeded it must transcend condemnation and find translation into action.²⁰

The Guild of Catholic Doctors trenchantly opposed the programme for abortion legalisation from the outset. Following the Hierarchy's lead, a letter from the Guild's Standing Parliamentary Committee underscored a Catholic's democratic right to express an opinion decrying abortion, but not to impose this on others. Stressing the numerically rare cases of medically necessitated termination, and the disastrous implications of allowing abortion for purely social indications, the Guild appealed for charitable and Government resources to alleviate "[...] the very genuine distress which drives women to ask for abortion."²¹ As a response to a legitimate human dilemma, the Guild deemed abortion not only "[...] non-Christian [...]", but also a universally "[...] futile remedy [...]."²²

Despite certain popular misgivings concerning the bishops' statement on abortion, Cardinal Heenan's opposition to the Steel Bill was unequivocal. Speaking to Catholic doctors in Newport in March 1967,²³ he rejected the assertion that abortion was a purely Catholic question, citing the opposition of those external to the Church and of those within the medical profession, notably gynaecologists. Certain that acquiescence on legalised abortion would diminish the sanctity of life generally, so as to provide logical justification for euthanasia, Heenan cautioned against the eugenic tendency, so repugnant in Nazi Germany, that identified some categories of life as exterminable. Again in 1967, addressing the British Medical Association, Heenan criticised the so-called progression towards statutory abortion.²⁴ Recognising that a legitimate diversity of opinion might well exist between "[...] wise and honest men [...]"²⁵ and traditional Catholic teaching on certain moral questions such as contraception and sterilisation, Heenan distinguished abortion from these as something

²⁰ "While rightly condemning abortion, [the Church] offers no practical assistance to women who find themselves in such desperate circumstances that they would consider taking this action. If the Church's campaign against the Bill's reform appears to even a Catholic as showing a negative form of charity, what impression must it give to the population in general?" M. Bailey, Letter, 1967, 757. Additional correspondents cited examples of local schemes of practical assistance; others emphasised the need for greater education in morally acceptable means of contraception and the sanctity of life. See: "Abortion: The Wrong Approach?," 1967.

²¹ Editorial, *CMQ* 1967, 4. The Guild's dissatisfaction with the initial conscience clause of the Abortion Bill subsided with David Steel's modification according to Norman St. John-Stevas' proposal. See: "Abortion Bill," 1967.

²² Editorial, *CMQ* 1967, 4.

²³ See: "Cardinal Heenan's Speech," 1967.

²⁴ See: J. Heenan, "Freedom and Responsibility," 1967.

perennially offensive to human dignity. Without reference to either the rights of the fetus or the “[...] Author of life, [...]” abortion was being popularly equated with the removal on demand of “[...] a bad tooth or a varicose vein.”²⁶

2.2 Catholic Reaction to the Abortion Act

The Steel Abortion Bill passed into law on 27 October 1967, with effect from 27 April 1968.²⁷ Its conscience clause had limited application and placed the burden of proof on the one objecting. This had significant consequences for preferment in specific medical specialisations.²⁸ In response to the statutory change, the bishops of England and Wales offered a further brief statement of guidance, directed to those professionally affected, namely Catholic gynaecologists, obstetricians, psychiatrists, anaesthetists, general practitioners, medical social workers, and nurses.²⁹ Reminding Catholics in healthcare of their right to conscientiously object to participation in abortion, the bishops qualified this by adding that it did not “[...] absolve a person from giving aid in emergency [...]”³⁰ Furthermore, while affirming the divinely proscribed injunction against killing the innocent unborn, and rejecting any form of social abortion, the bishops nonetheless reminded doctors not to impose their personal ethical opinions on patients.³¹ Those seeking abortion should be referred on, with written proof that abortion had not been recommended by a Catholic.³² Recognising various possible

²⁵ Heenan, “Freedom,” 74.

²⁶ Heenan, “Freedom,” 74.

²⁷ See: N. St. John-Stevas, “Abortion and the Law,” 1967-68. Some feared legalisation would establish Britain as a world centre for abortion. See: J. B. Baker, “Abortion Capital” 1968; “Doctors, Laws and Dangers,” Editorial, 1969. Benedictine ethicist Peter Flood believed it would inevitably lead to increased abortion on demand, and for merely social reasons. See: P. Flood, “The Abortion Act 1967,” 1968. See also: P. Flood, *Abortion* (1971). Certain immediate difficulties with the practice of abortion under the Act were in evidence. See: N. St. John-Stevas, “Abortion: The Case for Supervision,” 1969. The Guild of Catholic Doctors noted: “The Abortion Act [...] is a matter of great concern to Catholic doctors, and indeed to the majority of the profession, Catholic and non-Catholic, who have been brought up on a code of ethics which regarded abortion, except in rare cases where the life of the mother was in peril, as murder.” Editorial, *CMQ* Apr. 1968. There were also potential legal consequences for doctors refusing to perform abortions. See: R. A. G. O’Brien, “The Abortion Act,” 1968.

²⁸ See: R. A. G. O’Brien, “Abortion: Conscience,” 1968, 411. Honorary Guild chaplain, J. P. Wroe distinguished: “When a doctor declines to co-operate with the unethical conduct of a patient who is in good faith, he is not forcing his ethical views upon his patient, but is asserting his right not to have his own personal action compelled by the ethical views of his patient.” See: J. P. Wroe, “Sermon Preached at A.G.M.,” 1968, 75.

²⁹ See: “The Abortion Act: Bishops’ Directive,” 1968.

³⁰ “Bishops’ Directive.” The Act’s concession to conscientious objection insisted that this did not “[...] affect any duty to participate in treatment which is necessary to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman.” Keown, *Abortion*, 170.

³¹ “It is not part of a doctor’s duty to impose his ethical views on his patients. He should, however, explain to a patient seeking an abortion why he is unable to co-operate.” “Bishops’ Directive”.

³² “If her medical condition calls for the opinion of a consultant, the patient should be referred to a colleague who would not lightly terminate a pregnancy.” “Bishops’ Directive.”

degrees of co-operation in abortive practice, the bishops asserted that whilst pre and post-operative care should be considered acceptable, direct involvement in the surgical procedure would be unethical for Catholics.³³ Graciously received by Catholic medical professionals, the bishops' directive partially resolved certain practical questions, but only by shifting the focus of responsibility.³⁴

Sustained consultation and collaboration between the Guild of Catholic Doctors and the Hierarchy of England and Wales sought to clarify the Catholic position in the tempestuous wake of the Abortion Act.³⁵ On the appointment of Bishop Patrick Casey as episcopal advisor to the Guild in 1969, the Master, J. J. Martin, stressed the need of such a link, both for the good of Catholic doctors, and of the laity in general.³⁶ Furthermore, he expressed appreciation for the role of the Hierarchy in bearing "[...] the full brunt of defining the Catholic position to the press and the public [...]" when the Bill became law.³⁷ Retrospective analysis indicated that a well-organised Catholic medical profession might have assumed this task, were it able to speak with sufficiently acknowledged authority.³⁸

At the request of Cardinal Heenan, representatives gathered at Archbishop's House, Westminster, on 8 February 1969, to "[...] study problems arising from the bishops' statement on the Abortion Bill."³⁹ They concluded that Catholic healthcare professionals should not ordinarily co-operate in abortion, excepting an anaesthetist or theatre sister where there were "[...] sufficiently grave reasons [...]" jeopardising a patient's life.⁴⁰ Although the possibility of another clarificatory statement was considered with respect to co-operation, it was decided that such matters must be resolved individually by "[...] informed conscience [...]"⁴¹ This shift of emphasis, from directive to conscience, is important, although it appears to have been motivated more by the difficulties of formulating comprehensive norms than by any explicit desire to affirm the dignity of personal Christian judgement in moral matters.

³³ "Bishops' Directive."

³⁴ See also: K. Kelly, *The Abortion Act, 1969*.

³⁵ See: J. G. Frost, "Current Guild Activities," 1969.

³⁶ Casey was then an auxiliary bishop in the archdiocese of Westminster.

³⁷ Frost, "Current Guild Activities," 50.

³⁸ Frost, "Current Guild Activities," 50.

³⁹ Frost, "Current Guild Activities," 51.

⁴⁰ Frost, "Current Guild Activities," 51.

⁴¹ Such formation of conscience was supported by the Guild's document: "A Formulation of Views Regarding the Conduct Appropriate to a Catholic Doctor in Relation to the Abortion Act, 1967." See: "Consensus on the Abortion Act," 1969.

In conjunction with Catholic medical professionals, the Franciscan moral theologian Pius Smart explored the ramifications of the Abortion Act as it impinged practically on the work of Catholic doctors and nurses.⁴² The only viable option for Catholics would be to state clearly and courteously their opposition to abortion to the relevant medical authorities. Smart's own invocation of individual conscience as the final arbiter in such dilemmas, and his reluctance to offer a definitive judgement in particular cases, signals a markedly altered moral perspective from that of the pre-Conciliar manualist approach.⁴³

3. Catholic Responses to Abortion 1970-1979

Subsequent to the activation of the 1967 Abortion Act, the years from 1970 to 1979 witnessed a more diversely constituted Catholic response. Characterised by continued engagement with the parliamentary process of review, notably through the Lane Inquiry and Report, there were also considered ethical contributions from the Hierarchy and further attempts at legislative amendment. Moreover, supplementing such efforts were the innovative responses of individual dioceses in proposing practical alternatives to abortion. These were small-scale pastoral attempts to succeed where national campaigns to prevent legal abortion had failed.

3.1 Direction from the Hierarchy

At their Low Week meeting in April 1970, the bishops of England and Wales, jointly with the bishops of Scotland, designated the feast of the Holy Innocents a day of prayer for unborn victims of abortion as a practical measure in response to the Abortion Act.⁴⁴ Although a gesture, it symbolised a willingness on the part of the English and Welsh Catholic Church to pursue a different strategy on abortion in the face of legislative defeat. Utilising the Church's particular resources, this spiritual response would find complement in various pastoral initiatives.

⁴² See: P. Smart, "Moral Theology Forum," 1970.

⁴³ "[...] I have deliberately refrained from offering too many clear-cut solutions. And this is not only because the widely differing circumstances make clear-cut decisions difficult. I believe that we have suffered in the past because moral theologians have attempted to provide clear-cut, black/white, yes/no answers to the smallest details of the problems about which our opinions were asked – and to a good many about which they were not." Smart, "Moral Theology Forum," 292-293.

⁴⁴ See: "The Bishops' Low Week Conference," 1970.

Meeting in October 1970, the bishops revisited the guidelines previously issued on the eve of the 1967 Abortion Act. Deciding to update their advice, Bishop Patrick Casey of Brentwood, after appropriate consultation, issued a letter of instruction to the Catholic medical Guilds in March 1971.⁴⁵ Emphasising Catholic opposition to abortion, and the rights of conscience afforded by the Act, Casey's letter was essentially practical in nature and marginally corrective to the bishops' previous statement. Maintaining that a doctor should not impose personal ethics on a patient, recourse to conscientious objection should not be apologetic in tone. In restating the traditional distinction between direct and indirect co-operation, Casey acknowledged the possible necessity of complete non-participation by Catholic staff in any aspect of surgical abortion, lest fundamental principles be compromised or the participation of some be manipulated to coerce others. Furthermore, Casey emphatically rejected any attempt to counter abortion by pre-emptive sterilisation; both were designated "[...] unethical means of birth control."⁴⁶

In his sermon for the feast of Holy Innocents on 28 December 1970, Bishop Thomas Holland of Salford called for an independent inquiry into the workings of the Act: "Have the compassionate aims been realised? Are the dubious practitioner and the racketeer still in business?"⁴⁷ Acknowledging the professional difficulties created for medical staff, Holland emphasised personal responsibility stating: "The way in which we make our feelings known is not a matter for the Church to decide. You must take the initiative with the prudence and fortitude you have as responsible citizens."⁴⁸ Without explicit ecclesiastical affiliation or instigation, Holland's sentiments had already found expression through the establishment of Life as an anti-abortion charity in August 1970, committed to marshalling opposition to the 1967 Act and providing positive action to prevent termination.⁴⁹

⁴⁵ See: "Abortion: Advice to Doctors and Nurses," 1971.

⁴⁶ "Abortion: Advice."

⁴⁷ See: "Guidelines on Abortion," 1971.

⁴⁸ "Guidelines on Abortion."

⁴⁹ "We are only a few individuals with no influence or position. Yet we know that if we remain passive in the face of the present mass slaughter any longer, our consciences cannot be clear." J. J. Scarisbrick and M. Mears, Letter, 1970. See also: J. J. Scarisbrick, "Life and Lifeline," 1974; F. Soden, "Spotlight on Lifeline U.K.," 1977. Taking inspiration from St. John, Soden presented Lifeline's work as love that is not mere talk, but something real and active.

3.2 Abortion and the 1970 Bishops' Statement on Morality

In their 1970 Statement Concerning Moral Questions, the bishops touched briefly, though directly, on the morality of abortion. Within their synthetic digest of moral teaching on a wide variety of subjects, encompassing social, sexual, and medical ethics, the bishops' discussion of abortion followed their moral assessment of violence and war. Whilst legitimate ethical arguments might tolerate the use of force, including lethal measures, in the context of repelling unjust aggression, such defensive intentional killing was inapplicable to the scenario of abortion. The unborn child could in no sense be reckoned as morally equivalent to any "[...] unjust aggressor [...]," the disposition that would nullify innocence and compromise the unequivocal right to life.⁵⁰

Historical confusion surrounding theories of delayed animation were relegated by the primary injunction against the direct and intentional killing of a "[...] helpless creature [...]" and the paramount presumption of divine sovereignty over life: the child was emphatically "[...] not the property of its parents [...]." ⁵¹ The bishops steered clear, however, of any discussion of divergent biological opinions concerning the beginning of human life or philosophical issues relating to personhood. These were bypassed by the protective expression "[...] human being in development [...]," ⁵² although such questions would form the substance of ensuing reflection and debate on the moral status of the human embryo. The bishops recognised that an absolute ethical prohibition against abortion demanded the complements of compassionate adequate social provision and pro-life reverence from medical professionals. Yet, they only urged Christians, meaning Catholics, although not directly excluding those beyond their own communion, to disassociate completely from the practice of abortion. Whatever civil law might permit, Christians, together with other conscientious objectors, should not, and could not, actively be expected to assist in abortion.

3.3 Initial Practical Pastoral Alternatives to Abortion

In terms of a practical response to the abortion dilemma, Phyllis Bowman of the Society for the Protection of Unborn Children expressed the need to fund, resource, and increase viable alternatives to termination so that "[...] girls [...]" feel that they and their

⁵⁰ Statement, 15.

⁵¹ Statement, 15.

babies are loved and respected members of society.”⁵³ In this vein, various dioceses initiated inclusive support programmes, offering practical substitutes to the termination of an unplanned pregnancy. An April 1972 Pastoral Letter issued jointly by Bishops Eric Grasar of Shrewsbury and auxiliary John Brewer paralleled the “[...] senseless murder [...]” of innocent life in Northern Ireland with the tragic “[...] killing of 100,000 equally innocent human beings that has taken place in this country over the past year.”⁵⁴ Seeking to translate belief into action, the diocese proclaimed comprehensive and universal assistance. Acknowledging the Church’s inadequacy in showing “[...] sufficient practical concern for the mother-to-be who feels herself to be in an intolerable situation [...],” the bishops signalled an end to such attitudes.⁵⁵ By a “[...] solemn guarantee [...]” they declared that any mother, Catholic or otherwise, would be provided with whatever practical help necessary, freely, confidentially, and backed by the entire resources of the diocese, if she were to “[...] allow the baby to be born and not aborted.”⁵⁶ This was a unique endeavour, recognised by the bishops as the means by which the consequences of the Catholic Church’s uncompromising opposition to abortion were being met. Shrewsbury’s pledge found support from Archbishop Beck of Liverpool whose archdiocesan Catholic social services emphasised that comparable support had long been implicitly available.⁵⁷

The positive contribution of the Shrewsbury project was presented in a report to the World Council of Churches Programme Unit, outlining the cases and situations where practical assistance had provided a real alternative to abortion.⁵⁸ In a two-year period, counselling and financial assistance had enabled 298 unborn children to be born who might otherwise have been aborted. In acclamation, the World Council of Churches identified in the Church in Shrewsbury the essential ecclesiastical mission of healing through a practical demonstration of money and resources backing conviction.⁵⁹

Other dioceses followed suit. The diocesan and auxiliary bishop of Leeds made a joint public statement, also in April 1972, offering a similar pledge to that of

⁵² *Statement*, 15.

⁵³ P. Bowman, Letter, 1971, 938.

⁵⁴ Pastoral Letter of the Bishops of Shrewsbury, 1972.

⁵⁵ Pastoral of the Bishops of Shrewsbury.

⁵⁶ Pastoral of the Bishops of Shrewsbury.

⁵⁷ See: “Saving the Unborn Child,” 1972.

⁵⁸ See: “Shrewsbury Mothers,” 1974.

⁵⁹ See: “Saving Unborn Lives,” 1974. See also: H. McHugh, “The Pastoral Care of Those Confronted with Abortion,” 1975.

Shrewsbury.⁶⁰ Through a 1972 Advent Pastoral Letter, Bishop Thomas Holland situated practical alternatives to abortion within the context of human life as a gift reflecting the Trinitarian love of God.⁶¹ Announcing a new diocesan programme entitled "In the Service of Life," Holland identified a web of factors that had colluded to degrade and destroy human life and flourishing. Linking purity of body with purity of mind, pornography, sterilisation, vasectomy, contraceptives, abortion, violence, drugs and euthanasia were denounced as part of "[...] the wide attack on life which advances with paganism."⁶² Conversely, religious belief insisted that life was a fundamental gift, to be defended by practical measures. These were outlined in the diocesan initiative that aimed to be: "Firstly, a network of service to God, the author of life. This means both praise and reparation. Secondly, a network of service for every member of our human family who is in crisis through new pressures; Thirdly, a network which effectively leads into the expert skills and experiences needed in this delicate work."⁶³ Holland's theological basis for pastoral support contextualised abortion within wider implications for ethical character⁶⁴ and the integrated nature of Christian morality.⁶⁵

An April 1972 multifaith demonstration against abortion prompted Norman St. John-Stevas to emphasise that prophetic witness must have a corresponding compassionate and practical dimension.⁶⁶ Concurring, the Jesuit Michael Walsh commented that whilst such pro-active measures were vitally necessary, they were unfortunately all too uncommon: "The bishops are against abortion, but that will not do as a solution. [...] Most hierarchies content themselves with providing general advice,

⁶⁰ See: Pastoral Letter of the Bishops of Leeds, 1972. Bishop William Gordon Wheeler and auxiliary Gerald Moverley concluded: "God forbid that through the neglect of the Church any mother-to-be should feel so lonely and abandoned as to resort to the killing of her child. We must all pray and work together to make society one where the pressure which encourages abortion no longer exists."

⁶¹ See: Advent Pastoral Letter From the Bishop of Salford, 1972.

⁶² Advent Pastoral, 3.

⁶³ Advent Pastoral, 4.

⁶⁴ Abortion "[...] devastates nurses and doctors, violates maternal instincts and turns our best joy bitter." In the Service of Life, 1972, 3.

⁶⁵ "If only we could learn from our reckless use of the roads, or the environment, what man will reap from the irreverent use of himself." In the Service of Life, 2.

⁶⁶ "To be effective an act of witness must be attuned to the society in which it is taking place. Our society is not a Roman Catholic society and is probably now little more than nominally Christian. This has to be taken into account when one is trying to communicate, which is what witness is about. Violent language equating abortion with murder, for instance, does more harm than good: it stops ears instead of opening them. We have always to persuade and to convince, not to attempt to batter into submission. [...] It is essential, too, that our witness should be positive and constructive. Declarations of values are important, but in this as in all spheres practice is more effective than precept. The various projects for helping unmarried mothers with their children which are now gathering momentum are as important (neither more nor less) as public demonstrations and manifestos." N. St. John-Stevas, "A Challenge to Abortionists," 1972, 394.

to the government and to women in difficulties.”⁶⁷ The so-called Catholic strategy on abortion needed serious reappraisal.⁶⁸

3.4 The Lane Committee and Report

Disquiet regarding the realities and consequences of the 1967 Abortion Act were manifested in numerous requests for a public inquiry, granted in April 1971 and entrusted to the oversight of Mrs. Justice Lane.⁶⁹ Although explicitly not an opportunity for reassessing the fundamental principles underpinning the Act, the investigation offered the possibility for doctors and others, including the Churches, to indicate the inadequacies of the Act’s practical provisions and implementation.

3.4.1 Evidence to the Lane Inquiry from the Bishops’ Conference Committee

Catholic evidence to the Lane Inquiry was released in February 1972, the fruit of an interdisciplinary committee authorised by the Bishops’ Conference and assembled by Cardinal Heenan in March 1971 under the chairmanship of Bishop Casey.⁷⁰ Having fully utilised the expertise and experience of Catholics in healthcare, the committee’s findings were expressed as a memorandum, with the additional hope of possible oral contribution. The evidence submitted detailed the diverse results of the committee’s investigation into the effects of abortion legalisation. Of primary concern was the impression, and reality, that legislation had essentially facilitated abortion on demand, often justified for purely social reasons and, increasingly, sought repeatedly and by non-United Kingdom residents. The adverse medical effects of abortion, intensified in later terminations, required review of time limits on intervention. As such, the committee’s consensus was that abortion should be limited to the first twelve weeks of pregnancy; this would additionally prevent any viable fetus surviving the abortion process, albeit temporarily.

⁶⁷ “M. Walsh, “What the Bishops Say,” 1973, 174.

⁶⁸ “Cardinal Heenan, addressing a conference earlier this year, confessed that Catholics had committed a strategic mistake: ‘The Catholic Church deliberately made no pronouncement against the Abortion Bill because we were told by politicians that if Catholics did it would confirm the humanist argument that only Catholics object to abortion. We now all know what a terrible thing that Abortion Law is [...]’ There is a need, then, for a Catholic strategy on abortion which must be firm where firmness is required and compassionate where compassion is possible.” “A New Strategy on Abortion,” 1973, 163. The article stressed the need for a philosophically constructed opposition to abortion with arguments accessible independent from faith.

⁶⁹ See; “Abortion and the Law,” 1971.

⁷⁰ See: “Reforming the Abortion Law,” 1972.

In its investigations, the Catholic committee discovered that non-Catholic nurses opposed to abortion were often subject to greater pressure to co-operate than Catholic nursing staff. Whilst the Abortion Act had not diminished Catholic numbers entering or continuing in nursing, the potential for specialisation by Catholics in obstetrics and gynaecology had been significantly and prejudicially reduced. Remaining concerns related to inappropriate advertising by abortion clinics, the deficiency of much pre-abortion counselling and post-operative care, and the relegation of other surgical procedures due to increased cases of termination.

The Catholic committee's recommendations to the Lane Inquiry urged the curbing of abuses and the prevention of blatant abortion on demand by the tightening of authorisation, especially in the private sector. Furthermore, it was proposed that opposition to abortion should not afford any basis for discrimination in medical specialisation. The development and extension of counselling and care services was encouraged, and, although some of those canvassed had argued for the separation of abortion facilities from other gynaecological services, the submission itself opposed separate units for abortion. The committee had not set itself the task of overturning the Abortion Act, impossible due to Lane's own terms of reference, but of providing enough evidence to gain a sensible hearing on amendment and reform.⁷¹

3.4.2 Catholic Reaction to the Lane Report

On 3 April 1974 the Department of Health and Social Security published the collected findings of the investigative committee on the functioning of the Abortion Act as the Lane Report.⁷² Underlining the need for more comprehensive pre-abortion counselling, it situated abortion within the broad remit of healthcare facilities. In appealing for greater equality in the availability of abortion on the National Health Service, the Report called for continued research into questions surrounding undesired pregnancy and the use of contraception.⁷³ While Catholic reaction acknowledged positive elements within the Report, it was generally pessimistically evaluated and regarded as "[...] disappointing [...]."⁷⁴

⁷¹ See: N. St. John-Stevan, "The Rising Tide of Abortion," 1972.

⁷² See: Department of Health and Social Security, Report of the Committee on the Working of the Abortion Act: Volume I (1974); Department of Health and Social Security, Lane Report on Working of the Abortion Act, 1974.

⁷³ See: DHSS, Lane Report, 1.

⁷⁴ Editorial, CMQ 1974, 103.

On its publication, Norman St. John-Stevas, the architect of the campaign for a public inquiry, welcomed the Report's rejection of abortion on demand and the separation of contraception from abortion, the first a matter of sexual ethics, the second of human rights.⁷⁵ Although emphasising the Report's recognition of the need for more adequate pre-abortion counselling, Stevas criticised its overall failure to rectify the abuses of the 1967 Act. This was certainly due in part to the restricted remit of the investigation. More importantly, it was also due to the fact that anyone ethically opposed to abortion had been de facto excluded from participation in the committee's deliberations.

The Catholic gynaecologist R.W. Taylor had argued for a change of focus in confronting abortion, shifting from concentrated effort on law reform to alleviation of the conditions creating demand, largely experienced by women.⁷⁶ Reaffirming this in the light of Lane, he advocated the cultivation of moral values and character conducive to societal and personal well-being, not least those related to sexual behaviour: "A society in which no need was felt for abortion would certainly be a healthier, more pleasant one in which to live and bring up children."⁷⁷ In the interim period of progressive moral education, however, Taylor accepted the need for practical assistance: "Meanwhile we owe responsibility to those under pressure to accept abortion to lend a firm hand, to open our minds, our wallets, our homes to these people."⁷⁸

The Bishops' Conference Standing Committee responded to the Lane Report, and the related government proposal of a free contraceptive service, in a statement delivered by Cardinal Heenan.⁷⁹ Concerned that the Report lacked any serious attempt to assess the effect on "[...] national moral standards [...]" of destroying life within the womb, Heenan was equally critical that the wider and more subtly negative implications of rejecting an absolute notion of human life's sanctity had been left unconsidered.⁸⁰ This engendered a moral mentality devoid of unequivocal acceptance of the right to life, with inevitable consequences for the consciences of medical

⁷⁵ See: N. St. John-Stevas, "Little Enlightenment from Lane," 1974. See also "The Right to Life," Editorial, 1974.

⁷⁶ R. W. Taylor, "The Politics of Abortion," 1971, 568.

⁷⁷ R. W. Taylor, "Abortion 1974," 1974, 4.

⁷⁸ Taylor, "Abortion 1974," 5.

⁷⁹ See: Statement Issued by Cardinal Heenan, 1974.

⁸⁰ Statement by Heenan.

professionals. For Heenan, general approval for the termination of unborn life had clear implications: "Legal euthanasia is a short but logical step from legal abortion."⁸¹

The Lane Report associated a lessening in abortion with a reduction in the number of unwanted pregnancies, to be achieved by increased contraceptive education.⁸² This deduction was to be realised in a free contraceptive service for the unmarried, including schoolchildren, and was condemned by the bishops as a "[...] policy of despair [...]"⁸³ It would facilitate the route to promiscuity, exhorting self-indulgence instead of self-control, and failed to recognise the evidence that many abortions were performed on those already using contraception. Enlarging the context for discussion, the bishops focused on the all-embracing duty to promote the common good, cautioning that, "[...] the abandonment of Christian standards of sexual morality will have an eroding effect on the moral health of the whole community."⁸⁴

From its own particular vantage point, the Catholic Nurses Guild offered a response to the Lane Report in September 1974.⁸⁵ Rejecting any prospect that the proposed recommendations might offer the potential for a reduction in cases of abortion on demand, the Guild stated that, on the contrary, were the Report to be accepted wholesale, it would result in a worsening of the presently unacceptable situation. The President of the Guild, Nora Griffiths, supported this interpretation. Discussing nursing ethics, she stressed the problems the recommendations would bring, not least in that all nurses, including midwives, "[...] whose aim has always been the safe delivery of the infant [...]" should receive practical experience of abortion during their training.⁸⁶

Further negative reaction to the Lane Report emerged from two other Catholic sources. Acknowledging the serious, thorough, yet constrained nature of the Report, the National Board of Catholic Women, representing the women members of twenty-three Catholic organisations in England and Wales, severely criticised its failure to remedy abuses of the 1967 Abortion Act.⁸⁷ Offering five comments on specific issues within the Report, the National Board repudiated its assertions that "[...] criminal abortions have decreased [...]" and that "[...] health education as to abortion cannot be in moral

⁸¹ Statement by Heenan.

⁸² See: DHSS, Lane Report, 4.

⁸³ Statement by Heenan.

⁸⁴ Statement by Heenan.

⁸⁵ See: "Abortion: Nurses Speak," 1974.

⁸⁶ N. H. Griffiths, "Medico-Moral Problems," 1974, 115.

terms.”⁸⁸ The former lacked sufficient evidence and made no proposals to rectify recognised instances of abortion outside the terms of the Act. The latter divorced health education from the wider framework of moral values that must necessarily underpin sexual and social relationships and family life. The Report’s desire to end abortion on demand was laudably acknowledged. The National Board, however, failed to comprehend how its recommendations would achieve this. Similarly, proposals to ensure the right to conscientious objection for medical staff, together with effective and comprehensive pre-abortion counselling, were criticised for being regrettably deficient. In conclusion, the Report’s underlying “[...] acceptance of abortion as part of our way of life [...]” was perceived as unrepresentative of general popular opinion and largely grounded in “[...] material expediency divorced from moral and ethical principles [...]”⁸⁹ Thus, the implications and effects of the 1967 Act demanded further parliamentary discussion and investigation.

Unfavourable reaction to the Lane Report also came through various observations forwarded by the Guild of Catholic Doctors.⁹⁰ Prefaced by complete opposition to the Abortion Act, the Guild’s comments critically exposed the Report’s presuppositions, limited scope, ethical analysis, and propositions. Discussion and rebuttal of medical, social, and legal dimensions within the abortion debate were guided by the primordial moral question: “[...] whether or not the killing of children in the womb is a crime against humanity.”⁹¹ Given that such fundamental deliberation was explicitly excluded from the working of the Lane Committee, the Guild expressed its unease in frustrated terms.⁹²

3.5 Continuing the Parliamentary Struggle Against Abortion

Evolving anxieties surrounding abortion motivated the Catholic Social Welfare Commission to call for support of James White’s 1975 Abortion (Amendment) Bill, following its successful second reading and the establishment of a House of Commons Select Committee to which the Bill was referred.⁹³ Although not a move for repeal, the Bill sought to counter the worst abuses identified by the Lane Report and met with

⁸⁷ See: “NBCW Speaks: Comments on the Report of the Lane” 1974.

⁸⁸ “NBCW Speaks,” 17.

⁸⁹ “NBCW Speaks,” 18.

⁹⁰ See: “Doctors Speak,” 1974.

⁹¹ “Doctors Speak,” 10.

⁹² See: “Doctors Speak,” 9.

appreciation in Catholic circles.⁹⁴ Where Catholic influence could not overcome abortion legislation, it might at least lessen its effects.

Cardinal Heenan representatively entered the arena with his own particular dismay. Writing to the Prime Minister, Harold Wilson, on 9 June 1975, he outlined his apprehension concerning the practical exclusion of doctors, and others conscientiously opposed to abortion, from areas of medical specialisation.⁹⁵ He referred explicitly to a memorandum on the appointment of consultants from Dr. Yellowlees, the Chief Medical Officer, which stated that those with objections to abortion should not be appointed. Speaking on behalf of all those morally opposed to taking life, Heenan judged the memorandum to have effectively served notice that any “[...] who object to abortion [...] have no future in the National Health Service.”⁹⁶ The failure to safeguard conscience and resist decline towards abortion on demand was an “[...] ethics drain [...]” potentially more crippling to the National Health Service than any “[...] brain drain.”⁹⁷ In a supporting statement, Heenan indicated that the Abortion Act was operating in a manner never envisaged by those who ushered its passage into law. Criticising the discriminatory, illogical, and eugenic approach to nascent life, he advocated a consistent and inclusive approach to respect for human existence, requiring that all forms of unlawful killing be rejected.

Appreciative of the Cardinal's concerns, Wilson's reply confirmed that the Government's intention was merely to ensure the adequate provision of abortion services under the terms of the 1967 Act, particularly where consultants had withdrawn their services through religious or conscientious objection.⁹⁸ The Prime Minister stressed the absence of any intended or necessary link between current legislation on abortion and the promotion of euthanasia. Describing a policy of euthanasia as “[...] wholly abhorrent [...],” Wilson stated, “[...] there is absolutely no question of this Government – or I believe of any Government – ever giving it support.”⁹⁹ Heenan's retort highlighted the actualities of the Abortion Act's bias against medical professionals, compromising their personal and ethical integrity.¹⁰⁰ He questioned the

⁹³ See: “Abortion: The Battle is On,” 1975.

⁹⁴ “Abortion: The Battle is On,” 6-7.

⁹⁵ See: “Abortion: Cardinal Writes to PM,” 1975.

⁹⁶ “Cardinal to PM,” 15.

⁹⁷ “Cardinal to PM,” 15.

⁹⁸ See: “PM's Reply to Cardinal,” 1975.

⁹⁹ “PM's Reply,” 4.

¹⁰⁰ “PM's Reply,” 4.

Prime Minister's reassurances against euthanasia given that similar affirmations had been offered regarding abortion within years of the Act being passed: "The euthanasia lobby is determined to pursue its campaign. It is encouraged by the success of the abortion lobby."¹⁰¹

3.5.1 Catholic Submissions to the 1975 Select Committee on Abortion

Sustaining parliamentary interaction, interdisciplinary Catholic submissions were presented to the House of Commons Select Committee established in 1975 to consider the White Abortion (Amendment) Bill. The Social Welfare Commission of the Bishops Conference, the Guild of Catholic Doctors, the Catholic Marriage Advisory Council, and the National Board of Catholic Women all forwarded contributions, though with differences of emphasis.

3.5.2 The Submission of the Bishops' Conference Social Welfare Commission

The Bishops' Conference Social Welfare Commission advanced arguments supporting a reduction in the number of abortions performed, albeit through an admittedly incomprehensive treatise written from a prohibitionist perspective.¹⁰² A religious ethic grounded the submission's proposals for State protection of defenceless human life, to be legislatively upheld and supported by responsible social policy capable of offering credible alternatives to abortion. The principal moral consideration, of universal significance irrespective of religious affiliation, remained the unwarranted destruction of life, whatever its state of existence. Yet, cultural, medical, and ethical transitions, not always fully appreciated by the wider community, had altered the debate. Evaluation of conflicting perspectives, where a pregnancy threatened the life of either mother or child, had shifted to juxtapose the child's life against the emotional, social, and, or, economic impairment of the mother. This represented an inversion of attitude towards human life, from deferential reverence to manipulative expediency. The submission argued that the subjectivity of language concerning supposedly unwanted life, and the assertion of individual rights, noticeably by the strong over the weak,

¹⁰¹ "PM's Reply to Cardinal," 3. Ecumenical support for Heenan's stance was offered by the Church of England's Board of Social Responsibility: "Clearly people with conscientious objections are going to have no future in areas short of facilities; what steps is the D.H.S.S. going to take to 'police' or enforce the provisions of the memorandum in the 'adequate areas?' The Cardinal is quite correct in pointing to the need to protect other grades of staff." "Abortion Correspondence," 1975.

needed to be contextualised and objectified by means of communally orientated legislation. This would presume and afford respect in favour of the conceptus from the first instant, irrespective of disability or handicap, and consistent with authentic human values.

During the process of the Social Welfare Commission's submission, the Select Committee suggested that Catholic teaching on contraception contradicted that on abortion. An explanatory memorandum was requested and tendered, addressing the hypothesis that "[...] increased availability and use of contraception would decrease the incidence of 'unwanted' pregnancies and therefore decrease the need for abortion."¹⁰³ Prescinding from the subjective nature of statistical evidence, from which, however, it could be demonstrated that decreased abortion did not necessarily follow from increased contraception, the memorandum articulated the integral vision of life and love underpinning the Roman Catholic position.¹⁰⁴ Stressing that life-giving and love-giving were inseparable dimensions of sexual intercourse, these were rightfully and exclusively enacted solely within marriage. Recent magisterial teaching had affirmed this understanding of conjugal love as self-gift: total, unreserved, and always respectful of the person.¹⁰⁵ Although contraception was the "[...] prevention of human life [...]" and abortion the "[...] killing of human life [...],"¹⁰⁶ both were representative of an essentially anti-life attitude, and, as such, were opposed with consistency.¹⁰⁷ Distinguished from "[...] responsible parenthood [...]," they fostered a "[...] contraceptive mentality [...]" that approached procreation, love, and sex, by seeking absolute dominion over the origins and development of life, intruding into an exclusively divine domain.¹⁰⁸

3.5.3 The Submission of the Guild of Catholic Doctors

The ethical and parliamentary sub-committees of the Guild of Catholic Doctors made joint submission to the 1975 Select Committee on behalf of the Guild's

¹⁰² See: "Abortion: Submission to the Select Committee," 1976. See also: D. Sullivan, "The Abortion Issue," 1976.

¹⁰³ "The Catholic Church: Abortion and Contraception," 1976, 5.

¹⁰⁴ "Abortion and Contraception," 5.

¹⁰⁵ "Abortion and Contraception," 8. The document cited the teaching of Vatican II and *Humanae Vitae*.

¹⁰⁶ "Abortion and Contraception," 6.

¹⁰⁷ "Abortion and Contraception," 8.

¹⁰⁸ "Abortion and Contraception," 9.

Council.¹⁰⁹ Opposed to abortion “[...] as a matter of absolute moral principle [...],” the Guild could “[...] never be satisfied with any measure which fell short of completely abolishing the practice.”¹¹⁰ Yet, the extent of unintended and unforeseen “[...] abuse [...]” of the 1967 Act rendered the attempted restrictive amendment of “[...] an intolerable level of destruction of human life [...]” welcome and necessary.¹¹¹ Admittedly representing a “[...] minority view [...],” the Guild was compelled by the immorality of abortion to specify widespread termination “[...] on so-called social grounds, particularly in the private sector [...],” as its major concern.¹¹² Whilst appreciative of the Amendment Bill’s attempt to ensure pre-abortion counselling, and to separate medical advice from any financial motivation, the Guild criticised its weak application of the conscience clause, placing the onus of proof on those objecting.¹¹³ Significant reservation concerned possibly liberal interpretation of the clauses restricting abortion to “[...] cases of grave risk to life [...],” and, more dubiously, to cases of “[...] risk of serious injury to health.”¹¹⁴ Any justification of the latter, allowing termination on grounds of the negative impact pregnancy would have on the lives of a woman’s existing children, was rejected unreservedly.¹¹⁵

3.5.4 The Submission of the Catholic Marriage Advisory Council

The submission by the Catholic Marriage Advisory Council (CMAC) to the Commons Select Committee on Abortion was tendered in May 1975 by executive member John Keefe.¹¹⁶ Contrary to the Catholic Doctor’s response, there was measured agreement with the Amendment Bill’s proposition for abortion on the grounds of “[...] grave risk to the life of the pregnant woman [...]” or “[...] grave risk of serious injury to the physical or mental health of the pregnant woman or any existing children of her

¹⁰⁹ See: Memorandum on the Abortion (Amendment) Act 1975, 1975.

¹¹⁰ Memorandum on Abortion 1975.

¹¹¹ Memorandum on Abortion 1975.

¹¹² Memorandum on Abortion 1975.

¹¹³ Memorandum on Abortion 1975.

¹¹⁴ Memorandum on Abortion 1975.

¹¹⁵ Memorandum on Abortion 1975. “As practising members of the medical profession we believe that cases in which continuance of a pregnancy involves risk of serious injury to the health of existing children of the pregnant woman’s family are few and far between.”

¹¹⁶ See: The Catholic Marriage Advisory Council: House of Commons Select Committee on Abortion (Amendment) Bill, 1975. To be referred to as: CMAC on Abortion Amendment. The position of the CMAC in relation to abortion was stated thus: “CMAC, though a recognised Catholic organisation, cannot claim to speak for the Catholic Community as a whole. Although a Catholic body could not in conscience support abortion, there may well be aspects of legislation on abortion which such a body could support or even play a part in.” CMAC on Abortion Amendment, 1.

family.”¹¹⁷ This was thought to remove ambiguities within the 1967 Act, which, according to both commentators and physicians, had virtually facilitated abortion on request.¹¹⁸

The Bill’s aim of regulating private abortion clinics, access to abortion by “[...] non-resident foreign women [...],” and financial incentives between referring and surgical centres, were welcomed as curbing existing abuses.¹¹⁹ The increased need for counselling, particularly in cases of teenage pregnancy, was equally endorsed, with the CMAC a potential assisting agency. In registering approval for measures seeking to limit the abortion time limit,¹²⁰ and any possible experimentation on fetuses, the CMAC offered various concluding comments not directly related to the Bill, but “[...] which the Select Committee might be prepared to consider.”¹²¹ These made two main points.

The first concerned discrimination within gynaecological medicine against those opposed to abortion. Favouring clinical appointment solely on merit, the inclusion of a supporting clause within the Bill would protect the consciences of practitioners unable to accept abortion, not all of whom were Roman Catholics. Furthermore, it would ensure expertise was not lost from within the specialisation for reasons of conscientious objection.¹²² The second point related to the conscience clause. It appealed for amendment to ensure that a doctor would not face legal or professional recrimination should refusal to perform abortion result in “[...] serious untoward effects on a patient.”¹²³ The Chief Medical Officer had indicated in 1967 that despite the Abortion Act’s clause, conscientious objection did not excuse a physician from “[...] ‘the duty to participate in treatment which is necessary to save the life or to prevent permanent

¹¹⁷ CMAC on Abortion Amendment, 1.

¹¹⁸ CMAC on Abortion Amendment, 2. Such interpretation was evident from the findings of the Lane Committee.

¹¹⁹ CMAC on Abortion Amendment, 3.

¹²⁰ The submission cited two reasons for this: “[...] abhorrence at the destruction of a viable foetus [...],” and “[...] increased risk to the life and health of the mother the further on in pregnancy the termination takes place.” Citing authoritative sources, viability was recognised from 20 weeks. CMAC on Abortion Amendment, 4.

¹²¹ CMAC on Abortion Amendment, 4.

¹²² CMAC on Abortion Amendment, 4-5. Furthermore: “To condone the exclusion of those with conscientious objections seems to be accepting a progress from permission to compulsion; a very dangerous precedent in view of mooted legislation in other fields such as Euthanasia, where what is a crime today may be an obligation tomorrow.”

¹²³ CMAC on Abortion Amendment, 5.

injury to the physical or mental health of the pregnant woman.”¹²⁴ For the CMAC, this negated “[...] the intention of inserting the conscience clause in the first place.”¹²⁵

3.5.5 The Submission of the National Board of Catholic Women

The National Board of Catholic Women’s submission to the 1975 Select Committee expressed complete opposition to the legalisation of abortion. Yet, it judged the Abortion (Amendment) Bill “[...] a praiseworthy effort [...]” in attempting to reform the 1967 Act and counter injustices identified, but not rectified, by the Lane Inquiry.¹²⁶ Suggesting a referral board for cases of abortion rather than two independent medical practitioners, the National Board acknowledged that the intended amendments bettered the current situation. Its own evidence, however, contested certain justifications of abortion: “[...] there could be serious psychological damage to a pregnant woman’s existing children if they knew that their mother had had an abortion.”¹²⁷ This would indicate that “[...] the baby in the womb was expendable [...]” and that “[...] their mother wanted no more of them [...], creating an attitude of mind leading to tolerance of violence.”¹²⁸

In accepting the numerous regulatory and reformatory measures outlined in the Bill, the National Board affirmed its concern for “[...] women’s rights [...]”¹²⁹ In this, it totally rejected “[...] the theory put forward in some quarters that abortion on demand is one of those rights.”¹³⁰ Parliament must ensure that “[...] the Abortion Act, 1967, does not permit abortion as and when wanted and there must be an end to the widespread abuses of this Act.”¹³¹

¹²⁴ CMAC on Abortion Amendment, 5.

¹²⁵ CMAC on Abortion Amendment, 5.

¹²⁶ To the Select Committee on the Abortion Amendment Bill from the National Board of Catholic Women, 1975. The submission was signed by Kathleen Baxter, National President of the Board. To be referred to as NBCW on Abortion Amendment.

¹²⁷ NBCW on Abortion Amendment, 1.

¹²⁸ NBCW on Abortion Amendment, 1.

¹²⁹ NBCW on Abortion Amendment, 2. The National Board supported regulation of foreign women’s access to abortion, appropriate notification and surveying of the procedure, and the dissociation of financial incentives from referral and provision. Counselling and information concerning alternatives to abortion should be mandatory, with parental consent required for abortion under 16. In recommending reduction of the abortion limit from 24 to 20 weeks, the Board also supported ethical review committees and a conscience clause within the Bill to prevent discrimination in gynaecological appointments and practice.

¹³⁰ NBCW on Abortion Amendment, 2.

3.6 Approaches Following the 1975 Select Committee

Settling for its less than satisfactory proposals, the Bishops' Conference supported the Select Committee's modifications in abortion practice as serving to "[...] eliminate some outstanding abuses and save the lives of many of the unborn."¹³² In this it representatively summarised the stance of pragmatic realism outlined in the various Catholic submissions. This was, however, very definitely a compromise, conditioned, as in the submissions, by the bishops' reiteration that the immorality of abortion could never be tempered by legislation: only complete repeal would "[...] safeguard the principle that no law can justify taking the life of the innocent, born or unborn."¹³³

This opinion found expression in specific Catholic episcopal support for the reform of permissive abortion legislation. Addressing a November 1976 pro-life rally in Bradford, Archbishop Derek Worlock of Liverpool emphasised the desire for "[...] a very positive policy for future life in our country."¹³⁴ Protest against abortion, a "[...] legal but monstrous killing [...]," was positively an effort to end the corruption of abortive practice and "[...] save the lives of many of the unborn."¹³⁵ Worlock clarified, however, that agitation against the Act must be complemented in concrete efforts at amendment sustained across and beyond religious boundaries by diverse groups appreciative of each human being's common dignity. In this sense, to be anti-abortion was, at its most fundamental, to be "[...] for life."¹³⁶ Worlock's emphasis indicated this

¹³¹ NBCW on Abortion Amendment, 2.

¹³² "Bishops' Conference Autumn Meeting," 1976. The anti-abortion groups Life and the Society for the Protection of Unborn Children publicly disagreed over reception of the Abortion (Amendment) Bill Select Committee's findings, the former disappointed by a lack of total repeal, the latter appreciative of the curbing of abuses. See: J. J. Scarisbrick, Letter, 1976; J. Smeaton, Letter, 1976.

¹³³ "Autumn Meeting, 1976," 5. Questioning the effectiveness and rationale of the Catholic evidence submitted to the Commons Select Committee on Abortion, a *Tablet* editorial comment stated: "In general, the time limits proposed by those who gave evidence to the Select Committee varied between 20 and 24 weeks, the balance of medical opinion favouring the former limit, which the committee in fact adopted. The Catholic delegation were in this respect very much the odd man out. They contended for a limit of 12 weeks, which clearly had not the remotest chance of being adopted. All that it may have achieved was to undermine the committee's respect – and that of others – for the Catholic position. For given that that position was presented as one of unqualified regard for the inviolability of human life, including fetal life, the committee are likely to have found it understandably very difficult to discover why a 12-week limit should have been considered more acceptable to the Catholic delegation than a 24-week limit or indeed any limit at all. Being different in defence of sincerely held and stubbornly pursued principle frequently commands the respect even of those who do not accept the principle in question. Being different for the sake of nothing, apparently, except being different endears one to no one." "An Inconsistent Position," 1976.

¹³⁴ "Pro-Life Rallies," 1976, 1108

¹³⁵ "Pro-Life Rallies," 1108.

¹³⁶ "Pro-Life Rallies," 1109.

meant supporting limited legislative amendment, even whilst committed to total repeal, and sensitively offering a realistic pastoral and practical substitute.

Catholic voices seized the opportunity of submissions to the 1976 Royal Commission on the National Health Service to specifically revisit the question of abortion. Supporting the concept of a free National Health Service, and urging a holistic approach to patient care, the Bishops' Conference Social Welfare Commission nonetheless criticised the impact of abortion services on gynaecological medicine, citing the ironic priority of the termination of life over the treatment of ill health.¹³⁷ Moreover, the general requirement of co-operation in abortion within the specialisation was perceived as so damaging to medical recruitment and practice that treatment of "[...] gynaecological disorders [...]" should be dissociated from "[...] abortion work."¹³⁸ The contribution of the Catholic Union and Guild of Catholic Doctors distinguished "[...] the prevention and treatment of sickness, [...]" the proper functioning of the National Health Service, from the provision of abortion, "[...] a service generated by recent changes in social demands."¹³⁹ The unsatisfactory diversion of resources, creating tension between "[...] health needs and social requirements [...]," demanded the separation of abortion and gynaecological services, thereby facilitating the involvement of medical professionals opposed to the former, but specialised in the latter.¹⁴⁰ Such a measure would also counteract recruitment discrimination on account of ethical reservations.

The Catholic strategy of pragmatic compliance with attempts at abortion amendment, while desirous of complete repeal, was again manifested in Archbishop George Patrick Dwyer's reaction to William Benyon's 1977 Abortion (Amendment) Bill, designed to implement certain recommendations of the July 1976 Report of the Select Committee on Abortion.¹⁴¹ In seeking to end racketeering in abortion services, the Bill forbade referrals by abortion counselling services to clinics in which they had a financial interest. Furthermore, it encouraged parents of girls under sixteen to be present

¹³⁷ See: "Social Welfare Commission: Memorandum on NHS," 1977.

¹³⁸ "Social Welfare Commission: Memorandum on NHS," 229.

¹³⁹ "To The Royal Commission on the National Health Service," 1977, 233. The Catholic Union was founded in 1871 as an independent organisation of influential Catholic laity. Although not officially affiliated to the Hierarchy, as an official Catholic society it represents the Catholic viewpoint in parliamentary and legislative affairs.

¹⁴⁰ "To The Royal Commission on the NHS," 233.

¹⁴¹ See: "Abortion: New Private Member's Bill," 1977.

during counselling.¹⁴² As Archbishop of Birmingham, and President of the Bishops' Conference, Dwyer applauded efforts to reduce the number of abortions, yet maintained the Catholic prohibitionist position. Welcoming the Bill as a "[...] partial answer [...]" to the dilemma of abortion, he restated the foundation of Catholic opposition: "[...] abortion destroys innocent life."¹⁴³ More than this, the Catholic Church offered "[...] unqualified support [...]" for those facing unplanned pregnancy, including the necessary resources in the struggle to achieve the response of a "[...] totally humane and caring society."¹⁴⁴

Despite the filibustered prevention of the Bill receiving its third reading, Cardinal Basil Hume opportunely drew attention to the fundamental moral question behind the whole issue, namely "[...] society's attitude to human life and to the value of every individual."¹⁴⁵ In questioning the general assault on human rights, whether of the unborn or of the handicapped and terminally ill, Hume promoted the virtue of authentic compassion, stating that legitimate responses to unplanned pregnancy must be formulated according to the abiding values of loving relationship and family life.¹⁴⁶

The Roman Catholic Hierarchy continued its policy of support for attempts at incomplete abortion reform. Writing to affirm the 1979 Abortion (Amendment) Bill of John Corrie, Cardinal Hume overwhelmingly endorsed a pragmatic morality of compromise, "[...] a positive attempt to remedy some of the defects of the Abortion Act [...]," as opposed to the utter paralysis of absolute and unyielding principle.¹⁴⁷ He was, however, clear about his reservations. Describing the unborn child as a "[...] human being in process of growing [...]," he rejected "[...] provisions for the abortion of severely handicapped children [...]" as contradictory to the unconditional defence of human life enshrined in Catholic teaching.¹⁴⁸ In also reservedly backing the Bill, Archbishop Worlock lamented the inevitable demise of such a significant issue within a parliamentary system reduced to "[...] chance initiatives of private members."¹⁴⁹

¹⁴² "Abortion: New Private Member's Bill."

¹⁴³ "Introduction of the Abortion (Amendment) Bill," 1977.

¹⁴⁴ "Introduction of the Abortion (Amendment) Bill."

¹⁴⁵ "Cardinal Hume on the Abortion (Amendment) Bill," 1977, 6. The text was that of a letter to The Times, 4 Jul. 1977.

¹⁴⁶ "Cardinal Hume on Abortion (Amendment) Bill," 7. See also: "Bill Aborted," 1977.

¹⁴⁷ "Cardinals Welcomes Abortion (Amendment)," 1979, 12. Cardinal Gray of Edinburgh supported Hume's position.

¹⁴⁸ "Cardinals Welcomes Abortion (Amendment)," 12.

¹⁴⁹ "Archbishop Worlock on the Corrie Abortion Bill," 1980. Speaking at a London rally on 28 April 1979 to commemorate the International Day for the Unborn Child, Worlock had appealed for children's

The Standing Parliamentary Committee of the Guild of Catholic Doctors and the Catholic Union confirmed the bishops' stance.¹⁵⁰ Report of the Committee's discussions reveals the perspective of the Director of Communications for the Bishops' Conference, Mgr. George Leonard. Admitting certain *lacunae* in the leadership of the Hierarchy on abortion, Leonard acknowledged the failure of the Church to offer teaching and direction, leaving the task to pro-life and other organisations. Emphasising the important role of such groups, Leonard argued for "[...] an autonomous professional group which could speak on relevant issues [...] conveying the thought of the Church at the time."¹⁵¹ This need for co-ordination would become increasingly evident as Catholic bodies continued to respond to an ever-varied range of bioethical issues.

4. Catholic Responses to Abortion 1980-1989

The period from 1980 to 1989 encompasses significant elements of the evolving and diversifying Catholic approach to abortion. The major statement by the Catholic bishops of England and Wales on abortion in the post-Conciliar period is situated at the beginning of this decade. Allied with this is episcopal reaction to the Alton Bill, together with treatment by the bishops, and associated Catholic bodies, of the morality of pharmaceutical abortion, prenatal testing, and imperfect legislation.

4.1 The 1980 Bishops' Statement on Abortion

The Congregation for the Doctrine of the Faith's 1974 "Declaration on Procured Abortion" had given official direction on the ethics of abortion to the worldwide Roman Catholic Church.¹⁵² In the traditional spirit of Catholic moral teaching it decried the liberalisation of abortion as something detrimental to human dignity and prejudicial to the right to life. Appealing to scripture and tradition, and with support from rational reflection, the document attested to the inviolability of life at all stages of development; it was an immeasurable good, only fully comprehensible within an eternal perspective.

rights to be respected before and after birth, urging sufficient future parliamentary time to consider amendment. In a supporting message, Cardinal Hume emphasised the broad nature of opposition to the Abortion Act: "Those who favour abortion would argue that this is merely a Catholic morality. It is much more. It is a deep and widespread understanding that human life must be revered and protected from beginning to end, from conception to grave. [...] We shall never cease to protest against abortion. At the same time we commit ourselves to the continuing care of every individual." "SPUC March Through London," 1979.

¹⁵⁰ See: "Corrie Abortion Bill," 1980.

¹⁵¹ "Corrie Abortion Bill," 30.

¹⁵² See: "Declaration on Procured Abortion," 1974. Also published as: Let Me Live (1975).

Such pronouncement of universal teaching on abortion found eventual native and parallel expression in 1980, through a joint statement by the seven archbishops of the Bishops' Conferences of England and Wales, and of Scotland, entitled Abortion and the Right to Live.¹⁵³ Their contribution, "[...] intended as a general teaching document setting out moral principles, in the context of the current debate [...]," sought to extend previous argumentation in defence of human rights to pre-nascent life.¹⁵⁴

The motivation for the archbishops' document can be located in continuing Catholic dissatisfaction with the 1967 Abortion Act, manifested in various instances. The Merseyside case of a 22-week-old live fetus, aborted after induced labour and delivery, prompted Archbishop Worlock to judge it "[...] yet another tragic consequence of the present abortion law in this country."¹⁵⁵ In a previous joint statement, Cardinals Hume of Westminster and Gray of Edinburgh had criticised resolutions of both the Labour Party Conference and Trade Union Congress urging members to resist reform of the Abortion Act.¹⁵⁶

Although originating within the Catholic community, Abortion and the Right to Live was focused nationally. Its stated purpose was not to impose Catholic morality, but to defend human life and rights in the face of escalating abortion. What the archbishops described as "[...] developing human lives [...]," were affirmed as both "[...] our neighbours [...]" and part of our human family."¹⁵⁷ The call to their defence was contextualised within the application of justice to all who are disadvantaged by unjust aggression and discrimination, particularly innocent victims suffering direct and unprovoked attack.

In acknowledging the historic theological uncertainties regarding quickening and ensoulment, the archbishops nonetheless emphasised the Church's consistent teaching on the wrongfulness of abortion. Indeed, modern scientific understanding enabled conception's importance to be more fully appreciated, identifying embryonic human life as dynamically orientated towards growth and fulfilment from fertilisation on. Although dependent on its mother, the developing embryo and fetus, as the newborn

¹⁵³ See: "Human Rights for the Unborn," 1980; Abortion and the Right to Live (1980). The Irish Bishops' Conference had previously published its own joint pastoral letter in 1975, addressing issues of abortion, euthanasia, violence, and sexuality. See: Human Life is Sacred (1975).

¹⁵⁴ "Human Rights for the Unborn," 2.

¹⁵⁵ "Merseyside Abortion Case," 1979, 417.

¹⁵⁶ See: "Cardinals Condemn Abortion Policy," 1979.

child, possessed a unique identity, “[...] not a potential human being but [...] a human being with potential.”¹⁵⁸ Debate regarding individuality at the earliest stages was noted, though not extensively examined. This could be interpreted as a refusal to engage critically with the evidence of modern embryology. In this context, however, the archbishops’ purpose was to confirm that newly conceived life was unique human life in development, and certainly individual after the initial fourteen-day period. Any abortive attack would be nothing less than a prejudiced affront to the existing human rights often only more readily recognised after birth.

The archbishops employed a directness of language in expressing their condemnation of abortion: “Termination of pregnancy [...] means killing.”¹⁵⁹ Appreciative of the sometimes tragic personal circumstances surrounding unplanned pregnancy, they remained convinced of the uncompromising ethical demands concomitant with the inherent rights of newly conceived life. These logically established termination of pregnancy as morally equivalent to infanticide, unmitigated even by fetal handicap or sexual assault.¹⁶⁰ Speaking of admittedly rare instances of pregnancy following rape, they distinguished legitimate recourse to the prevention of conception, from destruction of a life once, and however, conceived: “[...] the requirements of the moral law [...]” surpassed “[...] even the most understandable emotional reactions [...]”¹⁶¹ In cases where fetal and maternal life might appear to be in competition, the archbishops distinguished those to which the principle of double-effect might be applied¹⁶² from scenarios, again exceptional, where continued maternal existence was deemed dependent on direct and intended fetal termination. The fundamental principles governing the sanctity of life notwithstanding, the archbishops asserted that decisions in this area must ultimately be ones of conscience.¹⁶³ While such situations have significant and complicated moral import, the archbishops’ greater concern was about the widespread “[...] trivialisation of human life [...],” given the

¹⁵⁷ Abortion and the Right, par. 3.

¹⁵⁸ Abortion and the Right, par. 12.

¹⁵⁹ Abortion and the Right, par. 18.

¹⁶⁰ Abortion and the Right, par. 20.

¹⁶¹ Abortion and the Right, par. 21.

¹⁶² The archbishops cited the accepted example of the removal of a cancerous uterus from a pregnant woman, although they stressed that both mother and child each remained a patient, entitled to all medical assistance. Within the moral methodology broadly identified as proportionalism, there has been debate in the post-Conciliar period regarding the validity of the principle of double effect. This has emphasised the consequential nature of moral argument over and against the determining quality of the objective nature of human acts. Whilst proportionalists question the tenability of a traditional interpretation of the principle, it has, nonetheless, been retained within the magisterial teaching of the Church and continues to be advanced as applicable in certain situations.

unacceptable numbers of abortion carried out virtually on demand and according to a social rationale.¹⁶⁴

In fragmentary analysis of the Abortion Act's effects, the archbishops disclaimed any desire for Catholic morality to be effected wholesale through legislation. They did, however, request statutory reform from an ethical perspective. The discriminatory nature of the Act, permitting termination of innocent life, effectively reduced the status of the unborn child to an insignificance, easily overridden by the wishes of another. Furthermore, the inadequately functioning conscience clause restricted professional avenues for medical staff opposed to abortion and provoked the archbishops to demand active intervention to ensure proper adherence.¹⁶⁵

The archbishops concluded their statement with the familiar call to positive and practical measures in alleviating the pressures brought to bear on pregnant women for whom abortion may appear the only possible solution. Rejection of abortion favoured both humanity and women.¹⁶⁶ In praising the charitable endeavours of Church and other voluntary organisations, the archbishops invited national and local government to responsible action, specifically on the question of abortion and, more widely, on related social questions to which abortion could never be proposed as a solution. Encouraging those opposed to abortion to remain steadfast, even in the face of seeming defeat, the archbishops equally urged commitment from all people of goodwill in defence of the unborn. For Catholics, this meant recognising that every life possessed an intrinsic dignity bestowed by the Creator God, and, moreover, it entailed faithful enactment of Christ's command to serve the least.

Abortion and the Right to Live received the praise of Catholic comment as "[...] a dignified, restrained, and yet forceful exposition of traditional Christian teaching on

¹⁶³ Abortion and the Right, par. 24.

¹⁶⁴ Abortion and the Right, par. 24.

¹⁶⁵ Abortion and the Right, par. 27. Continuing difficulties with the 1967 Abortion Act's conscience clause, prohibiting recruitment and advancement of those conscientiously against abortion, prompted consideration by the Joint Ethico-Medical Committee of the Guild of Catholic Doctors and the Catholic Union and submission to the Social Services Committee of the House of Commons, both in 1989. See: "Minutes of the Joint Ethico-Medical Committee Meetings," 1989; "Submission by the Guild of Catholic Doctors to the Social Services Committee of the House of Commons," 1990. See also: P. Au Yeung, "Abortion and the Catholic Doctor," 1990; A. and J. Treloar, "Abortion and the Catholic Doctor II," 1990; "To Refer or Not," Editorial, 1992.

¹⁶⁶ Abortion and the Right, par. 27.

this subject and a call to arms.”¹⁶⁷ Appearing during parliamentary deliberation of the Corrie Abortion (Amendment) Bill, it was particularly pertinent as a contribution to national discussion. Certain individual assessments, however, were less complimentary. Inconsistency was detected between episcopal affirmation of the handicapped and personal experience of priests refusing Holy Communion to the mentally disabled: “If the archbishops have not yet been able to get through to some of the older and more reactionary clergy that attitudes to the question of communion for the mentally handicapped have changed, [...] have they the right to talk about other people’s attitudes to the handicapped?”¹⁶⁸

For others, the archbishops failed by excluding wider moral considerations and offering too severe a judgement of difficult cases: “[...] we are not in favour of ‘abortion on demand,’ but we want to see more active concern by the Church for women as well as men, not only when they are ‘innocent’ children, but also all the time that they are complicated adults [...]”¹⁶⁹ Further criticism concerned the false presumption on the part of the archbishops concerning the unanimity of Catholic consensus: “The recent survey of Catholic opinion in England and Wales reported that only 65 per cent agreed with the statement that ‘except where the life of the mother is at risk, abortion is wrong:’ 24 percent disagreed with the statement. [...] One wonders what percentage of Catholics in this country would agree with the much harsher attitude to abortion contained in the joint statement by the archbishops of Great Britain.”¹⁷⁰

4.2. The Challenge of Pharmaceutical Abortion

Medical perfection of the post-coital contraceptive, through the so-called morning after pill, prompted the Bishops’ Conference to establish an advisory working party of the Joint Committee on Bioethical Issues in 1983. The bishops adopted the working party’s Report in November 1985; it was released by the Joint Committee as a statement of moral and practical considerations in 1986.¹⁷¹

¹⁶⁷ “Abortion is No Answer,” Editorial, 1980.

¹⁶⁸ B. Creedon, Letter, 1980, 133.

¹⁶⁹ A. and J. E. Everson, Letter, 1980.

¹⁷⁰ P. G. Andrews, Letter, 1980.

¹⁷¹ See: “Joint Committee: The Morning After Pill,” 1986. For an earlier discussion see: J. Kelly, “Some Thoughts,” 1975.

Examination of the biological action of post-coital contraception, whether as an intrauterine device or in pharmaceutical form, allowed the Joint Committee to distinguish the more certain abortifacient working of the former, and the potentially abortifacient nature of the latter, from other interventions solely seeking to prevent conception. Either as contraception, or, more seriously, as an abortifacient preventing the implantation of a young embryo, post-coital contraception faced moral prohibition from Catholic teaching. This relatively clear ethical discourse, however, was complicated by the Joint Committee's proposal that post-coital contraception, to prevent fertilisation, but not implantation, might legitimately be employed in the case of rape, according to certain physical and moral criteria.

In their 1980 statement on abortion, the Catholic archbishops had explicitly rejected any threatening intervention on human life once conceived, even when such life resulted from sexual assault. Interference "[...] preventing the continuation of (embryonic) development [...]," or to "[...] get rid of [...]" an embryo was evaluated as morally equivalent to abortion: "[...] the newly conceived child cannot rightly be made to suffer the penalty of death for a man's violation of the woman."¹⁷² The Joint Committee argued, however, that while Catholic morality prohibited the contraceptive thwarting of sexual intercourse reaching the goal of procreation, the nature of intercourse in rape altered the terms of ethical reference. As a free and lovingly total sexual self-giving between husband and wife, a conjugal act might never be legitimately rendered infertile. Yet, the absence of these qualities in rape allowed the potentially fertilising effects of an unjustly aggressive violation to be counteracted. This said, an overriding reverence for the sanctity of human life, no matter how conceived, rendered intervention morally unacceptable after ovulation, when the abortifacient action of such interference became operative. The judgement regarding rightful recourse to such a measure rested on the percentage chance of post-coital contraception acting against fertilisation or against implantation, dependent on the time lapse after intercourse and the stage of the menstrual cycle.¹⁷³

¹⁷² "Joint Committee: Morning After Pill," 36.

¹⁷³ "Catholics may seek and administer hormonal PCC after insemination by sexual assault, provided (i) that there are no grounds for judging that ovulation preceded or will coincide with the administration of PCC, and (ii) that the PCC is administered urgently, within about a day, after the assault." "Joint Committee: Morning After Pill," 37.

The Joint Committee's Report provoked a mixed reaction, summarised by the questions introducing its clarificatory reply.¹⁷⁴ Whatever doubts may have been raised, the Report categorically affirmed the absolute inviolability of the embryo, marriage as the sole moral locus for sexual intercourse, and the immorality of seeking to counteract the "[...] possible procreative consequences of an act of conjugal intercourse."¹⁷⁵ The authors had appealed, however, to the justifiable moral position allowing a raped woman to prevent the invasive and undesired sperm achieving a pregnancy, possibly by using the morning after pill: "[...] in the circumstances she is under no obligation to leave herself open to the possibility of conceiving."¹⁷⁶ The moral legitimacy of such action must exclude any intention or intervention that would eliminate an early embryo, although this would depend on individual case evaluation of the risks involved in relation to administering post-coital medication. Citing various statistical probabilities regarding the effects of post-coital drugs, the Reply stated that the Report left "[...] to the conscience of upright Catholic medical practitioners the judgement whether, given these probabilities, it could be right to administer the pill in such a case."¹⁷⁷ Putting aside disagreement over the statistical interpretation of the associated risks,¹⁷⁸ the Reply upheld the Report's teaching that recourse to the protection of post-coital contraception for certain rape victims was fully in accordance with sound principles of Catholic morality.

4.3 The Catholic Church and The Alton Bill

Following personal support previously pledged by Cardinal Hume,¹⁷⁹ the Bishops' Conference meeting of November 1987 gave unequivocal endorsement to Liberal politician David Alton's bid to reform abortion legislation.¹⁸⁰ Describing the

¹⁷⁴ "Does the Report commend the use of 'the pill' after rape? Does it consider abortions acceptable provided they are reserved for rare cases? Or assume that doctors can rightly ignore the risk that a patient complaining of rape may be untruthful or already pregnant? Or overlook the variability of the ovulatory cycle? Or accept a 30 per cent risk of causing abortion or some other form of 'Russian roulette' with the unborn? Or consider the use of contraceptives acceptable provided they are reserved for 'an emergency'? The Working Party wishes to point out that the answer to all these questions is NO." "The Morning After Pill: A Reply," 1986, 254.

¹⁷⁵ "Morning After Pill: A Reply," 255.

¹⁷⁶ "Morning After Pill: A Reply," 255.

¹⁷⁷ "Morning After Pill: A Reply," 255.

¹⁷⁸ The Reply rejected the assertion, made by some commentators, that "[...] there is 'only' a 70 per cent chance that the post-coital pill will prevent conception, and that therefore there is a 30 per cent chance that it will be abortifacient." "Morning After Pill: A Reply," 255.

¹⁷⁹ This was in the context of introducing the 1987 Roman Synod on the Laity. See: "Major Moral Issues," 1987, 327.

¹⁸⁰ See: "David Alton's Bill," 1987. See also: C. Whitehouse, "Abortion Law Reform," 1987; D. Alton, "The Rights of the Unborn," 1987.

Bill as “[...] a significant attempt to defend the life of the child in the womb [...],”¹⁸¹ the bishops noted the unquestionable medical evidence substantiating the visible humanity of the fetus, and the advances in technology that have enabled viability earlier in gestation. These factors alone warranted the Bill’s success and a reduction in the time limit on abortion to eighteen weeks of gestation.¹⁸² The bishops, however, reiterated that their support was not an attempted imposition of Catholic morality by statute; it was rather the rejection of arbitrary choice over human life and an affirmation of a basic human right. Equally, they accepted the duty of providing a practical alternative: “[...] public support for the Alton Bill imposes obligations on us as a Church.”¹⁸³

Alton’s attempt at abortion reform received further support in two episcopal addresses in January 1988. At a London anti-abortion rally on 9 January, Cardinal Hume commented on the corruption society was experiencing.¹⁸⁴ He spoke of the “[...] hideous price in unhappiness, violence and abuse [...]” of “[...] abandoning absolute moral values and deep religious faith.”¹⁸⁵ In refusing any part in such “[...] betrayal [...],” Hume recommitted the Church to defence of the nation’s soul.¹⁸⁶ In Liverpool, on 10 January, Archbishop Worlock questioned whether human rights could ever depend solely on viability.¹⁸⁷ He posed the fundamental question as whether one accepted “[...] the right to life within the womb.”¹⁸⁸ Alton remained spiritually optimistic about the Bill, despite political and certain religious objections.¹⁸⁹ Both Hume and Worlock intervened further to petition the Government to allow sufficient parliamentary debate

¹⁸¹ “David Alton’s Bill,” 406.

¹⁸² “David Alton’s Bill,” 406. Support for reducing the abortion limit to 18 weeks for reasons of medical advance was expressed in a letter to The Times organised by Peter Doherty of the Guild of Catholic Doctors and signed by 18 prominent gynaecologists; the majority of them were non-Catholic. See: “Abortion Time Limit,” 1988.

¹⁸³ “We continue to pledge the resources we have, and we expect public authorities to do likewise in support of expectant mothers under pressure, and in providing for ‘unwanted’ or ‘handicapped children.’” “David Alton’s Bill,” 407.

¹⁸⁴ See: “In Brief,” 1988.

¹⁸⁵ “In Brief.”

¹⁸⁶ “In Brief.”

¹⁸⁷ “In Brief.”

¹⁸⁸ “In Brief.”

¹⁸⁹ Following the Bill’s successful second reading, Alton appealed to the weapons of Christian spirituality: “It is my hope that by prayer and fasting the people of our nation will turn to more authentic human values, based upon unconditional love and compassion of both woman and child. Abortionism will only be halted when people have a change of heart, particularly those MP’s who so actively oppose the Bill.” “Prayer and Fasting,” 1988, 252. The American representative of Catholics for a Free Choice, France Kissling, launched a challenge to the Bill and to the Catholic Church’s opposition. During a lecture tour of Britain in April 1988, she spoke against Alton’s proposals and advocated dissent from Church teaching. “Abortion Bill Advances,” 1988.

to give the Bill the possibility of a full hearing and vote,¹⁹⁰ yet “[...] procedural mugging [...]” secured its eventual failure.¹⁹¹

4.4 Directives on Prenatal Testing

Increased incidence of abortion was in part due to advances in prenatal testing, facilitating the option of abortion in the face of fetal handicap. In 1989 the Catholic Bishops' Joint Committee on Bioethical Issues produced a document entitled “Antenatal Tests: What You Should Know.”¹⁹² An introductory statement of intent justified its rationale: to provide medical and moral guidance to pregnant mothers in discerning the potential benefits or risks of modern techniques of pre-natal testing and screening. Firmly rooted in principles of Catholic morality, the guidance was offered as relevant to anyone wishing to uphold the right to life. Stressing that the purpose of any particular test must be clearly ascertained, the document noted that most tests would, in fact, be used in the detection of fetal abnormality with a view to offering abortion: a “[...] pregnant mother whose unborn child is found to be affected by disability may come under considerable pressure not to keep the child.”¹⁹³

The questions raised by such a situation focused on the crucial judgement concerning the status and value accorded to the content of the womb. When recognised as a human being, there could be no approval for termination. Arguing from the stance of potentiality, the Joint Committee suggested that any distinction between humanity and personhood was false: all that the unborn child will be was already uniquely and humanly inherent in its being, including the dynamic of personhood. None of the arguments forwarded for selective abortion in the case of handicap, whether expressed as the burden this might impose on others, or the reduced quality of existence, were acceptable vindication for a direct assault against the basic human right to life. Instead, the presence of handicap called for a charitable response, shunning the attitude and language of objectification and worthless lives.

¹⁹⁰ See: “More Time Needed,” 1988.

¹⁹¹ “Alton Keeps Abortion Bill Alive,” 1988. See also: “Speaker Rules Against Alton,” 1988; J. J. Scarisbrick, “Life After Alton,” 1988.

¹⁹² See: “Antenatal Tests,” 1989. This followed previous Catholic reflections on the ethics of prenatal testing. See: “Report of the Ad Hoc Committee,” 1979.

¹⁹³ “Antenatal Tests,” 50.

The Joint Committee was, however, clear that not all prenatal diagnosis was intrinsically or necessarily directed towards abortion. Tests and screening ordered towards the promotion of health were distinguishable from those orientated towards selective termination. Some tests offered positive benefits for both mother and child, particularly ultrasound and blood testing, which were non-invasive and risk free. Other tests, notably for spina bifida,¹⁹⁴ and those using amniocentesis, chorion biopsy, and fetoscopy, were, however, largely focused on screening for abnormality and abortion. Some also carried a percentage risk of miscarriage by virtue of the procedure, whatever the test's outcome. Ethical reflection determined that no test could ever be rightly executed where there was an abortive intention. Antenatal tests would be morally licit when, with sufficiently proportionate reason, they served either the health of the mother or the child, in pregnancy, delivery, or upbringing. Only this attitude recognised the gifted nature of each human life and preserved its dignity intact.¹⁹⁵

4.5 Guidance on Imperfect Legislation

The many questions of conscience raised by legislation that inadequately fulfilled Catholic moral teaching prompted the Catholic Bishops' Joint Committee on Bio-Ethical Issues to reflect further and produce the 1989 statement "Imperfect Laws: Some Guidelines."¹⁹⁶ This was not issued in response to any particular piece of legislation, but as general guidance to inform ongoing ethical reflection concerning statutory proposals. Intended as a supplement to previous documents and comment, the statement, using the example of abortion, specified points of moral principle applicable to the whole range of ethical subjects, although without claiming to be exhaustive.

A first principle expressed the moral wrong of directly willing an evil action, in this case, the death of an unborn child. Whatever their rationale, those supporting legislation favouring increased abortion, or greater funding for abortion, were doing exactly this. To will that abortion be done or extended was an unacceptable moral choice. From this, it followed that to vote for such measure would be equally immoral, irrespective of utilitarian argumentation. The Christian perspective, however, was not

¹⁹⁴ "The only purpose of the blood test to detect spina bifida is to give the mother the choice to terminate the pregnancy if the baby is affected. For mothers who do not contemplate abortion it can serve no purpose." "Antenatal Tests," 53. A weakness of the document is that it does not consider explicitly the difficulties of anencephaly.

¹⁹⁵ In addition, see: A. Sutton, Prenatal Diagnosis (1990), Prenatal Tests (2002).

¹⁹⁶ See: "Imperfect Laws," 1989. See also: "Advice for Pro-life Campaigners," 1989.

merely, or even primarily, prohibitive. It urged positive protection for the vulnerable, and especially in this case, the unborn. The legally enshrined right to life of the born must equally extend to pre-nascent life in the womb: "For the right to life is so fundamental [...] that the state has a fundamental duty to give the unborn full protection [...]"¹⁹⁷ The Joint Committee emphasised the universal obligation of publicly supporting this and condemning the contrary, although the choice in reality might not be so simple. In a compromised society the options may fall between holding out for the "[...] politically impossible [...]" or "[...] pressing for a measure of protection [...]" despite its inadequacies.¹⁹⁸ In this scenario, Catholics could legitimately support efforts seeking reform of immoral legislation even if such measures were only partial.¹⁹⁹ Recognising an acceptable diversity of approach between those who only judged absolute prohibition of immoral legislation valid and those who sought progressive reform, the Joint Committee called upon each to respect the other, lest the whole cause be undermined.

5. Catholic Responses to Abortion 1990-2000

The final section of this chapter, covering the period from 1990 to 2000, is the most diverse in character, covering a variety of issues related to abortion and reflecting an amplified response from within the Catholic community. Although fragmentary in content, research and investigation reveals a consistency of approach.

5.1 The 1990 Human Fertilisation and Embryology Bill

The 1990 Human Fertilisation and Embryology Bill signalled further changes in attitudes towards human life by its proposals for experimentation on human embryos within the first fourteen days of existence. Whilst it did seek to amend the 1967 Abortion Act and reduce the time limit for termination from 28 to 24 weeks of pregnancy, it also sought permission for abortion up to birth in certain cases, including fetal handicap. Cardinal Hume interpreted such measures as a "[...] test of the moral values of our nation."²⁰⁰ The only conclusion that could be drawn was appalling: human life only had value subjectively and conditionally. For Hume, such developments were

¹⁹⁷ "Imperfect Laws," 299.

¹⁹⁸ "Imperfect Laws," 299.

¹⁹⁹ For future papal teaching on this point, see: *Evangelium Vitae*, par. 73.

symptomatic of the moral decline within a society that, having rejected the foundations of Christian morality, now drifted ethically unanchored. Holistic moral recovery could only be gained through promoting respect for human life at every stage of existence.

Bishop Augustine Harris, Chairman of the Bishops' Conference Department for Christian Responsibility and Citizenship, reacted to the confusing implications of the amendments to the 1967 Abortion Act arising from the 1990 Bill.²⁰¹ Measures potentially allowing abortion up to birth had been neither properly explored nor debated; even some parliamentarians were unaware of the legislation's undertone. Thus, Harris requested a return to full legal protection for any fetus capable of being born alive.

Philip Daniel, the Chairman of the Catholic Union, expressed concern to the Leader of the Commons that the Standing Committee assembled to consider matters pertinent to the Human Fertilisation and Embryology Bill included only two representatives who had opposed embryo experimentation and excluded any Catholic participants.²⁰² This was interpreted as clearly discriminatory. Although a Government response argued that the Standing Committee had been constituted according to proper procedural guidelines, the Catholic Union nonetheless refused to accept the composition of the Committee as representative of the feeling of the House: "The way that details of the measure have emerged from a weighted Committee is one which the politicians must now justify to their members and the public. The Catholic Union as a body has taken note, and regards the whole transaction as one of the most woeful Parliamentary mismanagements and manipulations of recent years."²⁰³ A report of the Catholic Union's Council meeting of 7 November 1990 conveyed regret at the outcome of the parliamentary debate, deploring "[...] the proposed creation of in vitro embryonic human life for experimentation to destruction in the interests of science [...]"²⁰⁴ It further condemned "[...] the sanctioning of termination, not merely of pregnancy but also of viable infant life in the womb up to birth on grounds of possible death or grave

²⁰⁰ "Parliamentary Debate on Human Life," 1990, 164. Hume's statement was delivered following a request of the bishops at their Low Week meeting in April 1990.

²⁰¹ Harris was responding officially on behalf of the bishops. His letter to The Times was reproduced as: "Embryology Debate," 1990, 259.

²⁰² "Embryology Debate," 259-260.

²⁰³ "The Parliamentary Debate on Life Issues," 1990, 292.

²⁰⁴ "Human Fertilisation and Embryology," 1990.

physical injury to the mother and also on presumption about the quality of life of a handicapped infant.”²⁰⁵

As president and vice-president respectively of the Bishops' Conference, Cardinal Hume and Archbishop Worlock issued a joint statement in June 1990 lamenting the Bill's proposals. Rejecting the provisions as “[...] immoral [...],” the bishops stated that as “[...] public policy they lay down the path which could lead society from abortion to infanticide.”²⁰⁶

The effects of the Human Fertilisation and Embryology Act were stark. Against the background of the 1996 destruction of stored spare embryos, following the 1991 Human Fertilisation and Embryology Authority limitation of storage to 5 years, Cardinal Hume requested fresh debate about the fundamental arguments surrounding the practice of abortion. This was especially urgent given the spectre of partial birth abortion and the utterly arbitrary designation of certain stages in gestation when abortion apparently became acceptable.²⁰⁷

5.2 The Pervasive Influence of Abortion

Various life issues formed the basis for discussion at the Bishop's Conference Low Week meeting in April 1991: attempts to introduce the RU486 abortifacient drug into the United Kingdom; moves towards legalised euthanasia; and the effects of the

²⁰⁵ “Human Fertilisation and Embryology.”

²⁰⁶ “The Parliamentary Debate on Life Issues,” 290.

²⁰⁷ Hume expressed his views in a letter to The Independent published on 20 July 1996. He stated: “[...] abortion is the issue of the future, not the past. The double think involved in condemning infanticide whilst permitting abortion is gruesomely revealed in the description [...] of a ‘partial birth abortion,’ which involved killing a baby whilst it is being born.” Hume continued: “In 1994 there was controversy over the possible use of ova from aborted foetuses. It is ironic that a foetus can be regarded as human enough to become a biological parent and still be denied the right to be born alive. But the difficulty in identifying any point during gestation when such a right can first be recognised is highlighted by scientific advances which not only constantly push back the age at which prematurely born babies survive, but also the stage (now thought to be well within the first three months) at which a foetus shows signs of being able to feel.” The Catholic Media Office's introduction to Hume's letter noted: “The whole abortion debate has been gathering momentum for some time prior to the deadline. At the beginning of July more than fifty Members of Parliament signed an early day motion calling for the banning of the technique of partial birth abortion used in late pregnancy, except ‘in the case of immediate necessity to save the life of the mother if no other means is possible.’” “Society's Duty to Protect Life,” 1996, 9. Later that month the All-Party Parliamentary Pro-Life Group launched a document arguing that fetuses may be able to feel pain much earlier than had previously been thought. See: “Fetal Sentience: The All-Party Parliamentary Pro-Life Group,” 1996. This argued for recognition of the unborn child's sensitivity to pain before 26 weeks of gestation. See also: “Doctors Warn of Abortion Agony,” 1994; “Does the Fetus Feel Pain?,” 1996.

1990 Human Fertilisation and Embryology Act.²⁰⁸ Pope John Paul II had recently called a consistory to discuss threats to human life in relation to the integrity of the Gospel's proclamation.²⁰⁹ Reflecting on the connection between evangelisation and the affirmation of human life and dignity, Cardinal Hume described escalating global abortion as "[...] the most widespread and radical threat against human life, an affront to God and a real danger to the fundamental principles of society."²¹⁰

The High Court's decision in May 1991 to allow abortion for a 12-year-old girl judged incapable of looking after her child was seen as further indication of such moral malaise as it affected British society. Questioning the wisdom that would impose abortion at 19 weeks rather than carry the pregnancy to term and place the child in the home offered by a close relative, the General Secretary of the Bishops' Conference, Mgr. Vincent Nichols, stated: "No matter whether it is the girl's own wishes which are considered to be more important, or the public authorities' right to decide her best interests, neither should prevail over the right of the unborn child not to be killed."²¹¹ The Court had performed a "[...] life destroying intervention."²¹²

5.3 The Catholic Church and RU486

Negative reaction to the abortifacient drug RU486 was comprehensively mustered within Catholic circles.²¹³ Cardinal Hume expressed his concerns over the drug's moral implications in letters to its manufacturers. As part of a European wide reaction against RU486, delegations from the United Kingdom, including representation from the Catholic Union and the Guild of Catholic Doctors, met with officials of the parent company, Hoechst AG in Frankfurt, and then again with the subsidiary Roussel Uclaf in Paris.

Preceding the first meeting with Hoechst AG, Hume wrote to the company Chairman outlining the importance of protecting human life from the time of

²⁰⁸ "Bishops' Conference: Low Week Meeting," 1991, 12.

²⁰⁹ This was part of the consultation process that led to the Encyclical Letter Evangelium Vitae.

²¹⁰ "Bishops' Conference: Low Week," 9.

²¹¹ V. Nichols, "Statement on High Court Abortion Decision," 1991.

²¹² Nichols, "High Court Abortion Decision." See also: "Girl Allowed Abortion," 1991; "Judge Explains," 1991.

²¹³ See: "What Preoccupies the Bishops," 1991; "Implications of RU486," 1991; "Parliament Debates Abortion Pill," 1991; A. P. Cole, "The Introduction of RU486," 1991; "Private Clinics to Offer 'Abortion Pill,'" 1991.

conception.²¹⁴ He described as “[...] abhorrent [...]” for people of all faiths and none, the production and promotion of a drug “[...] which makes easier the act of killing a newborn human at even the earliest stages of development [...]”²¹⁵ Replies to Hume from Hoechst AG²¹⁶ and Roussel²¹⁷ gave assurances that RU486 would only be marketed in countries already legally practising abortion, and prescribed under strict medical supervision. In preparation for the delegation’s second meeting with Roussel Uclaf in Paris, Hume again petitioned the company president.²¹⁸ Situating Catholic concern within the context of wider unease about the trivialisation of human life, Hume echoed general concerns that abortion was already available virtually on demand and viewed by some as a form of birth control. Despite company denials that the drug would further facilitate this, Hume cautioned against “[...] the introduction of easily administered and potentially self-administered abortifacient drugs provided on the market as an alternative to surgical abortion.”²¹⁹ The Guild of Catholic Doctors responded to the RU486 controversy by backing “[...] a boycott of certain medical products distributed by Hoechst and Roussel Laboratories.”²²⁰

A background paper prepared for the Bishops’ Conference identified an economic rationale behind the abortifacient drug’s introduction, given that it did not necessitate the expense of a surgical procedure, nor in-patient care.²²¹ Prescinding from its potential for medical complications, the paper saw the drug as a source of easier abortion and an alternative to contraception. Similar concern was expressed to the Government by the Catholic Union in a letter to the Minister of Health.²²² Emphasising technical doubts about the drug’s action, and criticising the diversion of health resources from other areas towards its provision, the Catholic Union summarised its opposition: “[...] it constitutes [...] a home-based DIY form of abortion which once released on the public will be difficult to control and monitor.”²²³ Subsequent attempts to allow the sale of the morning after pill over the counter in pharmacies received similar opposition from the Bishops’ Conference. The Assistant Secretary, Nicholas Coote, stated that the bishops opposed the drug because of its abortifacient potential. He added: “[...] the

²¹⁴ See: B. Hume, Letter to W. Hilger, 1991.

²¹⁵ Hume, Letter to W. Hilger.

²¹⁶ See: R. Geursen and H. Nour-Eldin, Letter to B. Hume, 1991.

²¹⁷ See: J.F. Labbé, Letter to B. Hume, 1991.

²¹⁸ See: B. Hume, Letter to E. Sakiz, 1991.

²¹⁹ Hume, Letter to E. Sakiz. See also: “Press Briefing: Concerns for Human life,” 1991.

²²⁰ See “Catholic Doctors Back Boycott,” 1991.

²²¹ See: “RU486,” 1991.

²²² See: “Catholic Union Protests,” 1991.

²²³ “Catholic Union Protests.”



more casual its use becomes, the less people are aware of the significance of what they are doing in taking it. Abortion is being used as a means of contraception.”²²⁴

Further Government proposals, later in 1999, suggesting that the morning after pill be made more easily and widely available from pharmacies and without prescription attracted sustained Catholic criticism.²²⁵ The Bishops’ Conference described the initiative as “[...] misguided and potentially dangerous [...] encouraging casual attitudes to sex and discouraging responsibility.”²²⁶ It equally rejected the intimation that the prevention of implantation was not abortion.²²⁷ Hume’s successor, Archbishop Cormac Murphy-O’Connor, questioned the wisdom of such an approach to teenage pregnancy, appealing instead for a more holistic and morally rooted approach to sexual education and health.²²⁸

5.4 Catholicism, the Labour Party, and Abortion Policy

The subject of abortion drew the Catholic Church explicitly into party politics through comments made by the Archbishop of Glasgow, Thomas Winning. Although president of the Scottish Bishops’ Conference, his interventions on the question of abortion were of significance for the entire Catholic Church in the British Isles and merit consideration. In an article in *The Scotsman* on 13 July 1991,²²⁹ Winning sought to acknowledge the difficulties of conscience uniquely experienced by certain Labour parliamentarians under aggressive party political pro-abortion tactics. Noting that the “[...] prospect of power or promotion, or the fear of de-selection, can be commanding motives for remaining silent or for ambivalence,” Winning questioned the anti-religious bias within Labour.²³⁰ He disparaged its “[...] strident official abortion policy [...]” and unrivalled “[...] degree of intolerance towards the pro-life case [...]”²³¹ His stance was adamant: the “[...] tide of abortion killings [...]” compromised life’s sanctity and

²²⁴ “Morning-After Pill May be Sold in Chemists,” 1998.

²²⁵ See: Statement on Morning-After Pill, 2000.

²²⁶ Statement on Morning-After Pill.

²²⁷ Statement on Morning-After Pill.

²²⁸ Murphy-O’Connor stated: “To make the morning-after pill available to teenagers over the counter encourages sexual promiscuity, and increasingly isolates young people in difficulty from the help and advice they need. It is futile to address the problem of teenage pregnancies, which are so numerous in this country, without reference to clear moral principles. To continue the pretence that each person can decide for themselves what is right and wrong just compounds the problem. Merely providing ever easier access to early forms of abortion will not work. It is crucial for the moral health of our society that we rediscover the true place of sex in human relationships.” “Morning-After Pill: Statement,” 2001.

²²⁹ This was reprinted as: “The Stand Against Abortion,” 1991.

²³⁰ “Stand Against Abortion,” 14.

reproached “[...] our credentials as a humane society.”²³² Rejecting criticisms of political bias, Winning emphasised the fundamental nature of the right to life, without which, other rights within society were meaningless. Alternatives to abortion demanded imagination on the part of politicians, beyond caricature and indifference. Winning commended his religiously rooted respect for human life to all people of good will as an expression of defence for the vulnerable. Leaving no room for doubt, he urged pro-life initiative where it mattered most “[...] in the political arena, where decisions can mean life or death for so many unborn children.”²³³ Winning sustained his political focus; opening an international conference organised by the Linacre Centre in July 1997, he seriously queried Labour’s claims to support social justice given British abortion legislation: “[...] that rhetoric will remain hollow just so long as the foundation of justice is denied.”²³⁴

5.5 The Abortion Act: Twenty-five Year Later

The twenty-fifth anniversary of the 1967 Abortion Act taking effect prompted a brief statement by the Bishop’s Conference following their Low Week meeting in 1993.²³⁵ Lamenting the numerical escalation in abortion, the bishops praised those involved in the work for parliamentary repeal and offering practical alternative assistance. They confirmed all Catholics in “[...] working within the law to change the climate of opinion.”²³⁶ Furthermore, they emphasised that the basis of the Church’s consistent teaching, founded on the acceptance of the sanctity and dignity of human life, and genuine appreciation of the common good, had wide support beyond Catholic confines. Yet, toleration of abortion was having a direct impact on attitudes to euthanasia. The devaluation of life at its beginning negatively served to encourage moves to lessen its value in the last or impaired stages.

²³¹ “Stand Against Abortion,” 15.

²³² “Stand Against Abortion,” 14.

²³³ “Stand Against Abortion,” 15. Winning continued his offensive against Labour, calling on leader Tony Blair to overturn the ban imposed by the Scottish Labour Party on the anti-abortion group, “Labour for Life.” See: “Archbishop Challenges Labour,” 1995. He further criticised Labour’s so called “Emily’s List,” a pressure group campaigning for the promotion of female Labour MPs who must be pro-abortion to receive endorsement. See: “Winning Berates New Labour,” 1995.

²³⁴ “Cardinal Attacks Health Service,” 1997.

²³⁵ See: “Statement Issued on the 25th Anniversary,” 1993.

²³⁶ “Statement on 25th Anniversary.”

5.6 Pro-Life Aggression

Anti-abortion fervour, following the example of strategies operated in the United States and involving members of the aggressive pro-life group "Rescue America," led to public clashes between pro and anti abortion forces outside the London headquarters of the International Planned Parenthood Federation in March 1993.²³⁷ Pro-life activist, Fr. James Morrow, interpreted the action in Christological terms: "The Saviour did more than block doors when people were misbehaving. [...] He fashioned a whip, kicked over the tables and scattered their goods."²³⁸ Official Catholic comment was less dogmatic. Describing the demonstration as unrepresentative of "[...] mainstream Catholic opinion [...]," the Catholic Media Office stated that the Catholic Church "[...] believes in dignified public protest and prayer, but does not support anything which smacks of intimidation."²³⁹

5.7 The Use of Fetal Tissue

In the context of abortion, the issues of fetal experimentation and the transplantation of fetal tissue were consequences of desensitisation to the value of unborn human life. In response, the Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors reaffirmed its opposition to any destruction of life after fertilisation,²⁴⁰ exhorting parity between the rights of the fetus and those of any other human being.²⁴¹ Initiated in January 1994, a consultation process by the Human Fertilisation and Embryology Authority regarding the possible use of fetal ovarian tissue to treat infertility was, for Cardinal Hume, "[...] nothing less than evaluation of our own humanity [...]."²⁴²

²³⁷ See: "Pro-Life Activists," 1993. See also: "Bad Conscience on Abortion," Editorial, 1993.

²³⁸ "Pro-Life Activists."

²³⁹ "Pro-Life Activists."

²⁴⁰ See: "Submission to the Committee to Review the Guidance on the Research Use of Foetuses and Foetal Material," 1988.

²⁴¹ "We reiterate our opinion that no experimentation should be carried out on a foetus (viable or non-viable) which is not in the best interests of that foetus or unless the foetus is clearly dead (and not merely dying)." Submission on Foetuses and Foetal Material," 171.

²⁴² "Battle Continues Over Foetal Tissue," 1994, 540.

5.8 Vaccination and Compliance with Abortion

Controversy concerning the therapeutic use of fetal material was further intensified in 1994 by certain Catholic objections to a government immunisation campaign involving a rubella vaccine the origins of which were associated with abortion. A preliminary statement from the Catholic Media Office posited the dilemma: Catholic opposition to abortion included the refusal to benefit from the products of fetal termination.²⁴³ Determination of immoral compliance, however, would require assessment of the vaccine's initial and continued direct dependence on aborted fetal tissue set against considerations of the benefits presented by immunisation. Accepting a possibly "[...] prophetic stance against abortion and foetal experimentation by abstaining from the benefits of such therapy [...]," the statement indicated the moral acceptability of a vaccine if sufficiently distant, biologically and procedurally, from the source abortion and not requiring further aborted fetal tissue.²⁴⁴ The Chief Medical Officer, Dr. Kenneth Calman, reassured Cardinal Hume concerning the latter points.²⁴⁵ Despite the rubella vaccine's origin in fetal tissue from a medically indicated abortion carried out in 1966, the current vaccine existed in a purified form, neither containing fetal material nor necessitating any further termination. Thus, he emphasised the overwhelmingly positive potential of wholesale vaccination.

Catholic ethical interpretation of the rubella vaccine's provenance was diverse. In a diocesan statement, Bishop Mervyn Alexander of Clifton presented the case for both acceptance and refusal, leaving the ultimate decision to parents.²⁴⁶ Some privately questioned the Catholic Media Office's assurance that no further fetal material would be needed for rubella vaccination.²⁴⁷ More controversial, however, was the option taken publicly by Ampleforth College.²⁴⁸ The Benedictine Headmaster, Fr. Leo Chamberlain, stated that the College, and its Junior School, would use an alternative vaccination for measles only: "An absolute respect for human life requires the condemnation of direct

²⁴³ See: Response to Claim that Rubella Vaccine has been Developed from Aborted Foetal Tissue, 1994.

²⁴⁴ Response to Claim that Rubella Vaccine.

²⁴⁵ See: K. C. Calman, Letter to B. Hume, 1994.

²⁴⁶ See: M. Alexander, Statement Concerning the Forthcoming Rubella Vaccination, 1994.

²⁴⁷ "The Present cell lines will not last indefinitely. Therefore the statement that the 'use of rubella vaccine is not now going to require further abortions' is inaccurate. By using rubella vaccine now, the present cell-line supply will be diminished bringing forward the day when further foetal material from abortions will be required." A. Owens, Letter to the Catholic Media Office, 1994.

²⁴⁸ See: "Parents Left to Decide," 1994. See also: L. Chamberlain and J. Sierla, Letter to Parents, 1994.

abortion and a refusal to benefit from the products of an evil action.”²⁴⁹ This was not a position adopted universally; other Catholic schools opted firmly for immunisation.²⁵⁰

In response to the dilemma, a briefing paper was prepared for the Bishops’ Conference on the moral legitimacy of using the rubella vaccine. The paper was drafted principally by Luke Gormally, Director of the Linacre Centre, at the request of Bishop Christopher Budd of Plymouth, chair of the Bishops’ Conference Department for Christian Responsibility and Citizenship and a member of the Joint Bioethics Committee. Initially circulated solely amongst the bishops, the paper followed the approach of the Media Office statement, but offered a more extensive and authoritative treatment. With increasing disagreement over the vaccine’s morality, the paper was released as a public document at the end of October 1994.²⁵¹

Stating that the cell-line source that had facilitated the vaccine’s development originated in the 1970s from cells taken from a 13-week-old aborted male fetus, the briefing paper clarified that the abortion was not intentionally carried out to produce cells for the vaccine.²⁵² The cells involved were propagated and not directly those of an aborted fetus; neither would any further abortion be necessary in relation to the vaccine’s production. Even given such distance between the act of abortion and the rubella vaccine itself, there remained an ethical question concerning the reception of benefits from information gained through immorality and injustice. Whether one accepted or rejected a particular good on the basis of its unethical origin required an evaluation of the proportionate need, the available alternatives, and one’s responsibilities. In the case of rubella, such evaluation indicated the vaccine could be used in good conscience, although individual judgements may differ. Some might reject the vaccine in protest at scientific research on aborted fetuses, thus accenting the unacceptable causal link between research and reducing the fetus to an instrumental commodity. Recognising the diversity of opinion that might exist among parents, the paper affirmed the moral legitimacy of choosing to vaccinate, but equally emphasised the place for rejection and personal witness.²⁵³

²⁴⁹ “Parents Left to Decide.”

²⁵⁰ Various Catholic head teachers, including those of other Benedictine schools, jointly wrote to The Times expressing their support for rubella immunisation. See: M. F. Orchard and C. Jamison et al., Letter, 1994.

²⁵¹ See: “Consenting to Vaccination,” 1994. See also: M. Jarmulowicz, “Report on the Faith Communities,” 1995.

²⁵² “Consenting to Vaccination,” 6.

²⁵³ “Consenting to Vaccination,” 8.

Reaction to the Ampleforth decision questioned its logic and inconsistency with the judgement of the Joint Bioethics Committee.²⁵⁴ For Bishop Gerald Moverley of Hallam it represented the imposition of personal conscientious objections on a whole school.²⁵⁵ He urged that parents be allowed to decide for their children in the light of their own moral judgement. Bishop Patrick Kelly of Salford concluded that the vaccine's use was possible without implicitly condoning abortion,²⁵⁶ a stance supported by the Guild of Catholic Doctors, although with the recommendation that completely uncontroversial alternative vaccines be sought, such as those based on animal cell lines and available until 1984.²⁵⁷

Addressing the National Board of Catholic Women in 1994, auxiliary Bishop Vincent Malone of Liverpool suggested that the vaccine's use was no more to be refused than were the transplanted organs from a murdered man.²⁵⁸ Any use of the organs would not imply approval of the action that enabled the organs to become available. This analogy, adopted by the Catholic Media Office, was rejected by those responsible for the decision not to vaccinate at Ampleforth.²⁵⁹ While the use of the organs of a murdered man was a "[...] once-for-all happening [...]," they suggested a more accurate analogy would be "[...] the regular acceptance of the organs of victims of legalised euthanasia."²⁶⁰ Although the fetal tissue in this instance had only been used once, the enterprise of fetal experimentation and research, to which it was intrinsically linked, demanded and encouraged the perpetuated use of other fetuses.²⁶¹

In 1995, Nicholas Coote, the Assistant Secretary to the Bishops' Conference, responded to the related question of using aborted fetuses in treatment for Huntingdon's Disease.²⁶² The rubella vaccine had been judged sufficiently distant from its origin by Catholic ethicists to render its use licit. Coote stated, however, that use of fetuses in the treatment of Huntingdon's disease would require a constant supply, such that "[...] the connection with an evil action [...]" would be "[...] much greater [...]," not to mention

²⁵⁴ See: "Shock Treatment From Ampleforth," Editorial, 1994; "Head Teachers Contest Ampleforth Decision," 1994.

²⁵⁵ See: D. Saul, "Bishop Raps Vaccine Ban," 1994.

²⁵⁶ See: P. Kelly, Letter to Headteachers, 1994.

²⁵⁷ See: M. Jarmulowicz, Letter to K. Calman, 1994. The letter was written on behalf of the Guild. Jarmulowicz, however, personally rejected the vaccine's use. See M. Jarmulowicz, "The Use of Fetal Cell Lines," 1994.

²⁵⁸ See: M. Brogan, Letter to the Catholic Media Office, 1994.

²⁵⁹ See: L. Chamberlain and J. Sierla, Letter, 1994.

²⁶⁰ L. Chamberlain and J. Sierla, Letter.

²⁶¹ L. Chamberlain and J. Sierla, Letter.

the possible implications for the encouragement of abortion.²⁶³ The whole vaccination saga revealed a Catholic community prepared to publicly disagree on an important moral question.

5.9 Abortion and the Channel Islands

Proposals in 1996 to extend abortion legislation to the Channel Islands provoked a cautionary word of resistance from the Bishop of Portsmouth, Crispian Hollis.²⁶⁴ Denying any aspiration to impose Catholic morality on a pluralist society, he instead emphasised the immoral and destructive nature of attacks on innocent human life: “Faced with the deliberate killing of defenceless human beings [...] we cannot but cry out [...]”²⁶⁵ Shunning moralisation, Hollis urged compassionate understanding, both in prayer and action, for those involved in the “[...] trauma [...]” of abortion.²⁶⁶ Responding to the Guernsey Parliament’s decision to allow abortion up to the twelfth week of pregnancy, Hollis focused on the positive aspect of opposition: “We are unequivocally ‘pro-life’ or, to turn a phrase, ‘pro-choice.’ The choice is for life in all its variety and richness.”²⁶⁷

5.10 The Common Good and Abortion in Politics

As a contribution to informing the consciences of Catholic and other voters, and as a general catechetical endeavour, the bishops of England and Wales promulgated a teaching document on Catholic social teaching on 21 October 1996 under the title The Common Good.²⁶⁸ Exploring the tradition, implications, and applications of social ethics, the document received a mixed reaction from pro-life groups, disappointed by its “[...] liberalising [...]” approach to abortion opposition, particularly in evaluating the views of prospective electoral candidates.²⁶⁹ Hume’s response was adamant.²⁷⁰ In a

²⁶² “New Row,” 1995.

²⁶³ “New Row.”

²⁶⁴ See: C. Hollis, Pastoral Letter, 1996. See also: “Bishop Opposes Channel Islands Abortions,” 1996.

²⁶⁵ Hollis, Pastoral Letter, 1.

²⁶⁶ Hollis, Pastoral Letter, 2.

²⁶⁷ “Guernsey Votes to Legalise Abortion,” 1996.

²⁶⁸ See: The Catholic Bishops’ Conference, The Common Good (1996). See also: “The Common Good,” 1996. There had been a growing practice of episcopal guidance to inform choices in recent elections, variously touching on specific questions of bioethics to a greater or lesser degree. See: “Catholics and the General Election,” 1983; “Preparing for a General Election I,” 1987; “Preparing for a General Election II,” 1987; “Catholics and the 1992 General Election,” 1992; “Issues for the Meeting,” 1992; “Facing the Crossroads,” 1992.

²⁶⁹ “The Common Good,” 8.

clarificatory letter of 22 October 1996 he described his unease at the prospect of any “[...] misunderstanding concerning the position of the bishops on the issue of abortion [...],” something “[...] vital to the Catholic community and to many in our society as a whole.”²⁷¹ The stance of the bishops, he emphasised, was “[...] absolutely clear [...],” and evident from their many statements of condemnation.²⁷²

Hume proposed a tripartite Catholic strategy regarding abortion: pursuit of legal reform through the parliamentary process; efforts to address the reasons for unwanted pregnancy; practical help to those who wished to keep their child. Stressing that the relevant paragraphs of The Common Good must be read in relation to the whole, Hume accented the prominence given to the value of life. Summarising his interpretation of the specific teaching on abortion as it applied to voting, he underlined the obligation on Catholics to become informed concerning the ethical viewpoint of all constituency candidates. In this context, it might be that a particular candidate’s pro or anti abortion stance was so significant as to be the dominant factor in a decision whether or not to vote for them.

Contributing to the discussion, Cardinal Winning issued a statement, welcomed by Hume, in which he identified the Church’s role of intervention in moral debate within pluralistic society as one of “[...] calling for dialogue [...].”²⁷³ Given abortion’s significance as a moral issue, the Church’s task was “[...] not to score points [...],” but rather “[...] to ask those in charge of our country, our political leaders, to review what is happening.”²⁷⁴ Winning focused his concern on the question of the appropriateness of the Abortion Act within integrated and “[...] serious reflection on the direction in which society is going.”²⁷⁵

In the approach to the 1997 General Election, Hume criticised the censorship exercised by the four main British television channels over the party political broadcast of the Pro-Life Alliance because it included footage of aborted fetuses: “If the pictures of aborted human life are so offensive, surely we should not be allowing 500 abortions

²⁷⁰ Hume had stated previously: “If Catholics come across a candidate who is strongly pro-abortionist or actively pro-abortionist, then they would not vote for them.” “Cardinal Warns Pro-Abortion Politicians,” 1994.

²⁷¹ “The Common Good,” 9.

²⁷² “The Common Good,” 9.

²⁷³ “Calling for dialogue,” 1996.

²⁷⁴ “Calling for dialogue.”

²⁷⁵ “Calling for dialogue.”

to take place every day in this country.”²⁷⁶ A similar attitude was expressed in the National Board of Catholic Women’s letter to the four television stations: “It would be interesting to know what exact criteria for taste and decency you were using. All these companies regularly offend many people’s sense of taste and decency in the portrayal of explicit sexual acts, violence, killing scenes and permitted use of offensive language, and you felt it was necessary to ban information about a tragic reality which needs addressing by the people of this country.”²⁷⁷

During an address to the annual general meeting of the Movement of Christian Workers on 7 November 1998, Bishop Ambrose Griffiths of Hexam and Newcastle offered his own assessment of how Catholic teaching might be applied to the question of abortion and election choices.²⁷⁸ Voting on single-issues, whether in pursuit of a pro-life agenda or international aid to developing countries, was something unfair and impractical, given that no candidate “[...] ever measures up to all the qualities we seek [...]”²⁷⁹ Instead, Griffiths depicted the Church’s function as establishing the principles according to which “[...] individuals must balance the various probabilities and advantages and disadvantages, and come to their own personal conclusion.”²⁸⁰

5.11 A Further Practical Pastoral Strategy on Abortion

With a General Election approaching, Cardinal Winning addressed the annual meeting of the Society for the Protection of Unborn Children in March 1997,²⁸¹ desirous to encourage those “[...] highlighting the slaughter of innocents which takes place day in and day out in hospitals and clinics all around Britain.”²⁸² Winning examined the varied reasons for the contemporary prevalence of abortion: personal convenience, social factors, the respectability of the process, ignorance, and pro-choice propaganda. He distilled them all into a rationale of “[...] flawed judgement [...],” motivated by expediency, detrimentally infiltrating society’s perspective on life and allying itself with a deathly culture.²⁸³ Thus, “[...] the overriding touchstone of morality becomes ‘does it

²⁷⁶ “Hume Questions Censoring,” 1997. See also: “A Truth Too Hard,” 1997.

²⁷⁷ “Hume Questions Censoring.”

²⁷⁸ See: “The Church’s Role,” 1998.

²⁷⁹ “The Church’s Role,” 20.

²⁸⁰ “The Church’s Role,” 20.

²⁸¹ See: “We Will Help You,” 1997.

²⁸² “We Will Help You,” 3.

²⁸³ “We Will Help You,” 4.

suit me?”²⁸⁴ All vulnerable categories of life would be threatened in a “[...] society where people are no longer valued for who they are but for what they are worth.”²⁸⁵

Beyond rhetoric, Winning unveiled a practical and pastoral alternative to abortion to be operated through the agencies of the Archdiocese of Glasgow. It was twenty-five years since similar programmes had been publicly presented following the 1967 Abortion Act. Open to anyone facing an unwanted pregnancy, “[...] of any ethnic background, of any faith, from anywhere, [...]” Winning pledged the archdiocesan resources in support of the child being born: “[...] whatever worries or care you may have, we will help you.”²⁸⁶ Similar help was offered to those who had undergone an abortion and needed counselling and healing.²⁸⁷ Winning presented the entire project as the necessary ecclesial gesture to supplement lobbying efforts to change social and political attitudes.

Winning’s initiative received positive comment; it “[...] humanised the Catholic Church’s public image [...]”²⁸⁸ Although it was unrealistic to presume that the archdiocese could support every woman facing unplanned pregnancy, it was nonetheless a credible sign. The “[...] Church was putting its money where its mouth was [...],” and at the very least offering some the possibility of a real choice.²⁸⁹ With circumspection, Hume welcomed Winning’s programme, recognising the need to do more than merely condemn.²⁹⁰ Others had long called for a more pro-active and widely embracing approach. In 1994, Monica Furlong, whilst totally horrified by abortion, had called for greater “[...] imagination and understanding [...]” regarding questions of sexuality, motherhood and fertility: “Draconian rules will not do instead.”²⁹¹ A further practical measure was Winning’s foundation of an order of religious Sisters in 1999 with the remit of promoting the Church’s pro-life stance.²⁹²

²⁸⁴ “We Will Help You,” 4.

²⁸⁵ “We Will Help You,” 4.

²⁸⁶ “We Will Help You,” 4-5.

²⁸⁷ “Cardinal Winning Offers Care,” 1997.

²⁸⁸ “Pro-Choice, Glasgow Style,” Editorial, 1997.

²⁸⁹ “Pro-Choice.” By November 1998, 87 babies had been born through Winning’s scheme. See: “Saved From Abortion,” 1998; “Signs of Hope,” 1998.

²⁹⁰ “We Will Help You,” 5.

²⁹¹ M. Furlong, Letter, 1994.

²⁹² A spokesman for the archdiocese of Glasgow commented: “Like many religious communities in the past this will come into existence to respond to the needs of the age. They will have the remit to defend the sanctity of life at all stages.” See: “New Order of Nuns to Fight Abortion,” 1999, 1728. The order

The case of James Kelly, a husband embroiled in court proceedings to prevent his recently estranged wife from aborting their child, indicated for Winning the absurdity of current practice. A judicial decision in favour of the mother provoked him to speak out: "There is surely an extraordinary anomaly in the law when a father can be pursued by the Child Support Agency for maintenance of a child, but has no say in protecting the child's life in the womb. [...] We have arrived at abortion on demand [...]. Once again it highlights the need for a complete review of the Abortion Act."²⁹³

5.12 More Election Advice

The Bishops' Conference document The Common Good was supplemented by a pamphlet entitled "Women's Contribution to the Common Good," produced by the consultative National Board of Catholic Women in 1997.²⁹⁴ Direct in its contention that both abortion and euthanasia "[...] must be opposed [...]," it argued, however, that political candidates should "[...] be evaluated on the overall impact of their platforms."²⁹⁵ Discussing the relationship of the common good to equality, the document asked: "What action can we take to make sure that single mothers, the mentally and physically disabled, refugees and asylum seekers, the very old, the very young and the unborn matter to the politicians?"²⁹⁶

More forthright was the pre-election statement of the Bishops' Conference of Scotland, "Throw Open the Doors to Christ," released on 30 March 1997.²⁹⁷ Also adopting the concept of the common good as a co-ordinating principle, the bishops offered guidance on various matters pertinent for the formation of the Catholic voter's conscience.²⁹⁸ Distinguishing "[...] a priority amongst the values Catholics must seek to uphold in voting [...]," the Scottish bishops identified the "[...] first priority for Christians [...]" as upholding the fundamental right to life, the basis of all other rights

came to be named "Sisters of the Gospel of Life," based on an initiative in New York archdiocese that established the "Sisters of Life" in 1991.

²⁹³ Winning is quoted in P. Wynn Davies, "Father Loses Fight to halt Wife's Abortion," 1997.

²⁹⁴ See: "Women's Crucial Vote," 1997.

²⁹⁵ "Women's Crucial Vote," 6-7.

²⁹⁶ "Women's Crucial Vote," 7.

²⁹⁷ See: "Open the Doors to Christ," 1997.

²⁹⁸ These covered wide-ranging questions associated with life, education, health, unemployment, youth, poverty, law and order, family life, overseas aid, and peace, with allusions to a host of related subjects such as the environment, the criminal justice system, the constitution, and Europe.

and goods in society.²⁹⁹ This demonstrated a markedly stronger emphasis and direction than that given by the bishops of England and Wales.

5.13 Easier Abortion

The provision of “walk in, walk out,” abortion services by the pro-abortion charity Marie Stopes International was marketed by spokesman Timothy Black as offering “[...] total convenience [...],” despite the constraints of “[...] outmoded 1967 legislation [...]”³⁰⁰ Hume criticised such reduction of decisions about human life and death to a level of “[...] trivial and routine choice.”³⁰¹ This should cause society to pause and reflect on “[...] questions of human life and our lack of respect for it [...]”³⁰² Winning’s punchy analysis described the process thus: “Make it easy, make it simple, remove any moral inhibitions, 10 minutes and out.”³⁰³

5.14 The Abortion Act: Thirty Years On

The thirtieth anniversary of the 1967 Abortion Act on 27 October 1997 was marked by various instances of prayerful commemoration and contemplation within the Catholic community.³⁰⁴ The Bishops’ Conference designated Sunday 26 October 1997 with the title “Choose Life,” the biblical theme adopted in contrast to the prevailing sense of an autonomous and absolute subjective right to choose abortion.³⁰⁵ In an accompanying statement, the bishops noted the “[...] great turning point [...] from ‘necessary’ evil to supposed right [...],” with abortion now “[...] justified not merely as a bad solution to a tragic or oppressive situation, but as a right intrinsic to a woman’s freedom.”³⁰⁶ Readily welcoming practical alternatives to abortion, and euthanasia, the bishops emphasised such measures were not a total solution to the problem. The fundamental hurdle to be overcome was that of “[...] ideological difference [...]”³⁰⁷ Integral to this was a religious dimension, expressed in a three-stage process of sorrow and repentance, conversion of conscience, and reconciling transformation.

²⁹⁹ “Open the Doors,” 5.

³⁰⁰ “Storm as Charity Offers ‘Lunchbreak Abortion’ Service,” 1997.

³⁰¹ “Storm as Charity Offers.”

³⁰² “Storm as Charity Offers.”

³⁰³ “Storm as Charity Offers.”

³⁰⁴ See: “Choose Life,” 1997; “The Politics of Abortion,” 1997.

³⁰⁵ “Choose Life.”

³⁰⁶ “Choose Life.”

³⁰⁷ “Choose Life.”

To mark the anniversary, Cardinal Hume issued a diocesan pastoral letter arguing for respect for life from conception.³⁰⁸ Describing abortion as a “[...] great evil, [...]” he stated that as a nation, given a toll of almost 5 million abortions since 1967, “[...] we should all hang our heads in shame.”³⁰⁹ Hume commented that the affirmation by medical science of conception as the origin of human life found confirmation in the Church’s consistent teaching on life’s sanctity. Yet, society was willing to “[...] hide the truth about procured abortion [...]”³¹⁰ Recalling the prohibition of the Pro-Life Alliance’s television election broadcast, he stated: “When something is so horrifying we can’t bear to look at it, we should not be tolerating it.”³¹¹ Urging co-operation between all who uphold the right to life, Hume counselled support for those who choose not to abort and compassion for the maternal victims of abortion, often pressured by financial, psychological, or emotional factors.

Hume’s sentiments were echoed by various other diocesan bishops in their own messages to mark the anniversary of legalised abortion. Whilst sensitive to the often tragic context precipitating abortion, the bishops unanimously proclaimed the dignity of human life after fertilisation. Moreover, calling for prayer and repentance, they supported continued efforts at legislative repeal. For Bishop David Konstant of Leeds, the destruction of human life justified “[...] why we will and must always insist on the need to work for a change in the law.”³¹² He emphasised the need for prayer for those affected by the death of the unborn “[...] especially for their parents, and for those who have taken part in procuring their abortion.”³¹³ Crucial for Bishop Thomas McMahon of Brentwood was a necessary transition of attitude within society’s approach towards abortion; a once regrettable action was now merely a question of personal choice.³¹⁴ Bishop John Brewer of Lancaster criticised the “[...] culture of the short-cut [...],” the perspective on life favouring immediate solutions irrespective of consequences.³¹⁵ When allowed to contradict important human values fundamentally related to life, this inevitably became orientated towards a “[...] culture of death [...]”³¹⁶ Archbishop Michael Bowen of Southwark preached a message of practical societal renewal: “We

³⁰⁸ See: B. Hume, Pastoral Letter, 1997.

³⁰⁹ Hume, Pastoral Letter.

³¹⁰ Hume, Pastoral Letter.

³¹¹ Hume, Pastoral Letter.

³¹² D. Konstant, Pastoral Letter on Life, 1997.

³¹³ Konstant, Pastoral Letter.

³¹⁴ T. McMahon, Pastoral Letter on Abortion, 1997.

³¹⁵ J. Brewer, Pastoral Letter, 1997.

³¹⁶ Brewer, Pastoral Letter.

must try to eliminate those conditions that drive some people into the wrong decisions, conditions where abortion seems the only possible way out of their crisis situation.”³¹⁷ For the bishops and for Catholics in general, abortion was a regrettable sign of the times before which no one could be complacent.

5.15 Abortion and Justice

The social and political dimensions of abortion inevitably entered the discussion during the July 1999 Bishops' Conference sponsored Public Life Conference, comprised of lay Catholics involved in politics, commerce, industry, media, and the arts. For the journalist Melanie McDonagh, the Church had been compromised by allowing itself to become defined and perceived solely in moral terms, often focused on questions of abortion and contraception.³¹⁸ Whilst panel debate reflected on threats to life inclusively, in terms of injustice,³¹⁹ Baroness Williams of Crosby favoured a review of the Catholic prohibition on contraception, at least in cases where pregnancy would inevitably lead to abortion.³²⁰

³¹⁷ M. Bowen, Sermon, 1997.

³¹⁸ “I accept the Church's teaching on the subject of abortion, but what I very much object to is the notion that this is how Catholics should define ourselves. You can read the entire Creed without coming across a single reference to contraception or abortion. I feel very disillusioned when I encounter the ways that the Church presents itself to the wider public that focuses almost exclusively on these questions. And, it is, of course, reciprocal. The Church has spoken about innumerable areas of public life, but those areas which tend to be talked about, picked up and replicated are those areas which actually touch on these very fraught questions.” “Catholicism in Public Life,” 1999, 11-12.

³¹⁹ A description of a panel discussion records: “The final question concerned how injustice in society could be tackled if we continue to allow unjust acts against the weak and those on the margins of society, such as the unborn, the elderly and disabled. Ann Widdecombe said that unborn children are killed because they cannot be seen or heard by a society that encourages abortion. She asserted that society was becoming more intolerant towards those affected by what are perceived to be imperfections, including physical disability and aging. This was particularly evident in the discussions on euthanasia and genetic manipulation where Catholics need to be alert to the danger signs and respond with vigour. John Battle said that this was a fundamental issue [...]. He drew attention to the good work of the hospice movement, dealing with the issue of dying in society. He called on the conference to remind people that all had to be treated with respect throughout their lives, from birth to death, including tackling the social issues, such as a minimum wage, employment rights and other social issues. [...] Freda Lambert urged the Conference delegates not to forget that pro-life refers to all life, and all the marginalized, including refugees and the poor.” “Panel Session,” 1999, 14-15.

³²⁰ “I spent some time in Brazil with a dear friend of mine who is a missionary in that country for the Order of the Divine Word. He told me that he found it almost impossible not to tell women with six or seven children and a husband who is out of work, not how to abort the eighth child, but how to prevent the eighth child in the first place. I will be quite honest with you. I think that the Church is putting us women in an impossible dilemma. I am willing to share in the fight against abortion, but I wish the Church would accept that, in some cases at least, birth control is essential. At the moment it is being honoured in the breach, but not the observance, by tens of millions of Catholic throughout the world.” “The Catholic Citizen,” 1999, 26.

Delivering the annual Trócaire lecture at Maynooth in 1999, Cardinal Winning posed the question of “[...] how a Christian can live out the essential commitment to justice.”³²¹ Anticipating the year 2000 through the biblical perspective of jubilee, Winning stressed that one necessary extension of justice’s application must be towards the unborn.³²² In preparation for the millennium, he encouraged those who had sought an abortion to seek reconciliation and return to the life of the Church.³²³

Catholic opposition to abortion gradually moved to employ the language of justice rather than merely religious words of faith. Yet, even in the context of the promotion of justice and human development, the abortion issue proved contentious. The charity Comic Relief was the subject of controversy in terms of allegations that it funded abortion services as part of its development programme. After investigation, and with assurances from the organisation that it had never financed abortion, the Bishops’ Conference cleared the way for Catholics to participate. A caveat was added, however; certain measures may be felt necessary, namely to specify that any monies donated must not be used in the charity’s small involvement in contraceptive provision.³²⁴

5.16 Abortion and the Family

With 1994 designated the International Year of the Family, Cardinal Hume offered a pastoral reflection on the family’s current state, identifying abortion as a significant cause of familial disintegration.³²⁵ Divorcing the “[...] values of life and love [...],” abortion signalled “[...] a refusal to accept the consequences of a sexual relationship which is of its nature life-giving as well as love-making.”³²⁶

Acknowledging the family’s central place as a “[...] school of life and love [...],” Hume presented the Genesis creation accounts as communicating the essential dimensions of procreation and union divinely and inseparably sealed into conjugal love.³²⁷ Whilst the Catholic vision of marriage and sexuality conveyed a high ideal, requiring pastoral sensitivity towards its difficulties, abortion and individualism were

³²¹ “The Gospel of Justice,” 1998, 16.

³²² “Gospel of Justice,” 20-21.

³²³ See: “Cardinal’s Plea,” 1999.

³²⁴ See: “Red Nose Day and Comic Relief,” 2001.

³²⁵ See: B. Hume, “The Christian Family,” 1994.

³²⁶ Hume, “The Christian Family,” 1087.

³²⁷ Hume, “The Family,” 12.

determinative factors within society responsible for the fractures in the essential values of marital intercourse.

Focusing directly on abortion, Hume referred to paradoxical realities: increased contraception had not reduced abortion rates; unwanted children were aborted rather than adopted, while great energy and finance were put into fertility treatments. Identifying abortion as the most potent menace to life, Hume specified the “[...] exaggerated emphasis on individual self-fulfilment [...]” as a threat to the love and commitment required in marriage.³²⁸ He acclaimed family life in the contemporary context as “[...] radically anti-individualist [...]”³²⁹

March 1999 was very much a “pro-life” month for Cardinals Winning and Hume; both stressed the connection between valuing the family and respecting human life. Winning spoke at a pro-life event on the theme “Building the Culture of Life: the Challenge for the Family.”³³⁰ In the face of a hostile media, he emphasised the natural intuition of humankind to foster life and the family. This pro-life instinct, in the widest sense, was part of the human condition, the survival mechanism that propelled humanity to sustain and prolong its existence. Despite seemingly contradictory indications of relationship breakdown, and even where disorientated through the manipulation of reproduction and alternative partnerships, the pro-family spirit was alive and well.³³¹ For Winning, such naturally surviving tendencies were positive and encouraging sources of hope: “Nature is with us. Instinct is with us. Our task is to help people formulate and live out their pro-life and pro-family instincts in a way that is in conformity with the teaching of God and his Church.”³³²

Cardinal Hume surveyed the broad range of life issues when he addressed the 1999 annual conference of the anti-abortion organisation Life.³³³ This significant contribution drew together and presented as interdependent certain fundamental principles of morality relating to marriage and family, sexuality, and respect for life. Referring to a previous letter to The Daily Telegraph,³³⁴ Hume stated: “[...] a society

³²⁸ Hume, “The Family,” 14.

³²⁹ Hume, “The Family,” 14.

³³⁰ See: “Building the Culture of Life,” 1999.

³³¹ “Building the Culture,” 16.

³³² “Building the Culture,” 16. Supported by the success of his “[...] pro-life initiative [...],” Winning appealed to those affected by abortion, inviting them to seek reconciliation.

³³³ “Life and Love Belong Together,” 1999.

³³⁴ The letter was dated 17 Feb. 1999.

without a common understanding of what it is to be human and without a shared morality is in danger of gradual disintegration.”³³⁵ The “[...] root causes of abortion [...],” he argued, stood in relation to society’s treatment of marriage, family and sexual intimacy.³³⁶ Whilst statistics of family breakdown and social deprivation painted a grim picture, signs of hope indicated the family’s health and strength.

Hume, similar to Winning, commented that the “[...] resilience of the family [...],” was far from accidental and actually represented basic and universal human instincts that concurred with the truths conveyed through the Genesis creation narratives.³³⁷ Offering a pattern for sexual relationships as faithful and exclusive, unitive and procreative, such religious and human ideals were compromised, or even totally negated, by appeal to hedonistic autonomy. For Hume, this was reinforced by the “[...] contraceptive mentality [...],” which facilitated the disconnection of “[...] sex from childbearing, and now even childbearing from sex.”³³⁸ The resultant increases in both contraception and abortion, available in a way never envisaged by the 1967 Abortion Act, had resulted in disaster. The experience of the past thirty years gave authoritative testimony to the detrimental effect of separating sexual intimacy from marriage.

Hume understood the depreciation in values of family, marriage, and sexual intimacy, together with the liberalisation of their practice, as the reasons and context for the prevalence of abortion. Any adequate response must demonstrate social and cultural sensitivity and be practically executed. Likening the pro-life cause to moves for the abolition of slavery, Hume stressed the enormous task of education and persuasion that must transcend Catholic, religious, or pro-life groups, appealing appropriately and compassionately, speaking the truth, but never with “[...] cold-hearted condemnation.”³³⁹ Within this, and as a practical strategy ordered towards complete repeal, Hume confirmed the legitimacy of supporting imperfect legislation, “[...] seeking to change the law, even if all that can be achieved at first is a limited improvement.”³⁴⁰

³³⁵ “Life and Love,” 18.

³³⁶ “Life and Love,” 18.

³³⁷ “Life and Love,” 19.

³³⁸ “Life and Love,” 19-20.

³³⁹ “Life and Love,” 21.

³⁴⁰ “Life and Love,” 21.

6. Reviewing Post-Conciliar Catholic Responses to Abortion

The research underpinning this chapter has enabled the adequate consideration of the post-Conciliar responses of the Roman Catholic Church in England and Wales to abortion. The clarity and certainty of absolutely prohibitive principles previously operative within the pre-Conciliar period found consistent application as evaluative moral criteria. Although opposition to the 1967 Abortion Act was unsuccessful, prompting questions about the effectiveness of the Church's strategy, continued Catholic intervention sought to influence parliamentary and public opinion, offering encouragement even when legislation was imperfectly reformatory rather than abolitionist. Episcopal ethical directives, from individuals and the Bishops' Conference, received pastoral complement in the establishment of practical alternative programmes to abortion. The diversifying challenges to pre-nascent life, however, created tensions within the Church's approach as a whole, manifested, for example, in disagreement concerning the morality of vaccinations associated with abortive practice and electoral recommendations on life issues. The representative voices of Cardinals Basil Hume and Thomas Winning summarily expressed the character of post-Conciliar response. Absolutist in defence of human life from conception, and faced with improbable political repeal, both appreciated the family's significance as the sanctuary and school of life. Society's moral health depended on re-sensitisation to essential values, realised through this fundamental cell and in the universal promotion of justice for each human being.

Having examined this first theme of abortion, chapter three addresses the second theme of reproductive technology according to the same methodology.

CHAPTER THREE

REPRODUCTIVE TECHNOLOGY: POST-CONCILIAR RESPONSES FROM WITHIN THE ROMAN CATHOLIC CHURCH IN ENGLAND AND WALES 1965-2000

1. Introduction

This chapter treats the second theme of responses from within the Roman Catholic Church in England and Wales to questions of reproductive technology during the post-Conciliar period from 1965 to 2000. The formulation of Catholic understanding regarding assisted and artificial fertility techniques evolved in close relationship with the realisation of successful medical procedures.¹ It sought balanced interaction between fidelity to divine truths concerning human nature, including the limitations these imposed, and respect for intellectual ingenuity and technological progress. To negate any dimension of this relationship meant jeopardising essential realities of an incarnate Christian anthropology. Yet, accentuating one aspect to the detriment of another risked threatening the dignity of human life and procreation by injurious manipulation and possible destruction.

As with abortion, the introductory pre-Conciliar assessment indicated a broadly negative ethical evaluation of artificial insemination, mediated through adherence to magisterial teaching, particularly that of Pope Pius XII. Any intervention substituting essential aspects of intercourse was explicitly condemned, although certain techniques of exclusively intra-marital assisted insemination might be acceptable when judged to have maintained intact the conjugal act's nature and purpose. This entire discussion, however, was transformed by the scientific advent of effective extra-corporal technologies of human fertilisation. This demanded a re-articulation of the Catholic position, emergent from the conflation of established moral principles governing procreation and the ethical appraisal of the human embryo's status and dignity, contextualised within traditional notions of marriage, family, and society.

¹ For background, see: J. C. Wakefield, *Artful Childmaking* (1978); D. G. McCarthy, *Reproductive Technologies* (1988); C. E. Curran and R. A. McCormick, *Readings in Moral Theology No. 8* (1993).

Determined by its specific content, this chapter has a four-fold chronological division. Inherited pre-Conciliar directives served to direct Catholic responses from 1965 to 1979, although the impact of successful and accessible in vitro fertilisation (IVF) technology required a reassessment of fundamental principles. From 1980 to 1985, Catholic preoccupation focused on the Warnock Inquiry and Report, tendering submissions to the former and analysing the implications of the latter. Legislative proposals for artificial fertilisation and embryo experimentation found consideration from 1986 to 1990, whilst from 1991 to 2000 an eclectic ethical evaluation prevailed, addressing embryo selection and destruction, gamete donation from aborted fetuses, and legislation for genetic and cloning procedures. Each of these periods will be considered in detail.

2. Catholic Responses to Reproductive Technology 1965-1979

2.1 Preliminary Reactions

Initial Catholic ethical reaction to attempts at fertilisation beyond the confines of intercourse and the body were disapproving. In 1961, the United States Catholic weekly America offered a condemnatory critique of previous Italian and American scientific efforts. This was reported by its British counterpart, The Tablet, after similar experimentation at the University of Cambridge in 1969.² Whilst the laboratory procedures involved were considered a “[...] long step (which may never be taken) [...],” from “[...] ‘test tube babies’ [...],” moral evaluation weighed against them.³ Instead, America favoured a practical respect for “[...] the living human being [...]” present, or probably present, at every stage of development after fertilisation.⁴ This applied irrespective of ambiguity regarding the precise moment of ensoulment.⁵ Thus, the “[...] fertilised ovum must be regarded as a true person, endowed with all the panoply of natural and inalienable rights that are grounded in the simple fact of existence.”⁶ The moral ills of the “[...] illicit procurement of semen and the immorality of donor insemination [...]” were compounded by the removal of procreation from its divinely established conjugal and biological sphere.⁷ Moreover, this was further

² See: “Human Rights in the Test Tube,” Editorial, 1969.

³ “Human Rights,” 173.

⁴ “Human Rights,” 174.

⁵ “Human Rights,” 174.

⁶ “Human Rights,” 174.

⁷ “Human Rights,” 174.

exacerbated by the exercise of technical domination over life's creation and destruction, the human being held "[...] captive like a genie in a bottle [...]."⁸

2.2 Diversification of Interpretation

Despite citations of trans-Atlantic prohibition, The Tablet's editorial assessment was less certain in its condemnation, cognisant of the theological, philosophical, and scientific uncertainties posed by new fertility techniques. These were reflected in presentations by British Catholic scientists better disposed towards such technological opportunities. For the neurologist John Marshall, the artificial fertilisation of a wife's ova with her husband's sperm, and its subsequent implantation in her womb, was neither disrespectful to life, nor in opposition to the sanctity of marriage.⁹ Furthermore, if official Catholic consideration and theological exposition of these new technologies was to be credible, it must transcend "[...] the reiteration of worn-out phrases inherited from an era when the possibility under consideration was undreamt of [...]."¹⁰ According to the anatomist Bernard Towers, artificial fertilisation demanded nuanced appreciation of the process-nature of human development, forbidding the often over simplistic denunciations of Church authorities.¹¹

Other commentators provided alternative analysis. Whilst rejecting the artificial laboratory production of life, Canon F. H. Drinkwater advanced implantation, not fertilisation, as the point from which "[...] serious Catholic gynaecologists [...]," as well as sound theological and philosophical opinion, held a living human being to exist worthy of treatment as a "[...] human person with a soul."¹² This at least implied possibilities for intervention with respect to the early pre-implanted embryo. The obstetrician D. C. A. Bevis endorsed this distinction as justification for attempted artificial fertilisation and implantation, and not merely for the resolution of infertility.¹³ Regardless of potential risks to the embryo, such action would expand knowledge of

⁸ "Human Rights," 174.

⁹ See: "Human Life in a Test-Tube: 1," 1969.

¹⁰ "Human Life: 1."

¹¹ "Human Life in a Test-Tube: 2," 1969, 202. See also: Bernard Towers, "Test-Tube Creation," 1970.

¹² "The opinion that every fertilised ovum is, *ipso facto*, a human person seems to lead to all kinds of absurdities and 'inconveniences.' It is also incompatible with positions already taken up by Catholic theology: e.g., about nuns (or others) who have been victims of assault." F. H. Drinkwater, Letter, 1969.

¹³ See: D. C. A. Bevis, "In-Vitro Fertilisation of Human Oocytes," 1971.

"[...] the required conditions in the uterus [...]," which could then be "[...] applied to the correction of deficiencies in children conceived ordinarily."¹⁴

Views of this kind were controversially received,¹⁵ yet the diversity of interpretation reveals a burgeoning pluralism of Catholic understanding, sincerely motivated by the desire to ensure accuracy and authenticity in Church teaching.¹⁶ Benedict Webb, a Benedictine physician and theologian, approved the pursuit of in vitro fertilisation as an honest "[...] searching into the truth [...]," that should not be instantly and dogmatically condemned: "If we do, we may be backing the wrong horse."¹⁷ Others were more sceptical, particularly given the possible extremes artificial fertilisation might achieve, including gestation outside the uterus. For the Catholic psychiatrist Jack Dominian, such prospects were psychologically problematical, isolating human origins from their "[...] personal significance [...]."¹⁸

In seeking to prompt reflection and debate amongst Catholic healthcare professionals, the Ethical Committee of the Guild of Catholic Doctors drafted a memorandum on artificial fertilisation in late 1972, intended primarily for branch discussion.¹⁹ Acknowledging the prohibitions of recent papal teachings on artificial insemination, the memorandum considered these equally applicable to artificial fertilisation: children must be conceived integrally within a specific and personal conjugal act.²⁰ The memorandum appealed, however, to evolving concepts within moral theology that served to diminish previously conclusive obligations founded on the supposed normativity of biological functioning. Shifts in ethical evaluation favoured judgements determined in concrete and mitigating circumstances as opposed to those dictated solely by abstract and unyielding principles of action. Furthermore, enhanced notions of human stewardship, combined with pastoral and medical necessity, indicated a review of traditional Catholic teaching on artificial conception.²¹ Whilst prior moral

¹⁴ Bevis, "IVF of Human Oocytes," 178.

¹⁵ See: P. Flood, Letter, 1969; B. Webb, Letter, 1969; P. Jennings, Letter, 1970.

¹⁶ See: J. P. Wroe, "Human Embryos in the Laboratory," 1972.

¹⁷ B. Webb, "Test-Tube Babies," 1971, 80. Furthermore: "People just do not respond unquestioningly to papal pronouncements any longer, nor do they accept dogmatic judgements, when it is quite clear that the Church has not the scientific wherewithal to make such judgements."

¹⁸ J. Dominian, "Psychological and Moral Implications," 1972, 127.

¹⁹ See: "In Vitro Fertilisation (Guild of Catholic Doctors)," 1972.

²⁰ "In Vitro Fertilisation (Guild)," 237-238.

²¹ "The choice of methods whereby new life is to be brought into being is not limited to the procedure indicated by the biological processes given in nature. It is more in conformity with man's free, responsible nature to intervene in biological processes to attain the procreative ends of marriage which the order of creation requires his reproductive powers to achieve." "In Vitro Fertilisation (Guild)," 240.

objections to the masturbatory procurement of semen were dispensable within the context of procreation, the memorandum perceived a serious caveat in in vitro fertilisation's eugenic potential to screen artificially created embryos for handicap before implantation. Questions, as yet unanswered, regarding the status and destination of such abnormal products of artificial fertilisation might even be so determinative as to jeopardise the acceptability of the entire process. Realistic about these considerations, the Ethical Committee nonetheless supported as morally acceptable the principle that human life could be legitimately conceived in the laboratory and subsequently maternally implanted. In this case, it should be regarded as any other "[...] normal conceptus."²²

The popular debate generated by the scientific possibility of IVF elicited an eventually favourable judgement from The Tablet.²³ In itself, the process of artificially assisting conception was no more morally reprehensible than any other intervention into human functioning aimed at combating a natural defect. Although the implications of extra-marital fertilisation and eugenic application required caution, the objective of facilitating pregnancy for infertile parents was "[...] entirely laudable [...]"²⁴ Norman St. John-Stevas retorted by quickly highlighting such a position's inconsistency with "[...] Roman moral theology as [...] traditionally formulated [...]"²⁵ Whilst ethical objections to the masturbatory production of semen were not insurmountable, the Catholic tradition, as endorsed by Pope Pius XII, emphasised that fertilisation must result directly from a natural act of marital intercourse. Thus, St. John-Stevas speculated: "What I wonder is the present position amongst moralists: do they come down in favour of Pius XII or of The Tablet?"²⁶

2.3 The Birth of Louise Brown

It was the reality of Louise Brown's birth by IVF on 25 July 1978 that accelerated Catholic comment and revealed further differences of perspective.²⁷ The

²² "In Vitro Fertilisation (Guild)," 242. Branch discussion of the Ethical Committee's paper was diverse and inconclusive. See: F. Difford, "Report from the Branches," 1973; "In Vitro Fertilisation," 1973. For a reiteration of the Ethical Committee's perspective see: "Catholic Doctors and Medico-Moral Cases," 1974.

²³ See: "Inducing Life and Death," Editorial, 1974.

²⁴ "Inducing Life," 713.

²⁵ N. St. John-Stevas, "Conceived in an Artificial Environment," 1974.

²⁶ St. John-Stevas, "Conceived."

²⁷ For recognition of divided Catholic opinion see: I. M. Jessiman, "Newsletter From the Hon. Secretary," 1978. Such diversity enabled Jesuit moralist George Lobo to conclude: "From what has been reported,

president of the Bishops' Conference Social Welfare Commission, Bishop Augustine Harris, stated that in cases of marital infertility "[...] science can support the loving and natural ambitions of the couple to produce new life [...]."²⁸ In this context, "[...] a pro-life expression of love is to be commended and supported."²⁹ The Catholic Information Office, in the person of moral theologian Fr. Pius Smart, offered its own preliminary, and more hesitant, quasi-official reaction.³⁰ Recalling *Humanae Vitae's* teaching that human beings are "[...] ministers of the design established by the creator [...]," Smart emphasised human capacity to discover God's intention for the processes of life and to act responsibly before them, recognising the limits of human intervention and manipulation.³¹ Whilst human scientific advancement served to express a God given potential, the novelty of artificial reproduction demanded a new and vigilant ecclesial response in the face of wider, and, as yet, unforeseen implications. Confident that the necessary principles regarding procreation were inherently identifiable within the Catholic moral tradition, Smart counselled these would provide the basis for future magisterial comment, inevitably developing progressively, as more was understood about the processes involved.³²

Interpreting the first IVF birth very positively, the British Jesuit John Mahoney used the event to question the prohibitive argumentation traditionally employed in Catholic teaching and as distinctly expressed by Pope Pius XII.³³ A first point of debate concerned the declared immorality of masturbation as the act for procuring semen in the laboratory procedure. Mahoney suggested that in the IVF process, masturbation was not, as traditionally taught, a contradiction of the purpose of the sexual faculty. Rather, in this context, it was directly ordered towards procreation and therefore morally acceptable. A second consideration related to traditional Catholic morality's insistence

bishops have expressed divergent views on the morality of the 'test-tube' baby. This is a sign that the Catholic is free to engage in serious debate on the matter." G. Lobo, "Ethical Issues in 'In-Vitro' Fertilisation," 1979, 120. Jessiman referred to the future Pope John Paul I's favourable attitude towards Louise Brown's birth by IVF whilst Patriarch of Venice. Other accounts referred to Cardinal Luciani offering "[...] the child and her parents his congratulations. He had no right to condemn them, he said, if they acted in good faith and with right intention. But he also voiced his anxiety that science might run out of control." "Warnock on a Slippery Slope," 1984, 687. See also: B. Towers, "Report from America," 1978.

²⁸ "Test-Tube Babies: Moral Implications," 1978.

²⁹ "Test-Tube Babies: Moral Implications."

³⁰ See: "Test-Tube Babies," 1978.

³¹ "Test-Tube Babies."

³² "In the present situation the Church, especially through its bishops, will advise caution, will want to learn from the experts all that is involved in this new procedure. It can be expected that the teaching of the Church will evolve slowly. The question may one day become of sufficient widespread importance for that teaching to be stated at the highest level – but that day is not yet." "Test-Tube Babies."

³³ See: J. Mahoney, "Test-Tube Babies," 1978. See also: J. Mahoney, "Ethical Horizons," 1978.

that conception must result from the natural act of marital intercourse. For Mahoney, this was less necessary than conception resulting from an expression of marital love, one that science may need to assist in certain circumstances. While vigilant about fertility technology's manipulative, destructive, and eugenic potential, Mahoney accepted the genuine benefits and implications involved. In his personal moral assessment, the qualities of loving married relationship and desire for a child claimed rightful priority over physiological correctness.³⁴ The Northern Ethical Committee of the Guild of Catholic Doctors broadly echoed such sentiments.³⁵ The Southern Ethical Committee's discussion, however, was less favourable, emphasising the indispensability of the conjugal act within a Catholic understanding of procreation.³⁶

The subject of IVF entered Archbishop Derek Worlock's musings on the broad concern of medical ethics in an address to representatives of the British Medical Association assembled for an Ecumenical Service in Liverpool Anglican Cathedral on 25 June 1979. Preaching on "The Fullness of Life," he presented the ethical task as one tripartitely guided by informed conscience, Christ's example, and the wisdom of the Christian community.³⁷ In the context of modern medical technology, Worlock argued that disputed ethical questions could no longer find resolution through appeal to manuals of moral answers, but should be pursued through an interdisciplinary medical-moral dialogue. The core of any such exchange, and any proposed code of medical ethics, must evidence a primordial respect for the integrity and dignity of the human person, divinely created and intrinsically worthy. He or she is to be accorded exceptionless holistic treatment by medical personnel from "[...] womb to tomb [...]."³⁸ This respect must remain constant, especially in the face of various seemingly functionalist approaches in modern healthcare, not least in the context of reproductive technology.

Referring explicitly to Louise Brown's birth, Worlock decried the depersonalisation that had reduced her to "[...] the test-tube baby."³⁹ Without diminishing her parents' joy at "[...] having a child of their own [...]," important

³⁴ See also: J. Mahoney, "A Further Study of the Ethics of Human Genetic Development," 1979.

³⁵ See: "Northern Ethical Committee Meeting," 1982; Editorial, *CMQ* 1982, 169.

³⁶ See: "Discussion Paper: Southern Ethical Committee," 1982; "Southern Ethical Committee of the Guild: A.I.H.," 1982.

³⁷ See: D. Worlock, "The Fullness of Life," 1979. The Annual Representative Meeting of the BMA was gathered in Liverpool to consider a draft handbook on medical ethics.

³⁸ Worlock, "Fullness," 16.

³⁹ Worlock, "Fullness," 16.

questions remained: "The element of experimentation has disturbed some: what are the risks for the future? Is science to be seen as coming to the aid of couples who cannot have a child in the normal way, or is technology being allowed to overtake the human and personal dimensions of procreation? Ethically is it just an extension of assisted insemination or does it go beyond legitimate intervention by a doctor?"⁴⁰ Worlock asserted that the interaction of traditional, and possibly new, principles with previously unforeseen scenarios must hinge on reverence for the human person in his or her bodily, psychological, and spiritual integrity, understood within the parameters of God's creative design and commission to faithful stewardship.

3. Catholic Responses to Reproductive Technology 1980-1985

3.1 Catholic Submissions to the Warnock Inquiry

Following the first successful birth by IVF, continued practice and refinement of artificial techniques of reproduction provoked widespread national and international discussion of the medical, ethical, legal, and social dimensions involved.⁴¹ British requests for appropriate investigation and regulation were made both within and outside Parliament.⁴² These were met in July 1982 by the convocation of a Government Committee of Inquiry into questions of human fertilisation and embryology, entrusted to the oversight of Cambridge philosopher Mary Warnock. The themes to be addressed were manifold, encompassing fundamental reflection on personhood in relationship to the embryo, and pragmatic assessment of the extent of parental freedom and the right to generate children.⁴³ In ecclesiastical circles, the fear was expressed that unless the Christian churches' contribution to the debate transcended mere repetition of "[...] past statements [...]," it risked "[...] falling on deaf ears."⁴⁴

The Warnock Inquiry prompted numerous submissions from interested Catholic parties in England and Wales, both officially, through representation on behalf of the

⁴⁰ Worlock, "Fullness," 16.

⁴¹ See: M. Kenny, "Test-Tube Technology," 1982.

⁴² See: "Test-Tube Reproduction," 1982; "Questions Raised," 1982.

⁴³ The questions raised in the discussion were diverse: "What, or rather when, is a person is the most obvious question [...]. Does a married couple have a right to have children? How far can they go in pursuit of that right? What measures must they take to fulfil it? If it is right for a couple to adopt and rear a child, is it also right for them to adopt an embryo and nurture it within the womb?" "Notebook: Test-Tube Babies," 1982

⁴⁴ "Notebook: Test-Tube Babies."

Bishops' Conference, and individually from various Catholic organisations. Numbering eight in total, seven submissions were written and one oral, that of Fr. John Mahoney SJ. Examination of each submission reveals a plurality of Catholic interpretation.

3.1.1 The Submission of the Catholic Bishops' Joint Committee on Bioethical Issues

Welcoming the Warnock Committee's formation, the Catholic Bishops' Joint Committee on Bioethical Issues offered its submission in March 1983.⁴⁵ Entitled In Vitro Fertilisation: Morality and Public Policy, it sought not merely to emphasise general principles of Catholic morality, but importantly their definite and contextual application.⁴⁶ Distinguishing morality from legality, the tripartite document rejected any pretence towards a simplistic codification of Catholic ethics. Instead, it clarified its objectives in terms of justice-based legislative protection of innocent human life, and an associated affirmation of marital relationships and of children within them.

Considering the alleviation of infertility, the Joint Committee emphasised the subjugation of scientific advance to foundational principles of morality and to governance by respectful concern for authentic human goods: "A procedure which exploits human knowledge in a way which is seriously inconsistent with true respect for humanity should be excluded from the human community, even if it would contribute to knowledge or some other good end."⁴⁷ In asserting definitively that new human life originates at conception, absolute prenatal protection and moral responsibility were effective from this point.⁴⁸ To this end, the respect due to the human person formed the

⁴⁵ See: "Catholic Submission," 1983; "In Vitro Fertilisation and the Law," 1983. The submission was discussed at the Guild of Catholic Doctor's Northern Ethical Committee meeting of 26 April 1983. Joint Committee member Dr. Irene Desmet referred to the "[...] immense trouble in drafting [...]" the text. Further comment stated: "It was thought that IVF is not wrong per se; but there was a query whether an essential moral flaw lay in the fact that it entails separation of fertilisation from the act of intercourse." Following a review of the issues, a vote at the meeting revealed mixed reaction: seven members were in favour of IVF when executed with necessary precaution to protect the embryo; four were unsure; five were against, some in principle because of the inevitability of abuse. See: "Northern Ethical Committee," 1983, 146-147.

⁴⁶ See: In Vitro Fertilisation: Morality and Public Policy (1983). To be referred to as IVF: Morality.

⁴⁷ IVF: Morality, 6.

⁴⁸ IVF: Morality, 7. A footnote reference acknowledged that, due to twinning, there is initial uncertainty as to whether one individual life is present or more. Following Abortion and the Right to Live, the submission advocated the perspective of presumptive caution, emphasising that where there is new human life with potential, there is a moral obligation to defend and respect it. Thus, "[...] one finds at every stage after conception a human life or lives to be respected." With respect to the disputed question of ensoulment, the Joint Committee cited the 1974 Vatican clarification, inconclusive in itself as to whether animation is immediate or delayed. In either case, such a "[...] philosophical problem [...]"

basis for the associated “[...] respect for each human being at all stages of his or her bodily life.”⁴⁹ This grounded the criteria for attitudes and actions towards such life, prohibiting any “[...] deliberate and direct killing or injuring of innocent human beings [...]” and any “[...] deliberate neglect and wastage of human lives which are under one’s direct responsibility and control.”⁵⁰

From a standpoint of absolute respect for human life, the procedures involved in IVF demonstrated its inherently unacceptable dimensions. There could be no toleration of embryo experimentation, storage, or selection; any intervention on an embryo must only ever be for its specific benefit. Such contrary practices “[...] ought to be prohibited by any civilised community [...]”; they would facilitate dominative and manipulative attitudes towards human life, compromising human dignity, thwarting justice, and engendering an instrumentalist approach to human reproduction.⁵¹ Invoking universal codes of medical ethics to support the case against this utilitarian mentality, the Joint Committee recognised its view would admittedly halt the immediate resolution of certain cases of infertility and place limitations on exploratory embryology.⁵² The cessation of techniques currently associated with IVF, however, might provide the impetus for alternative endeavours reverential to the dignity of human life at all stages of development. Moreover, further distinguishing morality from legality, the prohibitive recommendations “[...] would not, of themselves, mean that all IVF would be contrary to the law of the land [...]”⁵³ The submission was more concerned with the elimination of the destructive dimensions involved.

The Joint Committee formulated its “[...] primary and most fundamental propositions for legislative action [...]” against IVF according to the moral obligations of justice and respect for human life.⁵⁴ Yet, it also found approbation for its approach in wider questions regarding the potential impact on marriage and family. The right of

would be separate from moral considerations; it would never be legitimate to destroy human life that either may already have a soul or is destined to receive one.

⁴⁹ IVF: Morality, 8.

⁵⁰ IVF: Morality, 8.

⁵¹ IVF: Morality, 8-9.

⁵² The Committee cited the Declaration of Helsinki by the World Health Organisation and the Council for International Organisations of Medical Sciences.

⁵³ IVF: Morality, 10. “[...] These legal safeguards would not prohibit IVF procedures carried out with the settled intention of transferring each embryo (i.e. fertilised ovum) to the mother’s womb, unimpaired, and at the time and in the manner and context most appropriate in the interests of that embryo’s future unimpaired development. These prohibitions would also leave untouched any procedures in which sperm and ovum are introduced, with or without prior mixing, into the womb [...]”

⁵⁴ IVF: Morality, 10.

children to be conceived and brought up by married parents justly corresponded to the good of the individual, the family unit, and of society, offering the best possibility for support, stability, and development, together with an “[...] unimpaired sense of identity.”⁵⁵ As that which “[...] wrongs another, or undermines a fundamental and valuable form of social life, is the law’s proper concern [...],” the rights and goods involved here necessitated both legal and societal protection and prohibition.⁵⁶ The compassionate response demanded towards a child conceived outside marriage provided no foundation for intentionally creating such a child.

A further level of unease regarding IVF surpassed matters relating to procreation outside marriage and any potential harm and destruction of embryos. For the Joint Committee, moral concerns included “[...] arguments which go beyond definitive Catholic teaching [...],” focusing on the “[...] significance of the sexual act [...],” with implications for the formation of moral character and individual and societal well-being.⁵⁷ The crux of the issue involved the “[...] severing of procreation from intercourse [...],” occurring in both artificial insemination and IVF, rendering a personally “[...] expressive act of love [...],” “[...] an exercise in skilful production.”⁵⁸ This was not rejection for reasons of artificiality or technological assistance, but because of the essential substitution of embodied, interpersonal intercourse by a laboratory technique. In this situation, the procreative act would be disassociated from the act of integral spousal intercourse. The choice and intention of union and procreation through intercourse would be separated and reduced to a string of specific acts requiring neither a physical nor a personal relationship between parents.

Despite apparently good motivation the “[...] violation of proper marital and parental relationships [...]” could not be justified. In terms of IVF, this produced a child lacking both “[...] radical equality with parents [...],” and the personalist-physical origin possessed by the child of sexual intercourse.⁵⁹ Thus, “[...] to choose to have a child by IVF is to choose to have a child as the product of a making.”⁶⁰ Conjugal

⁵⁵ IVF: Morality, 11. The Committee added: “Of course, if a child is conceived out of wedlock, it has the right to life and thus the right to be brought up in the nearest approximation to the normal conditions of legitimacy, whether by subsequent adoption, or by making the best of a ‘one-parent family.’ Even when the cause of their conception involved serious wrongdoing or unwisdom, children once conceived are not ‘better off dead.’”

⁵⁶ IVF: Morality, 11.

⁵⁷ IVF: Morality, 12-13.

⁵⁸ IVF: Morality, 13.

⁵⁹ IVF: Morality, 15; 17.

⁶⁰ IVF: Morality, 15.

intercourse geared to procreation embodied the co-operative partnership of parental responsibility; sacramentally, the outward physicality expressed the inward reality, with the mutual self-gift of the spouses the worthy context for new life. The Joint Committee feared that fertility technologies, particularly through the quality control mechanism of embryo selection, would translate this understanding into notions of production and acquisition, realising a radically different approach to the origins of human life characterised by instrumentalisation and consumerism. Furthermore, it implied “[...] more subtle and long-run evils [...],” namely, the trivialisation of sexual intercourse, the commercialisation of reproductive technology, eugenic attitudes towards new life, genetic screening, and embryo storage.⁶¹

3.1.2 The Submission of the Bishops’ Conference Social Welfare Commission

The Bishops’ Conference Social Welfare Commission drafted its contribution to the Warnock Inquiry in March 1983 under the title Human Fertilisation: Choices for the Future.⁶² As a multidisciplinary advisory and representative body, the Commission sought to approach the discussion from the perspective of a “[...] Catholic ethos [...],” distinguishable from “[...] intransigent dogmatism [...],” and open to embracing genuinely “[...] beneficial scientific and human development [...].”⁶³ Organised into five main sections, the submission’s opening plea was for greater public awareness and education regarding the projected implications of fertility treatment and genetic intervention before their implementation: “[...] success promotes acquiescence [...],” often at the expense of ethics.⁶⁴ Knowledge and decision-making must be broadened beyond the realm of those immediately involved, especially self-interested professionals and clientele. Scientific endeavour relating to human reproduction faced a necessary limitation of freedom and required authoritative regulation in both public and private spheres in the interests of health and safety.

In assessing the possible risks of new fertility techniques, the Commission identified the primary indicators as those of “[...] ‘social health,’ [...],” centring on the family.⁶⁵ The novelty of the situation, however, meant any potential risks could not be

⁶¹ IVF: Morality, 17-18.

⁶² Human Fertilisation: Choices for the Future (1983), to be referred to as Choices. See also “Human Fertilisation: Choices for the Future,” 1983.

⁶³ Choices, 3.

⁶⁴ Choices, 5.

⁶⁵ Choices, 7.

determined, but merely anticipated by analogy⁶⁶ and probability.⁶⁷ Equally indeterminate was the nature and form of the family itself, whose essence and characteristics were not “[...] anthropologically uniform [...]” and possibly culturally conditioned.⁶⁸ Despite the caveats of familiar variation, the submission nonetheless upheld clear notions of the institutions of public marriage and family, advocating their protection as the dignified locus for fertility and children.

Whilst a therapeutic categorisation would be applicable to genetic interventions seeking to cure disease, the submission refused to comparably recognise fertility techniques as therapeutic treatment where they circumvented the affliction rather than removed it: “IVF is certainly not therapy in the strictest sense, since it does not cure an illness, disorder or impairment, but rather deals with a resultant functional disability and the ensuing handicap of childlessness.”⁶⁹ The use of donated sperm also carried the potential for eugenically selective attitudes and procedures. The capacity for artificial child making allowed notions of therapeutic genetic intervention to be translated into a quest for genetic perfection and “[...] ‘the best child.’”⁷⁰

This entire approach fundamentally contradicted the necessity of embodied procreative acts as the essentially personal means by which new autonomous persons are brought into being. Domination over the origins of new life would engender a designer mentality with far reaching implications. Subtle pressures would direct married couples to be genetically selective; the “[...] genetically less advantaged [...]” facing prejudice, with extension to fetal selection resulting in inevitable abortive destruction.⁷¹ Although the Warnock Inquiry was not concerned with abortion per se, the Social

⁶⁶ The analogy proposed was that of other alternative expressions and experiences of family (adoption, fostering, step-parenting, adulterous relationships, illegitimacy, choosing childlessness, and planning or not planning children) and the related consequences for physical and mental welfare. Yet, “[...] the analogies are not exact, partly since the new techniques set up the situation, whereas in the other cases it is usually a matter of dealing with what has already happened.” Moreover, the “[...] provision of fertility, without the accompaniment of sexual relations [...] is a sort of new possibility.” Choices, 8.

⁶⁷ “The only ‘hard’ evidence available will be the numbers of successes and failures in treating infertile men and women, and those who emphasise the merits of such success may well contrast their hard evidence with the suppositions of those who are concerned about future, and not easily quantifiable, risk, or about the diffusion of social effects. From the nature of the case, the argument has to be in terms of probabilities [...]” However, “[...] where the risks affect something as fundamental to human life as the physical and social arrangements of fertility, and as fundamental to the structure of society as the family, the risk / benefit calculus must be particularly cautious.” Choices, 8.

⁶⁸ Choices, 8.

⁶⁹ Choices, 9. The submission distinguished IVF from artificial insemination in which “[...] usually there is no impairment to be cured, but merely a function to be assisted.” Choices, 10.

⁷⁰ Choices, 12.

⁷¹ Choices, 12-14.

Welfare Commission's declared rejection of abortion clearly extended to any fertility techniques involving destruction of embryonic life or facilitating harmful experimentation.

Shifting the focus to the implications of IVF, the submission supported the concerns of the Joint Committee on Bioethical Issues, yet from a complementary position. The popular perception that IVF simply alleviated fertility masked its inherent moral inadequacies and consequent social ramifications, such that the question of regulation was interpreted as an irrelevant affront that curtailed legitimate rights. Whether the supposed right invoked was that of recourse to necessary medical or financial resources to facilitate treatment, or the basic right to a family, the submission asserted that neither were absolute, nor isolated from wider considerations and responsibilities. The association of parental consent for fertility treatment with necessary agreement to the experimental use of spare embryos was particularly pernicious. The very notion that a couple might release embryos for purposes other than implantation presupposed and proliferated the idea that such embryos were possessions, with consent to their disposal equal to "[...] a transfer of property rights [...]." ⁷²

In further addressing the subject of experimentation on human embryos, the submission distinguished the destruction of embryos destined for implantation, but identified as defective, from those created purely for research purposes. Rejecting both practices, the latter provoked an especially "[...] spontaneous revulsion [...]," establishing the premise that the human subject is a legitimate object for wholesale scientific manipulation. ⁷³ This negated primary ethical principles. Moreover, the associated eugenic mentality only offered protection to the embryo according to its possession of certain characteristics or level of advancement rather than on the basis of its existence. Acknowledging diverse opinions concerning the point at which a new and individual genetic human life can be said to exist, together with the possibilities of twinning and embryo recombination, the submission nonetheless presumed and proposed caution in favour of developing life, insisting on complete protection after conception. Attributing the basic rights of a subject to a fetus, even if not the complete rights pertaining to the subject of a person, would overcome certain philosophical and legal problems of definition whilst ensuring fundamental safeguards.

⁷² Choices, 19.

⁷³ Choices, 20.

Considerations of surrogate motherhood and trans-species fertilisation concluded the submission's treatment of IVF. The former was rejected not merely for reasons related to the donation of gametes, but also because of the deliberate dissociation created between genetic origin, pregnancy, and child rearing, with incumbent legal and moral complexities. The undignified prospect of hybrid human-animal species rendered such measures morally abhorrent and in excess even of Nazi eugenics. As a related question, the Social Welfare Commission offered a distinct moral evaluation of artificial insemination. Distinguishing artificial insemination by husband (AIH) from that by donor (AID), moral unacceptability was predominantly identified with the latter.⁷⁴

The advantages of AID over IVF were clearly defined. Economically and technologically accessible, it involved no destruction of embryos and maintained partial genetic congruence between the child and one parent. Ethical questions amplified, however, when AID was considered outside marriage and the family, the public institutions within which fertility should be properly exercised. That society recognised marriage and family in this way raised two important questions: firstly, should this be the case, and secondly, why should procreation not be operative within different models of relationship? The submission's response was threefold. There was an obvious need for an adequate and stable environment for the conception and rearing of children. It was one thing to meet the needs, financial and otherwise, brought by "[...] broken marriages [...]" and "[...] one parent families [...];" it would be another thing entirely to intentionally create such circumstances.⁷⁵ Furthermore, the impact on "[...] children's happiness [...]" of procreative environments rivalling the family must be fully considered.⁷⁶ Finally, the submission affirmed the "[...] psychological and social advantage [...]" of child rearing within marriage and the family.⁷⁷ In the final analysis, artificial fertility outside conjugal relations represented a means towards more

⁷⁴ Choices, 24. "AIH [...] can be compared to assisting handicapped married partners to have intercourse with prosthetic devices. There is no bodily impairment to be 'cured,' but merely a functional disability to be overcome. There is no threat to the unity of the partners and the artificiality of the procedure need not be regarded in itself as morally, psychologically, or aesthetically significant." The submission further distinguished: "For those who object to the obtaining of sperm by masturbation there are alternative methods. In any case we would regard the application of the same term to obtaining semen for the rectification of the marriage act, and to procuring solitary and self-centred pleasure, as wholly inappropriate." Any "[...] non-marital [...]" insemination was rejected, while sperm storage was potentially "[...] an extension of 'prosthetic' use [...]," its legitimacy dependent on motivation.

⁷⁵ Choices, 25.

⁷⁶ Choices, 26.

⁷⁷ Choices, 26.

widespread attempts at social transformation. Whilst such change may be acceptable in itself, the manipulation of procreation to achieve it was not.

Considering AID within marriage, the submission engaged with the psychological implications of third-party intervention into the marital relationship, and of children genetically identical with only one parent. Father, mother, and child, would all be exposed to a situation where the unity and intensity of relationship varied between the individuals. Uncertainties regarding “[...] genealogical confusion [...]” on the part of children and the quest for biological parents compounded difficulties of regulation and sibling relationship, suggesting AID offered the inappropriate resolution of a tragic reality.⁷⁸ Moreover, the practical concerns of AID extended beyond the recipient couple to include the donor. There must be supervision of candidates, control over collection, genetic screening, and storage, all supported by a framework of confidentiality. Whilst ethical, legal, and social regulation would be necessary, the submission questioned their practicability. Formally establishing AID programmes would almost inevitably, and disadvantageously, lead to greater publicity and requests for treatment, with associated increases in requests for donations and risks of genetic interbreeding. Potential beneficiaries of AID would also require selection and regulation, as with prospective adoptive parents. In the same way that adoption had been extended beyond the environment of stable marriage and family, so AID would facilitate conception in alternative relations of kinship, or according to a eugenic rationale. The prospect that total prohibition of AID would lead to clandestine procedures offered no justification for AID as an appropriate or immediate remedy.

In addressing the possibility of genetic intervention, the Social Welfare Committee’s clear concern was that of non-therapeutic eugenic manipulation and its consequences for determining what kind of person might be desirable and acceptable in society. The limitation of research, judicious oversight, and public accountability were the suggested means of preventing scientists constructing “[...] ethics as they go along [...].”⁷⁹

Applying Christian principles to the discussion, the submission proposed their consonance with previous rational argumentation. Historically, these had formed and

⁷⁸ Choices, 27-29.

⁷⁹ Choices, 33.

underpinned “[...] society’s institutional arrangements [...]”⁸⁰ The Jewish-Christian doctrine of creation offered an understanding of the human person as an ensouled co-creator, entrusted with procreation, not mere reproduction. Whilst participatory parental stewardship of conceiving and educating children emphasised their gifted nature, it remained subject to divine sovereignty over the ultimate origin and destiny of human life. The necessary respect owed to each sanctified life invalidated the suggestion that any life might be used as a means to an end, whatever the perceived good or beneficial consequence. New technologies must therefore be evaluated according to the extent to which this fundamental principle was either revered or renounced. Put succinctly, this demanded that society, Christian or otherwise, needed “[...] to find a consistent approach [...]” which would “[...] not allow the technically possible to determine the ‘agenda.’”⁸¹

By extrapolating the Christian notion of creation, the submission identified a divinely ordered intention within the association of procreation and sexuality. This was something challenged by the modern ability to separate conception from intercourse and vice versa. Yet, this was not seen as a denial of human creativity in favour of static subjugation. Rather it was an invitation to reflection on the fundamental goodness of what human advancement permitted, and to question its fidelity to revealed truth about the origins of life. The Social Welfare Commission concluded by restating its acceptance of beneficial technologies that would not thwart other essential human values or denude the distinctive character of procreation. Progress in this context would not be rejected because of what it enabled, but because of what it replaced and impeded, namely the decidedly human and inter-personal act between husband and wife.

3.1.3 The Submission of the National Board of Catholic Women

As a representative organisation of numerous English and Welsh Catholic associations, the National Board of Catholic Women combined pastoral sensitivity with a clear statement of principle in its submission to the Warnock Inquiry.⁸² Sympathetic to the plight of infertile couples, the text’s religious orientation affirmed the uncompromising ethical restraints imposed by human life’s unique and divinely created

⁸⁰ *Choices*, 35-36.

⁸¹ *Choices*, 37.

⁸² See: “Catholic Women’s Submission to Warnock Committee,” 1983. To be referred to as “Women’s Submission.” The text was entitled: “Inquiry into Human Fertilisation and Embryology.”

"[...] dignity and worth [...]," as ratified in the 1948 United Nations Universal Declaration of Human Rights.⁸³ Therefore, "[...] concern for the basic protection of human rights, including the rights of the individual human being [...]" were [...] fundamental to consideration of *in vitro* fertilisation and embryo transfer."⁸⁴ Aware of divergent opinions regarding human origins, the submission endorsed the individual genetic identity initiated at conception as the beginning of human life and the foundation for the rights and respect traditionally upheld by the medical profession. Thus, by implication, any process involving the destruction, elimination, storage, experimentation, partial harvesting, or screening of embryos necessarily met rejection.

Treating specific questions, the Catholic Women's analysis addressed artificial insemination and IVF using donated sperm. Even where embryonic human life would not be harmed or manipulated, the use of donated sperm breached the unity of the marital relationship through the introduction of a third party. The utilisation of donated sperm failed to resolve the underlying problem of infertility and, additionally, created confusion and uncertainty regarding genetic parentage. Whilst such difficulties might be remedied by using the husband's sperm, the submission was divided about the moral acceptability of artificial insemination and IVF even in this case. For some, a further complication remained, namely that of "[...] severing procreation from sexual intercourse [...]"⁸⁵ Such "[...] depersonalising [...]" and "[...] debiologising [...]" of the marital procreative act trivialised its essential dimensions.⁸⁶ For others, these ethical concerns were overridden by the possibility of a child for a previously infertile and loving married couple.

Focusing on surrogacy, the submission judged the insecurity of relationship between a surrogate mother and her child, and between both of these and the waiting parents, so fraught with contractual and emotional complications that it should be legislatively prohibited. With respect to funding, the financial investment and resource needs of IVF were such that they demanded further research into alternative techniques, with greater emphasis directed towards preventing infertility.

⁸³ "Women's Submission," 2.

⁸⁴ "Women's Submission," 2.

⁸⁵ "Women's Submission," 4.

⁸⁶ "Women's Submission," 4.

Unable to reach unanimity on the question of intra-marital assisted and artificial reproduction, the National Board nonetheless concurred in offering two undisputed recommendations. First, the cessation of procedures involving the destruction or impairment of embryonic human life, understood as the subject of inalienable rights from the moment of conception. This was expressed “[...] as a matter of urgency [...],” before acceptance of the techniques became “[...] entrenched.”⁸⁷ Second, that a professional regulatory body be established to supervise research, draft guidelines, and provide education regarding reproductive technology and its wide-ranging implications.

3.1.4 The Submission of the Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors

The submission to Warnock by the Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors was divided into two main sections: an initial introduction, with summary and conclusions, followed by an appendix of observations and implication-focused argumentation.⁸⁸ Aware of the Joint Committee on Bioethical Issues’ submission, the Joint Ethico-Medical Committee indicated some degree of notional collaboration by stating its intention not to “[...] repeat their views.”⁸⁹ Two fundamental principles underpinned the contribution: acceptance of a right to life for every human being, and appreciation of the primary significance of marriage and family within society. The first indicated the boundaries of technological manipulation; the second conditioned the manner of any concrete application.

A cautious welcome for progress in modern reproductive and genetic science was set against default acceptance of conception as the origin of human life and human rights.⁹⁰ Consequently, and with reference to the two fundamental principles, proposals for fertilisation not orientated towards implantation, or involving risks to the embryo through freezing, experimentation, or destruction, were rejected absolutely. Furthermore, genetic therapy would only be licit if it was non-eugenic and therapeutically focused on the specific zygote involved. Given such prohibitions, however, and accepting marriage as the appropriate locus for conceiving and raising

⁸⁷ “Women’s Submission,” 5.

⁸⁸ See: “Submission to the Government Enquiry into Human Fertilisation and Embryology from the Joint Ethico-Medical Committee,” 1983. To be referred to as “Joint Committee.”

⁸⁹ “Joint Committee,” 2.

⁹⁰ “Joint Committee,” 3. For substantiation of this see: Editorial, *CMQ* 1984; J. Marshall, “When does Human Life Begin?,” 1984.

children, and the family as the basic unit within society, the submission approved both artificial insemination and IVF between husband and wife, presuming the exclusion of donor gametes or surrogacy.⁹¹

The Joint Committee recognised that, against its own proposals, gamete donation might be pursued within a pluralistic society and therefore it counselled safeguards. These should guarantee the health and privacy of any donor, protect a child's right to information regarding its genetic parentage, comparable to adoption, and ensure the proper statutory supervision of records. Similarly, legal constraints should forbid, or at least regulate, laboratory exploitation of embryos, the repeated donation of gametes, any associated financial reward, surrogacy, and cross-species fertilisation. The enterprise of reproductive technology was both potentially beneficial and threatening to important human and social values. It therefore demanded suitable control and continued assessment.

The submission's substantiating appendix of observations and argumentation considered four general principles and five sets of implications, concentrated around specific areas of concern. Scientific advancement and human dignity were not necessarily mutually exclusive aspirations in Catholic thinking. Thus, IVF and associated reproductive procedures were positively, albeit conditionally, hailed as potential remedies for infertility between married couples. This presupposed absolute respect for the rights of every human life originating at conception. Furthermore, it affirmed marriage as the authentic relationship within which children should be born and raised, with the family a foundational reality. Finally, it demanded that the procreative and unitive ends of marriage be equally respected and pursued, while recognising that there existed "[...] no absolute right to have children."⁹²

The therapeutic implications of marital artificial insemination and IVF were considered acceptable according to their consistency with holistic understandings of human dignity and service towards the wellbeing of any particular embryo or fetus. Yet, the wider ramifications for scientific research were viewed more pessimistically. The impossibility of embryonic consent and non-therapeutic or destructive embryonic manipulation would nullify moral acceptability. Furthermore, there were various legal

⁹¹ See: "Joint Committee," 3-4.

⁹² "Joint Committee," 7.

connotations associated with the new reproductive technologies. To emphasise the normative nature of marriage, the Ethico-Medical Committee recommended that the children of assisted or artificial conception using donor sperm or ova be regarded as illegitimate. Moreover, any artificial conception not destined for maternal implantation, using extra-marital gametes, surrogates, or combining human and animal gametes, warranted legislative prohibition. Such admonition substantiated the submission's preference for assisted insemination and IVF within marriage and excluding donors or surrogates. Accepting other scenarios raised significant uncertainties concerning the determination of legal and genetic parenthood and the information that should be given to a child concerning its genetic identity. The insecure legal relationship, rights, and obligations, of the non-genetically involved common-law husband and father, plus the potential for non-sexual single motherhood and same-sex parenting, anticipated further, as yet unanswered, legal quandaries.

In terms of social analysis, the submission acknowledged that reproductive technology offered the possibility of children within relationships significantly divergent from traditional patterns of marriage and family. The Inquiry's influence was potentially revolutionary: artificial reproduction and genetic intervention would have the capacity to redefine the "[...] outlook of society."⁹³ Accordingly, the moral implications must be evaluated in light of the "[...] divine creativity that underlies human dignity [...]," and the sense that this is "[...] best achieved within the stability of marriage."⁹⁴ A marriage contracted merely to achieve pregnancy would, however, contradict the essence of the conjugal relationship and meet rejection along with gamete donation and surrogacy. Within the ethical parameters outlined, and accepting a method of semen collection respectful of "[...] the husband's moral principles [...]," the Joint Ethico-Medical Committee's advocacy of assisted and artificial techniques of reproduction differed significantly from the conclusions of other Catholic submissions.⁹⁵

⁹³ "Joint Committee," 10.

⁹⁴ "Joint Committee," 11.

⁹⁵ Movement towards this conclusion is detectable in various local discussions. Expressing reservations about the destructive potential of reproductive technologies, a meeting of the Southwark Branch of the Guild of Catholic Doctors on 7 February 1983 nonetheless concluded: "Fertilisation outside the body was [...] not thought to be contrary to the Church's teachings, providing all its resultant products were returned to the mother's womb." This was founded on the accepted distinction in Catholic teaching on artificial insemination between facilitating conception and entirely replacing it. See: "Southwark Branch," 1983.

3.1.5 The Submission of Dr. P. J. Callaghan of the Guild of Catholic Doctors (Preston Branch)

The stance adopted by the Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors was not uniformly representative. Discussion by the Guild's Preston Branch resulted in a separate submission to the Warnock Inquiry drafted by the secretary Dr. P. J. Callaghan.⁹⁶ Succinct in its evaluation, the Preston Branch's submission causally linked increased dominion over human life with the advent of contraception, abortion, euthanasia, and latterly, the new technologies of reproduction. As such, it declared: "[...] these 'advances' can only reduce the value of human life enormously [...]," to the extent "[...] that the developments described are truly horrifying and ones which can only be condemned."⁹⁷

3.1.6 The Submission of the Catholic Child Welfare Society (Diocese of Leeds and Hallam)

The administrator of the Catholic Child Welfare Society for the Dioceses of Leeds and Hallam, the Rev. Peter Maguire, expressed his concern to the Inquiry into Human Fertilisation with reference to his experience of co-ordinating adoption services.⁹⁸ Stating that growing numbers of adopted children expressed the need to trace their biological parents, Maguire questioned the wisdom of allowing artificial fertilisation that involved anonymous donated gametes: "Human beings like to feel that they are the product of a loving family relationship and to produce a child outside a loving relationship between husband and wife is a grave injustice to that child."⁹⁹ Whilst the pain of childlessness meant that progress towards overcoming infertility would be welcome, any assistance should be "[...] kept within the confines of the couples concerned."¹⁰⁰ The acceptability of artificial reproduction was not judged primarily according to the technique involved, but the appropriateness of its context.

⁹⁶ See: P. J. Callaghan, Letter to M. Warnock, 1983.

⁹⁷ P. J. Callaghan, Letter.

⁹⁸ See: P. Maguire, Letter to J. C. Croft, 1983.

⁹⁹ P. Maguire, Letter.

3.1.7 The Submission of the Catholic Marriage Advisory Council

On the foundation of its experience as an organisation actively committed to marriage and family counselling and support, the Catholic Marriage Advisory Council claimed a particular “[...] competence to submit [...] evidence [...]” to the Warnock Inquiry.¹⁰¹ This was not due to any ethical expertise in relation to the procedures involved; this would come from other sources. Rather, the CMAC’s aptitude resulted from its immersion in the realities of conjugal infertility and the “[...] distress that can be caused when a couple are unable to have a child in the ordinary way.”¹⁰² Appreciative of the advances already achieved in combating infertility, the CMAC recognised the unique nature of human reproduction and life such that any intervention into human fertility must fully accord with human dignity. From within this perspective and according to the issues that “[...] could be expected to be raised in a counselling situation [...],” the CMAC addressed the particular proposals relating to assisted and artificial reproduction.¹⁰³

As “[...] the essential unit for the growth of a worthwhile society [...],” marriage provided the appropriate context for IVF, only acceptable when animal testing had demonstrated success rates comparable to normal human pregnancy.¹⁰⁴ Procedures enabling an otherwise infertile woman to bear her genetic child were distinguished from those involving surrogacy. Whilst not rejected absolutely, the latter represented a “[...] bad bargain [...]” which required “[...] a woman to suffer the problems of pregnancy [...],” denied her the “[...] subsequent joys [...]”, and compelled her to “[...] part with the child she has borne.”¹⁰⁵ The CMAC supported the “[...] need for the close control, if not prohibition [...]” of human cloning.¹⁰⁶ This was due to its compromising effect on genetic individuality and identity, and because of its eugenic potential.

The specific procedure of IVF raised few difficulties, although the movement from artificial fertilisation to transfer in the uterus should not be delayed, nor embryos stored without compelling reasons. Assigning the ethics of surplus embryo creation and

¹⁰⁰ P. Maguire, Letter.

¹⁰¹ Catholic Marriage Advisory Council, Evidence Submitted to the Government Enquiry into Human Fertilisation and Embryology, 1983, 1. To be referred to as CMAC.

¹⁰² CMAC, 2.

¹⁰³ CMAC, 2.

¹⁰⁴ CMAC, 2.

¹⁰⁵ CMAC, 3.

¹⁰⁶ CMAC, 3.

freezing to the remit of other submissions, the legitimacy of an IVF pregnancy after widowhood was explicitly denied due to its impossibility in the “[...] natural order.”¹⁰⁷ Approval for artificial insemination by husband could not, however, be extended to the use of donor sperm. This would diminish the relationship between father and child, creating uncertainties with respect to legal responsibility. Apart from any moral questions, again deferred to other authorities, the difficulties surrounding donor insemination would “[...] require the utmost care in its application [...] tending towards its cessation.”¹⁰⁸ The possibility of sex selection through IVF, for medical and other serious reasons, was accepted in principle. This must not, however, “[...] involve violence to an over-riding principle such as the proper respect due to human life.”¹⁰⁹ Whilst the prospect of trans-species fertilisation to the point of birth was judged to be universally “[...] utterly repugnant [...],” certain benefits would justify the limited existence of embryonic trans-species life forms.¹¹⁰

Despite certain ambiguous and contradictory recommendations, the CMAC submission embraced the principle of respect for the human embryo. This governed the acceptability of future genetic interventions and required an adequate legal framework for infertility techniques. Furthermore, the attitudes adopted towards the assisted and artificial creation of human life, whilst benefiting the childless minority, could promote a sense of life having been “[...] cheapened [...]” and seriously impair the stability of family relationships.¹¹¹ Thus, appropriate regulation should seek to “[...] lessen the risk of instability whilst at the same time ensuring that valuable research and treatments were not stifled.”¹¹²

3.1.8 The Oral Submission of Fr. John Mahoney SJ

Of the Catholic submissions under review, the only oral contribution was that made by the Jesuit moral theologian John Mahoney. Although no transcript exists,¹¹³ Mahoney described the experience as “[...] more like a viva and a discussion which I

¹⁰⁷ CMAC, 4.

¹⁰⁸ CMAC, 5.

¹⁰⁹ CMAC, 5.

¹¹⁰ CMAC, 5. “Where [...] it is known that it is not possible for a particular hybrid to develop, but fertilisation, nonetheless, enables some serious human condition to be effectively treated, the practice would be acceptable. An example would be the fertilisation of hamster eggs by male sperm to determine the appropriate treatment for unexplained infertility.”

¹¹¹ CMAC, 6.

¹¹² CMAC, 7.

¹¹³ Confirmed in D. Alton, Letter to J. Wilson, 2003.

much enjoyed.”¹¹⁴ Reflecting on Mahoney’s contribution, Mary Warnock commented that it was “[...] the best, most intelligent and civilised oral evidence we had so far.”¹¹⁵ Mahoney has confirmed that the position he presented to the Inquiry was substantially that expounded in his 1984 work Bioethics and Belief, although he commented: “[...] the argumentation is more sustained and extended in the book than was possible in conversation.”¹¹⁶ His stance can thus be ascertained from his reflections in Bioethics and Belief.

As a “[...] believing Christian [...] writing from within the Roman Catholic moral tradition [...]” Mahoney sought to address new questions of medical science, though “[...] not to dogmatise, but to dialogue [...].”¹¹⁷ The traditional Catholic objections to artificial reproduction were presented as the masturbatory procurement of semen and the replacement of marital intercourse by a scientific technique.¹¹⁸ Mahoney stressed, however, the need to move from “[...] passive acceptance of God’s gifts [...]” to “[...] active stewardship [...].”¹¹⁹ Shifting the discussion from assessment of human functions to the promotion of human values enabled conception to be seen as the fruit of marital love. How it might actually be achieved was of secondary concern.¹²⁰ Thus, there was no principled objection to either artificial insemination or IVF between husband and wife. Implicit in this was rejection of Humanae Vitae’s teaching that the unitive and procreative aspects of intercourse should never, under any circumstances, be separated.

Mahoney affirmed marriage as the appropriate locus for conceiving and raising children, thus rejecting the use of donors and surrogates as contradictory of the marriage covenant. Yet, he accepted the freezing and storage of gametes and embryos to facilitate marital fertilisation and implantation. His approval “[...] in principle [...]” of conjugal artificial reproduction was, however, dependent on the ethical development and

¹¹⁴ J. Mahoney, Letter to J. Wilson, 2003.

¹¹⁵ M. Warnock, Letter to J. Wilson, 2003. See also: M. Warnock, Nature and Mortality (2003): 88.

¹¹⁶ Mahoney, Letter, 2003. See: Mahoney, Bioethics and Belief.

¹¹⁷ Mahoney, Bioethics and Belief, 9-10.

¹¹⁸ Mahoney, Bioethics and Belief, 13.

¹¹⁹ Mahoney, Bioethics and Belief, 16.

¹²⁰ Mahoney commented: “[...] the frustrations of childless couples and all the disruption and inconveniences entailed by clinical procedures for artificial insemination and *in vitro*-fertilisation can also be expressions of deep mutual love and of shared longing to give each other a child as the fruit of their married life [...].” Furthermore, “[...] if science can now bring to birth this living expression of the love between husband and wife which would otherwise simply not exist, this too [...] must be seen as part of the Creator’s loving plan for all his children.” Mahoney, Bioethics and Belief, 17.

application of the technique.¹²¹ The possibility of embryo destruction and experimentation represented a “[...] cause for grave moral disquiet.”¹²² Due to its impact on society, artificial reproduction would certainly require regulation, but it raised the more significant and fundamental question of the status of the human embryo. Surveying the historical theological arguments surrounding ensoulment, and the scientific evidence for embryo twinning and recombination, Mahoney concluded that animation required the developing organism to exist as an “[...] irrevocable individual biological subject [...],” effectively indicating the fourteenth day of development.¹²³ Therefore, with respect to the embryo, Mahoney stated: “[...] it is possible with a fair measure of moral certainty to maintain that human personhood cannot be ascribed to it in its earliest stages [...],” and without a person there could not be a subject of rights.¹²⁴ Respectful of the early embryo’s “[...] promise [...],” Mahoney nonetheless acknowledged the implications of his position and the tentative possibilities for embryo experimentation in the initial stage.¹²⁵

3.1.9 Reviewing the Submissions to Warnock

The Catholic submissions to the Warnock Inquiry were variously appraised. Within a general discussion of the issues, the Bishops’ Joint Committee had focused on moral implications, the Social Welfare Commission on inter-personal dimensions, and the Catholic Union and Catholic Doctors jointly on medical and legal aspects.¹²⁶ Advocating cautious investigation of present realities, and resistance to certain future possibilities, these submissions sought to uphold the centrality of marriage and legislative control over artificial fertility, whilst unanimously rejecting surrogacy and all donor and cross species fertilisation.¹²⁷ There were, however, recognisable differences of stance and interpretation, reflected in these and the other accompanying submissions.

Whilst all accepted conception as the starting point of new human life, John Mahoney questioned whether this was the life of an ensouled and individual subject of rights. The Welfare Commission, recognising terminological difficulties, desired this

¹²¹ Mahoney, *Bioethics and Belief*, 17.

¹²² Mahoney, *Bioethics and Belief*, 30.

¹²³ Mahoney, *Bioethics and Belief*, 64.

¹²⁴ Mahoney, *Bioethics and Belief*, 86. Mahoney added: “[...] but the intrinsic promise which it does contain even then cannot be thereby discounted or simply disregarded.”

¹²⁵ Mahoney, *Bioethics and Belief*, 96-100.

¹²⁶ See: “Notebook: Test-Tube Babies,” 1983.

¹²⁷ “Notebook,” 1983.

newly conceived life be accorded the rights of a human fetus, distinguished from those of a human person. Furthermore, the submissions differed greatly regarding the acceptability of so-called "simple case" IVF as an ethical fertility technique.¹²⁸ The Catholic Union and Doctors, the Catholic Child Welfare Council, CMAC, and John Mahoney were generally favourable. The Social Welfare Commission was conditionally welcoming, the National Board of Catholic Women was divided, and the Bishops' Joint Committee, emphasising the necessity and integrity of conjugal intercourse for procreation, against, albeit by majority. The Preston Branch of the Guild of Catholic Doctors was totally opposed.¹²⁹ A similar position was broadly reflected with respect to marital artificial insemination. Despite considerable unanimity, contradictory perspectives and conclusions weakened the Catholic position. Such fragmentation was manifest internally through difference of Catholic interpretation.¹³⁰ Externally, it was compounded by challenges to the accuracy and legitimacy of Catholic scientific, philosophical, and moral argumentation.¹³¹

3.2 Catholic Responses to the Warnock Report

Despite Catholic best efforts, the Warnock Inquiry's recommendations failed to substantiate significant principles and concerns outlined by the various submissions. Released on the 18 July 1984, the Warnock Report recommended egg and sperm

¹²⁸ The "simple case" referred to IVF between a married couple with the wife's ova and the husband's sperm fertilising one embryo *in vitro*, with direct transfer to the womb after initial development.

¹²⁹ See also: "Warnock: Clarifying the Issues," Editorial, 1984.

¹³⁰ For example, see: T. Iglesias, "Test-Tube Ethics," 1984 and J. Mahoney, "Comment," 1984. Disagreement centred on Iglesias' rejection of the simple or "[...] ideal case [...]" of IVF, due to risks to the embryo, the unavailability of the procedure, the eugenic and experimental potential, the abandonment of intercourse, and the failure to respect conception as the origin of human life. Mahoney's toleration of the "[...] normal case [...]" of IVF accepted the risks involved as consistent with the numerous risks pertaining in all pregnancies. Furthermore, appreciating the process nature of human development allowed sufficient leeway for intervention: "[...] that which comes into existence through conception is genetically human and alive, as is human tissue, but it is not yet sufficiently stable and biologically developed to be considered a human individual or person." Mahoney, "Comment." For further exchange on the status of fertilised human life see: S. Spencer, Letter, 21 Jul. 1984; J. J. Scarisbrick, Letter, 1984; J. Mahoney, Letter, 1984; T. Iglesias, Letter, 1984; J. Poole, Letter, 4 Aug. 1984; R. B. Zachary, Letter, 1984; J. Poole, Letter, 25 Aug. 1984; N. Pacitti, Letter, 1984.

¹³¹ See: G. R. Dunstan, "Catholics and the Warnock Enquiry," 1983. Dunstan criticised the static approach to conception that identified fertilisation as the beginning of human life. More scientifically accurate was a process approach that distinguished the pre-embryo from the embryo proper, and recognised humanity in organ differentiation and morphogenesis. For counter reply see: J. M. Finnis, "IVF and the Catholic Tradition," 1984; N. Coote, "Genetics," 1984; S. Spencer, Letter, Mar. 1984. See also: M. Kenny, "Test-Tube Babies," 1984. Seeking to substantiate the rationale of the Bishops' Joint Committee submission, Finnis concluded: "A member of the Bioethics Committee may be permitted, finally, to wonder whether we were wise to make any submissions at all to the Warnock Enquiry. All the signs are that the English establishment is comfortably preparing to ratify a future quite foreign to Catholic Christianity, particularly in the matter of respect for human embryonic life." "IVF and the Catholic Tradition," 58.

donation, artificial insemination and in vitro fertilisation by husband and donor, and gamete and embryo storage.¹³² By a narrow majority decision, it approved embryo research up until the fourteenth day of development.¹³³ The Report's publication provoked ominous sentiments from Catholic quarters: "[...] Pandora's box [...]" has been "[...] flung open by the in vitro fertilisation technique as enumerated by the Warnock Report [...]"¹³⁴ Following initial comment by Cardinal Hume, various Catholic responses were issued: a statement from the November meeting of the Bishops' Conference, a reply by the Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors, and an official evaluation by the Catholic Bishops' Joint Committee on Bioethical Issues.

3.2.1 Cardinal Basil Hume's Response to the Warnock Report

Hume's departure point for comment on the Warnock Report was unashamedly theocentric. Human action remained relative to the higher authority of a creator God, only transgressed at a cost.¹³⁵ Thus, questions about life's origins should be approached reverentially, thoroughly debated within society, and, for Catholics, find discernment according to ecclesial moral teaching. Certain aspects of the Report were rejected unequivocally, namely gamete donation and embryo experimentation and destruction. These conflicted with "[...] basic principles of Catholic morality."¹³⁶ The Church must demonstrate compassionate concern for infertile couples, although pastoral care could not falsely dilute ethical realities or responsibilities. While emphasising the detrimental consequences of heterologous donation and fertilisation on marital and family stability, Hume nevertheless thought it better regulated than not. Yet, the Report's refusal to grant the future children of such processes access to information regarding their genetic parentage was a denial of the biological truth of their origins.

¹³² See: M. Warnock, A Question of Life (1985).

¹³³ Whilst approving IVF for infertility, three dissenting members of the Warnock Committee opposed all embryo research; four others disputed the creation of embryos purely for the purposes of experimentation and destruction. A statement by the three, John Marshall, Madeline Carroline, and Jean Walker, urged recognition and legal protection of the embryo from the time of fertilisation onwards. Independent of philosophical speculation about personhood, the embryo's special status and "[...] potential for becoming a human person [...]" quashed any prospect for experimentation. "Minority Report," 1984. Referring to the early embryo, Marshall stated: "It does not matter whether the embryos are at this stage deemed to be persons or not; the fact that they have the potential to become persons bars their use in this way." J. Marshall, "Scientists and the Embryo," 1984, 786.

¹³⁴ "Warnock on a Slippery Slope," Editorial, 1984. See also: "What Warnock Says," 1984; "Warnock in the House of Lords," Editorial, 1984. Less pejorative, but not uncritical is J. Mahoney, "Warnock: A Catholic Comment," 1984.

¹³⁵ See: "Catholic Response to Warnock," 1984.

¹³⁶ "Catholic Response to Warnock," 2.

Hume found agreeable Warnock's prohibition, or at least regulation, of certain fertility or fertility related procedures. His strongest condemnation, however, was reserved for the possibility that human embryos would be subjected to experimentation and destruction during the first fourteen days of existence: "We cannot accept such practices for ourselves, nor approve their provision for others because they deny the right to life for human individuals."¹³⁷ This was no more than abortion at the earliest stage of human development, contradicting the inalienable right to life that existed from conception. Whatever its purpose, scientific research involving the death of human embryos could, for Hume, never be anything other than morally repugnant.

3.2.2 The Bishops' Conference Response to the Warnock Report

Meeting in November 1984, the Bishops' Conference debated a draft response to the Warnock Report drawn up by the Joint Committee on Bioethical Issues. The bishops then released a preliminary statement to preface the official response's publication.¹³⁸ This confirmed conception as the origin of human life and the point from which the developing embryo, even in its incipient stages, must be revered and respected as "[...] sacrosanct [...]."¹³⁹ The tragedy of infertility secured the bishops' encouragement for "[...] all reasonable scientific processes which assist married couples to have children [...]," together with approval of therapeutic techniques advantageous to a developing embryonic life.¹⁴⁰ In this context it would be important "[...] to consider every case with great care before condemning new medical processes."¹⁴¹ Discussion of reproductive technology, however, could not be divorced from considerations of marriage and the family. Moral legitimacy would be nullified by any treatment that undermined the unity and exclusivity of the marital relationship. Neither could such techniques be operated independent of official regulation. The issues at stake were fundamental, both to believers and to all who desired a civilised existence.

The bishops concluded their November statement by ratifying in principle the morality of the "[...] simple case [...]" of IVF, where no embryos would be

¹³⁷ "Catholic Response to Warnock," 2.

¹³⁸ See: "Warnock Report," 1984. As chairman of the Joint Committee on Bio-Ethical Issues, Archbishop Thomas Winning of Glasgow stated the Committee would eventually make a formal response to the Warnock Report. For the interim, he reiterated the points made in the Committee's submission. See: "Bishops' Joint Committee," 1984.

¹³⁹ "Warnock Report," 6; 7.

¹⁴⁰ "Warnock Report," 6.

¹⁴¹ "Warnock Report," 7.

intentionally destroyed.¹⁴² Although not an inclusive treatise, this position lacked full appreciation of conception's indispensable association with a specific personal and embodied act of conjugal intercourse. Consequentially, the bishops' statement caused certain misunderstandings regarding the ethics of IVF resulting in a clarification.¹⁴³ This stressed the immorality of present IVF techniques involving the destruction of embryos, but speculated that future refinements of the process might eliminate such obstacles. Moreover, the "[...] bishops recognised that there are also serious questions about the compatibility of these practices with the Church's teaching concerning marital intercourse as the proper context for the transmission of human life."¹⁴⁴ This latter observation would form a significant element of the Vatican's subsequently negative evaluation of IVF.

3.2.3 The Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors Response to the Warnock Report

The Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors formulated its reply to the Warnock Report on 6 December 1984.¹⁴⁵ Following introductory pleasantries, this re-emphasised two specific themes: the right to life of any human being, and the fundamental importance of marriage and the family in society. In treating the first, the reply acknowledged Warnock's acceptance that the "[...] embryo of the human species [...]" was of such special status that it deserved legislative protection.¹⁴⁶ Yet, associated with inconclusive understandings of personhood, Warnock's assertion that such status was not evident from conception unacceptably denied the embryo's humanity. As a consequence, Warnock's additional proposals for destructive embryo experimentation were equally intolerable.

Concentrating on marriage and family, the Joint Ethico-Medical Committee endorsed Warnock's affirmation of the "[...] two parent family [...]" as the rightful context for children.¹⁴⁷ Concurring with Warnock's rejection of surrogacy, the Committee further specified this context as exclusively marital. While the use of donated gametes was rejected as unethical, if the practice were to be allowed, it

¹⁴² "Warnock Report," 6-7.

¹⁴³ See: "A Clarification From the General Secretary," 1984.

¹⁴⁴ "A Clarification."

¹⁴⁵ See: "Reply to the Department of Health and Social Security's Request," 1985.

¹⁴⁶ "Reply to DHSS," 19.

¹⁴⁷ "Reply to DHSS," 19.

demanded appropriate regulation to ensure consent, restrict eugenic manipulation, and maintain accurate records of genetic heritage. Welcoming the establishment of a Statutory Authority to govern fertility services and research, the Committee desired that it function with a clearly defined remit. Emphasising the importance of holistic judgements about patient suitability for infertility treatment, these must extend beyond clinical evaluations of success to embrace social considerations. Furthermore, the provision of additional National Health Service resources for fertility treatment would be necessary to prevent detracting from other existing medical amenities.

3.2.4 The Catholic Bishops' Joint Committee on Bioethical Issues Response to the Warnock Report

Issued on 11 December 1984, the Catholic Bishops' Joint Committee on Bioethical Issues presented the Secretary of State for Social Services with the most comprehensive Catholic reaction to the Warnock Report.¹⁴⁸ As a tripartite presentation, the general introductory comments focused on critique of the Report's "[...] idea of morality [...]," its "[...] perspective and priorities [...]," and its "[...] inaccurate account of the evidence submitted."¹⁴⁹

Defining Warnock's moral methodology as both consequentialist and sentimentalist, the Joint Committee criticised the Report's failure to fully consider the rights concomitant with human existence, inherent by virtue of membership of the human species and thereby deserving protection. Such affirmation of human life transcended the tensions of a religious versus a secular ethic. In accordance with justice, it established the premise that one human life could not expend another. Warnock's conversely utilitarian stance undesirably demeaned embryonic human rights and life, justifying the manipulation of one life in favour of another.

Within the Report's "[...] perspective and priorities [...]," the Joint Committee detected a shift between the Inquiry's initial remit and the correspondence introducing the text.¹⁵⁰ Considerations of the developments and necessary precautions relating to human fertilisation and embryology had given way to an evaluation of artificial

¹⁴⁸ See: The Catholic Bishops' Committee on Bio-Ethical Issues, Response to the Warnock Report (1984). To be referred to as Response. See also: "Response to the Warnock Report," 1984.

¹⁴⁹ Response, par. 3-16.

¹⁵⁰ Response, par. 8-9.

reproduction for the infertile. In this transfer of attention, impartiality had been compromised. Discussion of the causes of infertility, and the implications for social policy, were omitted, and, moreover, the interests of adults, whether infertile couples or scientists, dominated those of developing embryonic lives. Further criticism concerned Warnock's failure to address central themes within the evidence submitted by the Joint Committee. These had argued that, once conceived, the embryo existed as a human being in development; that justice towards a child demanded conception by two married parents; and that separation of conception from intercourse through IVF would have morally detrimental implications. As predicted, the result was a set of proposals negatively identifying artificial fertility with the characteristics of production, namely "[...] quality control, utilisation and discard."¹⁵¹

The Committee's commentary on Warnock's individual recommendations served mainly as a rebuttal of the measures set forth, particularly those involving donated gametes,¹⁵² embryo storage,¹⁵³ experimentation and destruction,¹⁵⁴ cross species fertilisation,¹⁵⁵ commercialisation¹⁵⁶ and surrogacy.¹⁵⁷ Sustained criticism rejected instrumentalising approaches to human life that sought to establish statute and policy solely from the perspective of adult beneficiaries. The Joint Committee's conclusion reaffirmed the prime value of respect for human life by reiterating its call for legislative defence.¹⁵⁸

¹⁵¹ Response, par. 16. As with the submission, the Response sought to maintain a nuanced position regarding statutory licensing: "We have strong misgiving about the long-term implications for society of any practice of IVF. Indeed, we think the present practice should be rejected outright if there is truth in the claims [...] that the technique is practically inseparable from some intentional destruction of human embryos. If it were the case that the establishment and maintenance of the practice did not involve such intentional killing, we think [...] that the State might permit IVF within marriage." Response, par. 26.

¹⁵² Response, par. 28, 29, 30.

¹⁵³ Response, par. 20, 31, 32.

¹⁵⁴ Response, par. 33-39. The Committee was especially critical of Warnock's assertion that embryos not transferred by day 14 were to be destroyed: "For the first time in the history of our civilisation, deliberate killing of the harmless is to be made not merely permissible, but actually obligatory." The Response rejected the choice of day 14 and the emergence of the embryonic primitive streak as signalling the beginning to the "[...] embryo proper [...]." This was interpreted as an utterly arbitrary stage in a continuous process of unique genetic development initiated with the new human life brought into existence at conception.

¹⁵⁵ Response, par. 40, 48, 49.

¹⁵⁶ Response, par. 42, 50.

¹⁵⁷ Response, par. 51-52.

¹⁵⁸ Response, par. 53-54.

3.3 Further Implications of Warnock

In reaction to Warnock's recommendations, parliamentarian Enoch Powell proposed a Private Member's Bill that attempted to prohibit the creation of human embryos for any purpose other than definite transfer to a specific woman.¹⁵⁹ It would therefore be an offence to possess an embryo without the intention of "[...] enabling a child to be born by a particular woman [...]," effectively criminalizing all embryo experimentation.¹⁶⁰ Resisting any definition of "[...] when a human being becomes a human being [...],"¹⁶¹ the Bill proposed regulations governing the recipient, practitioner, and place where treatment could be carried out. Two registered doctors must support any application, and written permission would last for four months, with a possible extension to twelve, or until transfer. According to the Health Minister, Kenneth Clark, the Bill displayed an "[...] astonishingly different attitude towards the sanctity of human life [...]" than either the Abortion Act or Warnock Report, with significant implications if successful.¹⁶²

Writing to Catholic members of Parliament in praise of the Bill, Cardinal Hume stated that Catholic moral reserve regarding IVF in general was no obstacle to support for a measure seeking to end embryo experimentation and creation for ultimate destruction.¹⁶³ Whatever the justificatory intention or perceived good, embryo manipulation could not be tolerated. Arguing that public opposition demonstrated this moral sentiment, Hume requested that Parliament act with haste to ensure that the regulation of fertility treatment be adequately and publicly accountable: the productive and destructive aspects of IVF demanded legal restraint in conformity with human dignity. Moreover, Hume concluded: "[...] in supporting Mr. Powell's Bill, I would still advocate that there should be further debate concerning all the serious moral problems

¹⁵⁹ See: "Notebook: Defending the Embryo," 1985.

¹⁶⁰ "Unborn Children (Protection) Bill," 1985.

¹⁶¹ "Notebook: Defending the Embryo."

¹⁶² "Notebook: Defending the Embryo."

¹⁶³ "Unborn Children (Protection) Bill," 50.

to which this issue gives rise.”¹⁶⁴ Despite progression through committee and report stages, procedural filibustering secured the Bill’s demise.¹⁶⁵

Hume returned to the question of embryo legislation in response to criticisms levelled at Powell’s Bill, notably by Lady Warnock herself.¹⁶⁶ Rejecting the caricatured depiction of opponents to embryo experimentation as fanatical moral tyrants, Hume sought to situate the discussion within a social context broader than that of self-interested factionalism. The Bill raised crucial questions about the control exercised over human life and challenged the Warnock Report’s majority recommendation that destructive embryo experimentation be permitted. Recognising that the relationship of law to morality was never one of complete identification, Hume expounded that neither should it be one of total separation. Law must find its reference in fundamental notions of justice, the right, and the good, even though selfish and utilitarian perspectives may sometimes lead pragmatism to compromise on principle.

Hume identified this mercenary tendency as plainly evident in a contemporary society that was pluralistic in nature, subjective in morality, and yet was faced with increasing choices and possibilities through technological advance in medicine and science. Where the value and very existence of human life was at stake, the law must do more than regulate practicalities. To protect the weak and vulnerable, it must defend basic goods, rights, and justice. If these could not be discerned from within society’s “[...] ‘common morality’ [...],” then the existence of any present or future socio-moral community must surely be questionable.¹⁶⁷ Hume further noted that similar questions arose when morality was privatised and the law consequently abrogated responsibility for certain activities within the personal sphere, despite their impact on other societal and individual goods and values. Purely utilitarian principles might appear to justify the use of embryos as legitimate means to significant and greatly desired ends. Yet, this was only possible by negating the moral and scientific reality of the embryo as “[...] a human subject with interests and rights because of its humanity [...]” from

¹⁶⁴ “Unborn Children (Protection) Bill,” 51. The Bishops’ Conference reflected on the morality of fertility treatment and IVF at their Low Week meeting of 15-18 April 1985: “They had presented to them papers on the, so called, ‘simple case’ of IVF, and on the question of surrogacy. This was to keep abreast of the on-going national discussion of the morality and the implications of these questions.” “Moral Questions,” 1985.

¹⁶⁵ For comment on measures after the Powell Bill see: W. Cash, “Protecting the Unborn Child,” 1985; K. Hargreaves, “Not Another Committee,” 1985; C. Whitehouse, “Where Compromise Has to Stop,” 1985.

¹⁶⁶ “Principles or Pragmatism,” 1985.

¹⁶⁷ “Principles or Pragmatism,” 182.

conception.¹⁶⁸ For Hume, the “[...] progressive imperative of research [...],” had undermined the absolute moral prohibition previously protective of human life during its first fourteen days.¹⁶⁹ When all scientific benefit had been derived from research during this period, the boundaries would undoubtedly be extended further, and with sinister import, this being the character of such unprincipled endeavour.

Furthering his analysis of the law’s relationship to morality, Hume preached to members of the American Bar Association gathered in London in 1985. He commented that changing social patterns, fragmented value systems, and developments in science presented new challenges to a legislative framework neither comprehensively primed to respond, nor capable of doing to.¹⁷⁰ Thus: “Advances in science and technology have created new problems especially in bio-ethics [...]. Public opinion can be easily confused and the law itself, left groping, making *ad hoc* judgements because there are no agreed moral norms.”¹⁷¹ In proposing personal and professional integrity, Hume urged the search for a necessary consensus on fundamental questions of human existence as essential to founding an adequate philosophy of law. This ultimately demanded recognition of divine law’s primacy over human legislation, and of the Church’s authentic proclamation of absolute moral and human precepts and values: “The Church is not a pressure group enrolling all Catholics in a lobby to enact laws which it has previously devised. Rather, it gives witness to the principles which true law should not transgress [...] based on an understanding of human nature and human society.”¹⁷²

Given the topicality of the human and moral questions raised by new techniques of reproduction, it is perhaps surprising that when consultation among Catholic organisations and agencies working with families took place in September 1985, it left the subject of acceptable Catholic responses to infertility untouched.¹⁷³ The subsequent report, Couples and Children, outlined the emotional, social, and theological factors relating to a child’s birth.¹⁷⁴ It might usefully have also addressed or, at least shown appreciation of, the difficulties facing couples unable to have children. A supposed

¹⁶⁸ “Principles or Pragmatism,” 183.

¹⁶⁹ “Principles or Pragmatism,” 183.

¹⁷⁰ See: “Integrity and the Law,” 1985.

¹⁷¹ “Integrity and Law,” 231.

¹⁷² “Integrity and Law,” 232.

¹⁷³ See: “Couples and Children,” 1985.

¹⁷⁴ See: Family and Social Action, Couples and Children (1986).

moral rigidity, combined with pastoral insensitivity, would never endear anyone to the Catholic cause.

4. Beyond Remediating Infertility: Catholics, Reproduction, and Embryo Experimentation 1986-1990

4.1 Re-establishing Catholic Parameters

The Catholic standpoint in favour of the human embryo was not without consequence. Public support for embryo research and experimentation by the disability charity Mencap resulted in Cardinal Hume withdrawing his patronage in January 1986.¹⁷⁵ Describing Mencap's attitude as "[...] totally unacceptable on moral ground to Catholics [...]," and disassociating himself personally from it, Hume nonetheless affirmed Catholic commitment to care of the handicapped and urged individual Catholics to remain involved and seek reform from within.¹⁷⁶

Again in 1986, Hume explicitly stipulated that the moral challenges posed by the Warnock Report were matters that affected the wellbeing of marriage and family life as a whole.¹⁷⁷ Thus, it would be impossible, given Catholic teaching on marriage and the family, to approach questions of conception in isolation from fundamental notions of the marital relationship as the context for sexual expression. Hume accepted that traditional morality faced new assaults, both from altered ethical attitudes and the changing cultural environment. Where threats to human life and values were officially proposed or realised through legislation, the Catholic Church felt an acute responsibility to respond. It was, however, "[...] not always wise to aim at immediate and total repeal [...]," but better "[...] to settle, at least for the time being, for what is possible in any given circumstance."¹⁷⁸ In this movement towards ethical transformation, Hume insisted on recourse to authentic ecclesial teaching, accompanied by personal witness in moral living.

¹⁷⁵ See: "Cardinal and Mencap," 1986.

¹⁷⁶ "Cardinal and Mencap,"

¹⁷⁷ See: Cardinal Hume on Marriage and the Family (1986).

¹⁷⁸ Hume on Marriage, 4.

4.2 Theological Divergence

Divergent ethical and theological perspectives regarding understandings of the early embryo's development with respect to the treatment of infertility provoked controversial domestic interaction between individual theologians and Church authorities. In his 1984 work Bioethics and Belief, John Mahoney had questioned certain scientific interpretations adopted within the Church's official teaching. These related particularly to the status accorded to the early embryo and the conclusions thereby deduced and applied to artificial fertilisation.¹⁷⁹ As a consequence of views that were "[...] erroneous in being at variance with that teaching [...]," the imprimatur granted to Bioethics and Belief by the Archdiocese of Westminster was withdrawn in June 1986 following intervention by the Congregation for the Doctrine of the Faith.¹⁸⁰

The diocese was sympathetic to Mahoney's case. In a statement accompanying the judgement he upheld the rightful "[...] tension [...]" between theological enquiry and magisterial fidelity.¹⁸¹ Citing Vatican II's recognition of the Church's imperfect knowledge, and its encouragement of theological and scientific investigation, Mahoney questioned, "[...] whether a work which contains passages which are at variance with the Church's official teaching on a particular moral matter is to be considered by that fact as containing moral error."¹⁸² Mutual decision by the author and ecclesiastical authority, however, concurred that the declaration indicating the work was "[...] free from doctrinal or moral error [...]" would be removed from future editions.¹⁸³

Across a spectrum of ethical issues, the moral theologian Kevin Kelly had sought to defend the methodology and pastoral morality of the American ethicist Charles Curran. This included support for Curran's positive moral assessment of assisted and artificial fertility treatments.¹⁸⁴ In July 1986, the Congregation for the Doctrine of the Faith had judged Curran unsuitable and ineligible to teach in a Catholic

¹⁷⁹ See also: "Southern Ethical Committee of the Guild," 1985; "Editorial," CMQ 1985, 126; "Editorial," CMQ 1986, 3-4.

¹⁸⁰ "Bioethics and Belief," 1986, 186; Mahoney, Letter to J. Wilson, 2003.

¹⁸¹ "Bioethics and Belief," 187.

¹⁸² "Bioethics and Belief," 187.

¹⁸³ "Bioethics and Belief," 187.

¹⁸⁴ See: "The Church's Moral Teaching," 1986. Briefing cited an article by Kevin Kelly that appeared in The Times on 29 August 1986. In this he summarised his position, arguing for a person-centred morality in conformity with his own, and Charles Curran's, interpretation of the teaching of Vatican II. This allowed for a more flexible evaluation of issues traditionally prohibited by Catholic moral teaching. For a

institution. In the specific context of reproductive technology, Kelly alluded to the impact a more progressively personalist approach, such as that proposed by Curran, might have. Questioning the moral equivalence of an early human embryo and a human person, he intimated that a compassionate response to infertility might tolerate IVF and surplus embryo destruction.¹⁸⁵ As Chairman of the Theology Committee of the Bishops' Conference, Bishop Francis Thomas of Northampton responded to Kelly's assertions.¹⁸⁶ He rejected the implication that disagreement existed between the position of the Vatican and that of the episcopate. Furthermore, Thomas criticised Kelly's interpretation of Vatican II and a theological methodology that denied objective morality in favour of a consequentialist ethic: "There is room for serious probing and questioning, but not for the kind of open dissent that leads nobody forward."¹⁸⁷

4.3 Magisterial Clarification

At the level of universal teaching, the 1987 document from the Congregation for the Doctrine of the Faith, Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation, offered a definitive ecclesial assessment of reproductive technology.¹⁸⁸ It sought to establish two main points of principle. The first was that from the time of conception, the human embryo must be accorded the same status and protection as that given to a person. The second declared a specific act of conjugal intercourse to be the only acceptable means of procreation. Thus, the Instruction prohibited all destructive embryo manipulation and every form of artificial and assisted reproduction with one exception. This was in cases of homologous artificial insemination where the technique employed facilitated, but did not substitute, the sexual act.¹⁸⁹

Episcopal assent to the document was unambiguous. For Cardinal Hume it represented "[...] an authoritative expression of the Church's Magisterium."¹⁹⁰

representative presentation of the Curran case see; C. E. Curran and R. A. McCormick, eds., Readings in Moral Theology No.6 (1988): 307-537.

¹⁸⁵ "The Church's Moral Teaching," 229. See also: Kelly, Life and Love (1987): 105-132.

¹⁸⁶ Bishop Thomas' reply to Kelly was through a letter to The Times on 30 August 1986. See: "The Church's Moral Teaching," 229-230.

¹⁸⁷ "The Church's Moral Teaching," 230.

¹⁸⁸ See: Congregation for the Doctrine of the Faith, Instruction on Respect for Human Life (1987). For contrasting theological discussion see: C. Connolly, ed., New Life (1987) and T. A. Shannon and L. Sowle Cahill, Religion and Artificial Reproduction (1988).

¹⁸⁹ Instruction on Respect, II, par. 6.

¹⁹⁰ "Respect for Human Life: A Statement by Cardinal Hume," 1987.

Furthermore, he expressed ambitious confidence that the “[...] Instruction will be received and accepted by the Catholic community.”¹⁹¹ Consistent with previous magisterial teaching, Hume confirmed that respect for human life in its earliest stages was the logical consequence of the belief that conception signalled life’s unrivalled starting point.¹⁹² For Bishop Augustine Harris, Chairman of the Bishops’ Conference Department for Social Responsibility, the Vatican document was both opportune and pertinent, “[...] just as we in Britain are preparing legislation to control embryo manipulation.”¹⁹³ In clarifying the “[...] nature of the embryo as human life and the unique dignity of the transmission of human life [...],” the Instruction provided a more agreeable foundation than the propositions of Warnock.¹⁹⁴ An introductory overview established the text’s purpose and parameters: “It is not intended to halt further reflection, for instance by moral theologians, but to ensure that this takes place within the context of what is to be acknowledged as the teaching of the Church.”¹⁹⁵

Wider Catholic opinion was less complimentary. The Tablet described the Roman statement as clear and rigorous, but branded it unconvincing in presentation and argumentation.¹⁹⁶ In too closely identifying the embryo with the individual human person, both the Catholic moral tradition and modern science had been compromised.¹⁹⁷ Furthermore, rejection of artificial and assisted reproduction on the grounds that it thwarted the unitive dimension of sexual intercourse failed to recognise such techniques as extensions of the “[...] fullness of love [...],” integral to conjugal life.¹⁹⁸ Characterised by a “[...] suspicion of technology [...],” the Instruction depreciated the reality of infertility, demonstrated through the “[...] harsh rigidity [...],” of its teaching.¹⁹⁹

The May 1987 editorial comment of the Catholic Medical Quarterly expressed incomprehension that the Vatican’s Instruction had prohibited homologous marital in

¹⁹¹ “Respect for Human Life: A Statement by Cardinal Hume.”

¹⁹² “Respect for Human Life: A Statement by Cardinal Hume.”

¹⁹³ “Respect for Human Life: A Statement Issued by Bishop Augustine Harris,” 1987.

¹⁹⁴ “Respect for Human Life: A Statement Issued by Bishop Augustine Harris.”

¹⁹⁵ “Respect for Human Life: A Preliminary Guide,” (1987).

¹⁹⁶ See: “Not the Document That Was Needed,” Editorial, 1987.

¹⁹⁷ For debate on the relationship between the embryo and personhood see: D. Williamson, “Persons and Embryos,” 1987 and M. Conti, “Body and Soul,” 1987.

¹⁹⁸ “Not the Document.”

¹⁹⁹ “Not the Document.” Both the Instruction and The Tablet editorial received a mixed reaction. See: D. Giusti, Letter, 1987; A. Murray, Letter, 1987; V. Noble, Letter, 1987; D. A. Poole, Letter, 1987; L. and J. Remple, Letter, 1987; J. Poole, “Viewpoint: A Doctor’s Complaint,” 1987; D. Oliver, Letter, 1987; M. Low, Letter, 1987; T. Press, Letter, 1987; N. C. G. Bathurst, Letter, 1987; P. Kelly, Letter, 1987.

vitro fertilisation and embryo transfer when executed for the benefit of the mother and child and accompanied with all necessary safeguards.²⁰⁰ The procedure was no more unnatural than many other medical interventions: “[...] this assistance is surely for the good of the person (and of the child) or must we abandon it, together with pacemakers, artificial feeding, transplant surgery and such like?”²⁰¹ Opposition to embryo experimentation and destruction was understood to be distinct from such possible remedies of conjugal infertility.²⁰² On hearing of the possibility of the Vatican document, Kevin Kelly questioned its appropriateness and suggested that any statement should be made ecumenically.²⁰³

4.4 Fertility and Embryo Research: Further Catholic Intervention

Following the Warnock Report’s recommendations a Government Consultation Paper, “Legislation on Human Infertility Services and Embryo Research,” sought to codify its proposals. This offered yet a further opportunity for the Catholic perspective to be put forward, realised through three significant contributions.

4.4.1 The Catholic Bishops’ Joint Committee on Bioethical Issues

The Catholic Bishops’ Joint Committee on Bioethical Issues submitted a response to the consultation process in 1987.²⁰⁴ Catholic re-engagement with the question took encouragement from examples of statutory protection for the embryo enacted elsewhere “[...] with a proper sense of justice [...]”²⁰⁵ Presuming that the responsibility of preserving justice and defending innocent life was integral to society, this must therefore embrace concerns for the moral dignity of the embryo, inviolable and deserving of protection by virtue of its humanity. Thus, the need for legislative safeguard was essential and urgent. It must forbid “[...] any generating of human embryos for a purpose other than the immediate transfer of each and every embryo to the womb [...],” and “[...] any form of research or experimentation upon any human

²⁰⁰ See: Editorial, *CMQ* May 1987. The safeguards involved the creation of an embryo only for implantation, no fertilisation of spare embryos, and no storage, experimentation, or research.

²⁰¹ Editorial, *CMQ* May 1987, 49.

²⁰² See: Editorial, *CMQ* Feb. 1987. See also: A. P. Cole, “The Issue of Embryo Research,” 1987; T. Phipps, “Embryo Experimentation,” 1987.

²⁰³ See: Kelly, *Life and Love*, 154-155. See also: Major Catholic Theologian Offers Different Approach, 1987.

²⁰⁴ See: “Response to the Proposed Warnock Legislation,” 1987.

²⁰⁵ “Response to Proposed Warnock,” 235.

embryo for a purpose other than benefit to the particular embryo concerned.”²⁰⁶ This would require firmer regulation than that expressed in the 1985 Unborn Children (Protection) Bill and might usefully employ Australian models. These offered comprehensive protection from non-therapeutic experimentation to each individual human embryo, with restrictive implications for IVF and embryonic freezing.²⁰⁷

A significant claim of both the Warnock Report and the Consultation Paper was that only at day 14 of an embryo’s existence were its cells distinguishable from those of the placenta and thus identifiable as cells “[...] from which the baby can be expected to develop.”²⁰⁸ Rejecting this demarcation as arbitrary and inaccurate scientific misinterpretation, the response reaffirmed the genetically accomplished dynamic operative within the conceptus from fertilisation. Although the embryo passed through various important points of development, it maintained a continuous organic identity.

The specific concerns of the Joint Committee were those now normative within the Catholic agenda. Without necessarily conceding approval, fertility services and embryo research must nevertheless be regulated “[...] within a framework of criminal law [...],” and through an inclusively representative and interdisciplinary “[...] statutory licensing authority [...],” ultimately accountable to Parliament.²⁰⁹ Furthermore, effective pre-fertility treatment counselling should be combined with accurate registration of parentage in cases of egg, sperm, or embryo donation, thus enabling, as with adoption, biological ancestry to be traced. On the various remaining issues, the response offered clear proposals. By contradicting the exclusivity of the marital relationship and the rights of the child, surrogacy and its associated practices should be prohibited. In addition, full appreciation of the embryo’s humanity, and a child’s right to proper generation through conjugal intercourse, should forbid embryo freezing and storage together with fertilisation from gametes of a deceased donor, egg and embryo donation, trans-species fertilisation, and embryo experimentation.

²⁰⁶ “Response to Proposed Warnock,” 235.

²⁰⁷ “Response to Proposed Warnock,” 235-236. The submission proposed the findings of a 1986 all-party Select Committee of the Senate of the Commonwealth of Australia.

²⁰⁸ “Response to Proposed Warnock,” 236.

²⁰⁹ “Response to Proposed Warnock,” 236-237.

4.4.2 The Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors

The Catholic Union and Guild of Catholic Doctors Joint Ethico-Medical Committee's reply to the consultation on legislation for infertility services and embryo experimentation offered comprehensive assessment of the Government's proposals.²¹⁰ Consistent throughout with the interpretation previously presented in the submission to the Warnock Inquiry, the document's initial clarifications rejected the term pre-embryo for embryonic life younger than fourteen days.²¹¹ It further insisted that artificial fertilisation be available solely to married couples, reinforced by the proposed exclusion of donated gametes from reproductive technologies.

The Ethico-Medical Committee supported the establishment of a professionally competent and unbiased statutory regulatory authority. Moreover, it sought criminalisation beyond the Warnock recommendations, extending this to cover any embryo experimentation other than that therapeutically beneficial to a specific newly conceived life. Pre-fertility treatment counselling and registration of genetic heritage in the case of donated gametes were deemed mandatory. In reiterating opposition to surrogacy, embryo freezing, and trans-species fertilisation, the reply argued in favour of embryo donation if this were the only means of preventing destruction.

4.4.3 The National Board of Catholic Women

The National Board of Catholic Women responded to the consultation on infertility and embryo legislation with a bipartite submission replicating that of the Bishops' Joint Committee. The first part offered a general, background presentation; the second, a more detailed treatment of the specific issues involved.²¹² Situating discussion of embryo research and fertility treatment within the wider panorama of human life's divine origin, sanctity, and necessary protection, Warnock's biological delineation establishing the fourteenth day as morally determinative for embryogenesis was rejected

²¹⁰ See: "Reply to the Consultation Paper Legislation on Human Infertility Services," 1987. See also: S. Spencer, "Technology and Sex," 1987.

²¹¹ The Guild of Catholic Doctors criticised the 1987 Vatican Instruction's use of the term pre-embryo. This, it maintained, "[...] was invented by the pro-abortionists to suggest that the embryo up to 14 days was not human, – and that consequently it would be licit to abort it. [...] The Vatican appears to have accepted the term, but [...] no one should be deceived by this blatant attempt to confuse the issue." Editorial, *CMQ* Nov. 1987, 154.

²¹² See: "Catholic Women Respond," 1987.

in favour of conception. From this point “[...] there is a new beginning of a distinct identifiable individual who will be recognisably the same individual until death.”²¹³

In conformity with the Bishops’ Joint Committee, the Catholic Women’s submission supported a statutory licensing authority, respectful of the rights of the embryo and diversely composed, with female and religious representation. Advocating compulsory counselling for parents seeking fertility treatment, the submission criticised Warnock’s emphasis on the achievement of pregnancy to the detriment of considerations about any future child’s welfare. In the absence of prohibition, the submission sought the regulation and modification of certain practices. If gamete and embryo donation were to occur, there should be appropriate assessment of donor suitability, akin to the procedures of adoption. The process should similarly be subject to a licensing authority with birth registration accurately recording the genetic and gestational parentage. Even without commercial motivation, surrogacy was judged so contradictory of the child’s good, and so fraught with potential legal and ethical complexities, that it should be outlawed. The Warnock Report’s proposals for embryo storage, destruction, cross-species fertilisation, and experimentation were rejected as an affront to inherent embryonic human dignity and the basic principles of medical ethics.²¹⁴ To this end the submission proposed a two-year moratorium on all embryo experimentation to enable continued reflection and debate.

4.4.4 “Human Fertilisation and Embryology: A Framework for Legislation.”

Following its comments on Government proposals for infertility and embryo legislation, the National Board of Catholic Women appealed to the Secretary of State in April 1988, requesting further clarification concerning the “[...] form [...]” of such “[...] comprehensive legislation [...]”²¹⁵ The approach was prompted by alternative clauses in a draft White Paper: “Human Fertilisation and Embryology: A Framework for Legislation.” The National Board queried options within the Paper that both allowed and prohibited embryo research, although neither forbade embryo storage or destruction. Furthermore, the Board rejected proposals for the delegation of legislation to a Statutory Licensing Authority without full debate before Parliament. It restated its

²¹³ “Catholic Women Respond,” 259.

²¹⁴ “Catholic Women Respond,” 260. In defence of embryo rights, the submission cited the World Medical Association’s Declaration of Geneva (1948, revised 1968), and the World Medical Assembly’s Declaration of Oslo (1970) and Declaration of Helsinki (1964, revised Tokyo 1975).

request for a moratorium on embryo research until appropriate statutory regulations had been formulated. A reply from Lord Skelmersdale gave assurances that the options within the White Paper related to possibilities for debate with respect to general principles. Moreover, no significant changes would be effected in primary legislation without proper parliamentary consideration.²¹⁶ A Government moratorium on embryo research was rejected, however, as prejudging “[...] the issue [...]” on which the Government maintained “[...] a neutral stance.”²¹⁷

The Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors commented on “Human Fertilisation and Embryology: A Framework for Legislation,” stating that any Statutory Licensing Authority must have strong theological and philosophical representation and restrict fertility treatment to married couples.²¹⁸ The Committee registered its anxiety that criticisms outlined in its previous submission had failed to impact upon Government proposals, noticeably with respect to embryo experimentation and storage, gamete donation, and the registration of genetic parentage.

4.5 Movement Towards Legislation on Fertility Treatment and Embryo Research: Cardinal Hume and the Bishops’ Conference

After the November 1988 Bishops’ Conference meeting, Cardinal Hume wrote to the Prime Minister, Margaret Thatcher, concerning the Government’s failure “[...] to introduce legislation controlling research on human embryos.”²¹⁹ Although not entirely agreeable, the propositions of the Warnock Report had offered some regulation and supervision. More acceptable was the Government’s White Paper reply to the Warnock Committee and its “[...] proposals for alternative solutions to the more contentious aspects of this very human and profoundly serious problem.”²²⁰ Hume lamented, however, that the latter had regrettably yet to find formulation in a Bill that could be debated and voted on in Parliament. This merely perpetuated a situation of unregulated embryo experimentation to the detriment of human dignity. As such, it should be remedied without delay.

²¹⁵ “The Voice of Women in the Church,” 1988.

²¹⁶ “The Voice of Women,” 318.

²¹⁷ “The Voice of Women,” 318.

²¹⁸ “Joint Ethico-Medical Committee: Comments on Human Fertilisation and Embryology,” 1988.

²¹⁹ B. Hume, Letter to M. Thatcher, 1988. See also: “November Meeting,” 1988.

²²⁰ B. Hume, Letter to M. Thatcher.

In a further letter to the Secretary of State for Health on 26 October 1989, Cardinal Hume reinforced efforts made by the Catholic Hierarchy regarding embryo legislation.²²¹ His concern was twofold: first, he expressed the desire to ensure sufficient parliamentary debate for those opposed to embryo experimentation to make an adequate case. This would necessitate the accurate phrasing of protective legislative clauses: "It is essential that those who oppose all experimentation are not impeded from a proper debate by ambiguous, weakened or ineffective translation of their position in the drafting of the relevant clause."²²² Secondly, Hume articulated the need for a completely free vote to enable parliamentarians to act according to their consciences. This was in reaction to a newspaper report "[...] attributed to 'Ministers' that the fourteen days alternative was the option which 'the Government wishes.'"²²³ Hume emphasised that Catholic opposition to embryo experimentation was not merely an offshoot from the Catholic position on IVF, nor an attempt to seek statutory approbation for Catholic morality. Embryo experimentation was opposed because it destroyed human lives and contravened medical ethics and good practice. The Secretary of State's reply assured the Cardinal of a free vote on the matter.²²⁴

A statement issued at the Bishops' Conference November 1989 meeting supplemented Hume's letter.²²⁵ It set out the stark choice shortly to be presented before Parliament: either a total prohibition of embryo experimentation or legal sanction for experimentation in the first fourteen days of embryonic life. Catholic resistance to embryo experimentation was contextualised within the wider defence of human life and dignity. The destruction of human lives at their initial stage could not be legitimised by whatever potential benefits were proposed: "[...] it is all too easy to sweep aside the moral issue by using such expressions as 'pre-embryos' or mere 'collections of cells.'"²²⁶ Allying themselves with whoever might reject embryo experimentation, whether on religious or ethical grounds, the bishops urged a communication of feeling to Parliament and the general public, and reiterated the need of a free vote for politicians.

²²¹ See: "Cardinal Hume on Embryo Research," 1989.

²²² "Cardinal Hume on Embryo Research."

²²³ "Cardinal Hume on Embryo Research."

²²⁴ "Cardinal Hume on Embryo Research."

²²⁵ "Bishops' Conference of England and Wales: November Meeting - IVF," 1989.

²²⁶ "Bishops' Conference: November Meeting - IVF."

Further entering the political arena, Hume sent an open letter to the Duke of Norfolk, president of the Catholic Union, on 29 January 1990.²²⁷ This detailed the Church's stance on embryo experimentation and appealed that this be disseminated within Catholic parliamentary circles. The House of Lords had voted in favour of experimentation during the first fourteen days and both previous, and forthcoming, debates in the House of Commons required certain ambiguities to be clarified. Primary amongst these was the certainty of Catholic teaching. Hume acknowledged that some Catholics remained unconvinced by the adequacy of the argumentation expressing the Church's position. An example of such uncertainty, cited by Catholics and non-Catholics alike, was the standpoint of the Australian Salesian Philosopher, Norman Ford.²²⁸

Ford had investigated the progress of modern embryology and concluded that human individuality was only evident with certainty around the fourteenth day of embryonic development, when the possibility for twinning had ceased with the advent of the primitive streak. Accordingly, it would therefore be impossible to speak definitively of a human individual being present from the time of conception. Despite Ford's apparent hesitation, Hume stressed his "[...] assent to the Church's teaching [...]".²²⁹ Ford had attempted to speak accurately about the biological process; he had not sought to justify embryo destruction. His analysis, however, met with opposition.²³⁰ Reflecting on the evidence, Hume's judgement was that "[...] there should be no reasons for a Catholic to withhold his support from an 'anti-experiment' option on the grounds that the Church's teaching is in dispute and therefore, uncertain."²³¹

Seeking to clarify a second ambiguity, Hume underscored the broad level of support for measures seeking legislative protection for human life beyond Catholic and even religious persuasion.²³² Although the proposed Bill seemingly offered two alternatives, one for embryo experimentation, the other against, Hume criticised even

²²⁷ See: "The Embryo Debate," 1990. The Duke of Norfolk responded by urging Catholic electors to oppose embryo experimentation and destruction. See: M. Norfolk, Letter from the President of the Catholic Union, 1990.

²²⁸ See: N. M. Ford, *When Did I Begin?* (1988). See also: K. Kelly, "Ethics, Science and Embryos," 1989.

²²⁹ "The Embryo Debate," 65.

²³⁰ For example see: M. Conti, Letter, 1990; J. Finnis, Letter, 6 Jan. 1990; J. Finnis, Letter, 27 Jan. 1990; R. V. Short, Letter, 1990; N. Ford, Letter, 3 Feb. 1990; M. Jarmulowicz, Letter, 1990; J. Finnis, Letter, 24 Feb. 1990; M. Potts, Letter, 1990; N. Ford, Letter, 17 Mar. 1990; C. R. Austin, Letter, 1990; J. N. Santamaria, Letter, 1990; N. Ford, Letter, 28 Jul. 1990.

²³¹ "The Embryo Debate," 65.

²³² "The Embryo Debate," 65.

the anti-experimentation option for its “[...] arbitrary definition of ‘embryo’ [...]”, which left “[...] open the possibility of experimentation for an initial forty hours or so until a two cell zygote stage.”²³³ This attack on life was exacerbated by Lord Houghton’s 1990 Abortion Bill; in seeking to reduce the termination limit from 28 to 24 weeks, it also sought enlargement of the grounds for permissible abortion in the later stages of pregnancy.

Hume was clear that while each individual legislative proposal pertaining to human life was significant, cumulatively these were also responsible for shaping an overall ethical framework. Thus, their approach and content should provide “[...] firm principles enshrined in legislation which unambiguously lay the foundations for the future protection of human dignity, integrity, and responsibility.”²³⁴ Offering an episcopal lead, and citing the recent papal Apostolic Exhortation on the laity, Hume urged lay Catholics in particular to fulfil their vocation through promoting the right to life, notably in the political sphere.²³⁵

The Catholic campaign against the legalisation of embryo experimentation prompted Cardinal Hume to speak out in a diocesan pastoral letter.²³⁶ In simple and straightforward language he focused on the sole concern of “[...] using embryos for experiments and destroying them.”²³⁷ Emphasising that fertilisation initiated the “[...] continuous process of development which has led to the person I am today [...]”, Hume rejected argumentation “[...] that the embryo in its earliest stages cannot be said to be a human life.”²³⁸ Such analysis was unrepresentative of the “[...] Catholic position.”²³⁹ In answering the question “[...] When did I begin? [...]” Hume unambiguously affirmed:

²³³ “The Embryo Debate,” 65.

²³⁴ “The Embryo Debate,” 66. “Some people believe that it was the failure of Catholics in 1967, whether bishops or lay people in public positions, which helped set society on a confused course of public policy. However unfair such an accusation, there is an opportunity to make sure now that the proper development of public policy is rescued from the mistakes and consequences of the 60s and 70s.”

²³⁵ “The Embryo Debate,” 66. Hume stated: “Pope John Paul speaks of the need for lay people to combine the importance of the ‘spiritual life’ with the secular life including the ‘responsibilities of public life’ (paragraph 59), to have knowledge of the Church’s social doctrine (paragraph 60), and ‘having responsibility in various capacities and at different levels in the medical, social, legislative and economic fields’ to ‘accept courageously the challenge posed by new problems in bio-ethics’ (paragraph 38).” See: John Paul II, *Post-Synodal Apostolic Exhortation Christifideles Laici* (1988).

²³⁶ See: “Cardinal Rallies Catholics Against Embryo,” 1990. Hume wrote to other diocesan bishops suggesting that they also speak out in their respective dioceses. See: B. Hume, *Letter to Bishops*, 1990. Various individual bishops, for example Joseph Gray of Shrewsbury, followed his lead, essentially repeating the same message. See: J. Gray, *Statement on Human Fertilisation*, 1990.

²³⁷ “Embryo Experiments,” 1990.

²³⁸ “Embryo Experiments,” 83.

²³⁹ “Embryo Experiments,” 83.

"[...] the very act of love which united my father and mother was the source of my own life."²⁴⁰ Thus, to demand protection for human life from the time of fertilisation was not to oppose scientific progress, but to recognise the ethical limitations that restrained the manipulation and destruction of human life. Accepting that "[...] human life begins at fertilisation [...]" morally prohibits embryo experimentation, even for supposedly worthy reasons.²⁴¹ The embryo's essential humanity and sacred origin in a divine-human creative act, combined with scientific uncertainty regarding the potential benefits of embryo experimentation, and a variety of alternative acceptable methods for research, should serve to secure its respect and defence.

Some individual reactions to Hume's letter were critical. Against reasoned propositions for responsible research, the Church's teaching was judged authoritarian and uninformed.²⁴² For others, it was plainly scientifically inaccurate to deny that the fourteenth day of embryo development was the beginning of a new and individual human life.²⁴³ As the parliamentary debate on embryo experimentation approached, discussion intensified and gathered momentum.²⁴⁴ The ethical difficulties that faced the Warnock Committee had not been resolved to universal satisfaction and the tensions resurfaced in both the political and legislative arenas.²⁴⁵

In an article in The Times, Cardinal Hume repeated the main arguments against embryo experimentation to a wider audience.²⁴⁶ Concentrating on implications, Hume emphasised the connection between the attitude adopted towards the value of embryonic life and the impact this would have for value judgements of all human life, especially when most fragile: "The vital decisions we reach on human fertilisation and embryology will later affect how we regard the status of each individual, his or her human rights, the treatment of people who are handicapped, the fate of the senile and

²⁴⁰ "Embryo Experiments," 83.

²⁴¹ "Embryo Experiments," 83.

²⁴² See: A. Pospieszalski, Letter, 1990: "If the opposition of the Church to experimentation with human embryos [...] be right, the letter fails to support it by a single argument other than the teaching of the Church itself reinforced by a personal feeling of the Cardinal that the beginning of the human person is at fertilisation. The Church has adopted this appealingly simple but question-begging position."

²⁴³ Lord Walton of Detchant, "Embryo Research," 1990. For a rebuttal of Lord Walton's interpretation see: S. Spencer, "Acting Editor's Comment," 1991.

²⁴⁴ For an overview of ethical positions see: K. T. Kelly, "Embryo Research," 1990; O. Pratt, "The Embryo Debate: 1," 1990; N. M. de S. Cameron, "The Embryo Debate: 2," 1990; K. T. Kelly, "The Embryo Research Bill," 1990; R. A. McCormick, "The Embryo Debate: 3," 1990; A. McLaren, "The Embryo Debate: 4," 1990; J. Marshall, "The Embryo Debate: 5," 1990.

²⁴⁵ See: F. Harrison, "Some Legal Considerations," 1990.

²⁴⁶ Reproduced in: "Life and the Way to Moral Death," 1990. Hume's article appeared in The Times on 16 Mar. 1990.

the terminally ill.”²⁴⁷ Assuming the right to designate any stage or type of human existence as expendable risked the repercussion “[...] of creating a society that is potentially self-destructive.”²⁴⁸ Whilst compassionate and utilitarian arguments might persuade some, or even many, including parliamentarians, Hume feared such myopic and unrestrained enthusiasm would permit legislation lacking in essential safeguards and therefore “[...] fundamentally flawed.”²⁴⁹

In furthering his argument, Hume specified three myths commonly employed to justify embryo experimentation. The first proposed that embryo experimentation was necessary for the treatment of infertility. This was rebuffed on the grounds that IVF, and other fertility technologies not destructive of the embryo, were readily available. A second myth maintained that embryo experimentation was required to treat genetically inherited disease. In reality, this was already being achieved through selective embryo reduction, with genetically defective embryos screened and destroyed. The third myth, and for Hume “[...] probably the most mistaken and dangerous notion [...],” was that embryonic life up to a designated point of development did not qualify for human status.²⁵⁰ Denying any significant point of origin for human life other than fertilisation, Hume contended that philosophical and theological questions regarding personhood and ensoulment were beyond the remit of science and legislation. The latter must always serve and advantageously favour the protection of human life.

The Human Fertilisation and Embryology Bill was debated in the House of Commons on 23 April 1990.²⁵¹ That morning, the four Catholic archbishops of England jointly wrote to The Times in a final attempt to emphasise the absolute nature and significance of the moral principles involved.²⁵² No justification whatsoever could mitigate the responsibility of defending human life from its earliest stages, neither the autonomy of subjective choice nor any supposed beneficial consequences: “[...] if these benefits can only be obtained by destroying human lives, such a policy must be wholly unacceptable.”²⁵³ The principle of justice demanded that the protection of human life be

²⁴⁷ “Life and the Way,” 111.

²⁴⁸ “Life and the Way,” 111.

²⁴⁹ “Life and the Way,” 111.

²⁵⁰ “Life and the Way,” 112.

²⁵¹ This followed a mandate for embryo research from the House of Lords. See: “Research on the Embryo,” 1990; “Big Vote for Embryo Research,” 1990.

²⁵² The text was reproduced within “Parliamentary Debate on Human Life,” 1990.

²⁵³ “Parliamentary Debate,” 163.

equally applied under the law, irrespective of “[...] characteristics, attributes or achievements.”²⁵⁴

During their April 1990 Low Week meeting, the Bishops’ Conference responded formally to the Commons’ vote in favour of the Human Fertilisation and Embryology Bill. It stated its regret and abhorrence at the decision: “Parliament’s decision may legalise this practice, but it remains morally wrong, and deeply repugnant to many people.”²⁵⁵ The acceptance of embryo experimentation and destruction had effectively decided that certain categories of human existence were expendable. Furthermore, it removed any impetus and resources for scientists to explore ethically acceptable alternative therapeutic treatments for infertility and disability. Concerned about future ramifications, the bishops expressed their anxiety that the arbitrary fourteen-day limit imposed on experimentation would eventually be transgressed, further imperilling human life. Whilst ethical debate must persist, the favoured legislation represented a commodification of human life, now legally subject to rejection and disposal in its earliest stage.

For Hume, the decision, together with that permitting abortion up to the time of birth in cases of fetal handicap, invalidated any notion that Britain was a “[...] truly Christian society.”²⁵⁶ Human life had been reduced to the status of an object, capable of being manipulated according to selfish utility and quality control: “The desire to have a baby is natural and powerful, but does not over-ride the right of the early human life to be protected.”²⁵⁷

5. Catholic Responses to Reproductive Technology 1991-2000

5.1 Consultation on Sex Selection of Human Embryos

In order to implement the 1990 Human Fertilisation and Embryology Act, the Government established the Human Fertilisation and Embryology Authority (HFEA) in 1991 as a statutory organisation responsible for regulating, licensing, and investigating

²⁵⁴ “Parliamentary Debate,” 163.

²⁵⁵ “Parliamentary Debate,” 164. See also: “Bishops Deplore Embryo Vote,” 1990.

²⁵⁶ “Parliamentary Debate,” 165. See also: “Sanctity of Life has been ‘Abandoned,’” 1990.

²⁵⁷ “Parliamentary Debate,” 164.

fertility treatments and embryo research.²⁵⁸ In January 1993, the Authority initiated a consultation process on the subject of the medically assisted sex selection of human embryos. The Catholic Bishops' Joint Committee on Bioethical Issues submitted a contribution focusing on the moral dimensions of primary and secondary sex selection for medical and social reasons.²⁵⁹ The fundamental concern was that any determination of a particular embryo's unsuitability would be intrinsically and damagingly eugenic.

Selection for medical reasons was already permissible in law. The Joint Committee, however, re-emphasised that legality and morality were not necessarily coincident. Despite its supposedly worthy motivation, the selection of embryos to eliminate the carriers of a particular disease and disability involved negative value judgements against particular types of human existence. Whilst disease and disability were definitely undesirable, these should not be eliminated through the destruction of embryonic life. Furthermore, allowing embryos to be screened for defects and then destroyed engendered a search for "[...] superior children [...]"²⁶⁰ It would detrimentally influence parental concepts of choice, and the social standing of the sick and handicapped.²⁶¹ Irrespective of the method employed, the arbitrariness of categories for embryonic selection would inevitably lead to discrimination.

There was more consonance between the views of the Joint Committee and the HFEA with respect to sex selection for social reasons. The amended 1967 Abortion Act had rejected undesirable gender as legitimate grounds for abortion. The Joint Committee suggested this should logically be extended back from the fetus to the embryo. The inference that social sex selection would limit population and bring the social benefits of smaller families was questionable. Yet, there was agreement that the capacity to choose a child's sex would further promote sexual discrimination, render the welcome given to any children conditional, and reinforce sexual stereotypes already undesirable in society.

The imposition of restraints in the area of sex selection, whatever the motivation, evoked more fundamental questions of personal autonomy and the

²⁵⁸ The Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors submitted comments on the HFEA's proposed Code of Practice. Rather than seeking to challenge principles, this sought to minimise inadequacies in favour of prospective children. See: "Reply to the Consultation Document on the 'Code of Practice,'" 1991.

²⁵⁹ See: "Sex Selection: Response to the Public Consultation Document," 1993.

²⁶⁰ "Sex Selection," 5.

legitimacy of restricting personal choice in an allegedly private matter. The submission's response was twofold: first, it contended that the implications of sex selection extended beyond the concerns of any couple and affected the embryo and therefore the child. Second, there would be social ramifications of sex selection: a possible imbalance between the sexes, the extension of selection to other characteristics, and a consumerist approach to children incongruous with parenthood and human dignity.

In addition to the Joint Committee's concerns regarding the destructive nature of embryo selection and the associated undesirable social realities, a further level of difficulty resulted from the nature of the techniques involved. The selection procedures of artificial insemination and fertilisation elicited the same moral prohibitions as when employed to remedy infertility: the technological replacement of the conjugal act impoverished procreation. If a means of suppressing harmful sperm were to be developed, allowing normal intercourse, this would, however, be acceptable to Catholic morality, provided it was pursued for medical, and not social, reasons. Catholic moral teaching on the absolute dignity of human life after fertilisation indicated practical restrictions, applicable even to worthily motivated attempts at combating disease. Secondary sex selection, whether for medical or social reasons, involving harm to embryos or the selective destruction of those considered undesirable, could never be ethically acceptable. Only primary sex selection would be morally legitimate, executed according to medical reasons and the desire to overcome disease and handicap. This would focus on intervention into the gametes and therefore precede conception. As a procedure, it would thus be totally non-destructive of embryonic life.

5.2 Donated Ovarian Tissue, Fetal Egg Harvesting, and Artificial Fertilisation

The Human Fertilisation and Embryology Authority's proposals for the use of donated ovarian tissue in fertility treatment and research, including that from aborted fetuses, provoked outraged opposition from Catholic representatives, most vocally Cardinal Hume and the Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors.

²⁶¹ "Sex Selection," 5.

5.2.1 Cardinal Hume on Donated Ovarian Tissue

Writing in January 1994, Cardinal Hume acknowledged the “[...] deep confusion [...]” within society concerning questions of human fertilisation and embryology.²⁶² His reflection was prompted by medical proposals for egg extractions from aborted fetuses or dead women and their use in artificial fertilisation: “It just does not seem right [...] that a child, seeking to know who its mother was, should then discover that she or he was the child of a dead fetus.”²⁶³ This elicited, for Hume, an “[...] instinctive unease, even repulsion.”²⁶⁴ Yet, an adequate response must extend beyond emotion to discussion of the core issues as illuminated by the principles of Catholic morality. Fundamental was the acceptance of fertilisation as the point at which a new life is generated, a life that is both God-given and genetically distinct from that of its father and mother.

Hume stressed that Catholic morality upheld the absolute inviolability of embryonic human life: “No one may dispose of innocent human life.”²⁶⁵ Furthermore, he urged practical support for those who witnessed to this by giving birth to their children rather than aborting them. He accented the grotesque contradiction that would allow a human life to be aborted and the ova then harvested to facilitate fertilisation: “How can our society live with the knowledge that foetuses are apparently human enough to become parents and yet deny that every foetus is human enough to enjoy the right to be born alive?”²⁶⁶ This indicated the wrongfulness of abortion, but it also equally drew attention to the immorality of gamete donation by third parties. This severed relationships that should be held in unity, namely those between marital intercourse and conception, between the couple and conception, and between the child and its parents. The justification for such action, however, was located centrally in claims to autonomous rights and individual choice. Thus, Hume clarified that the debate was essentially about the truth pertaining to human life and the human person. Individual freedom of choice could never be exercised absolutely, but always in accordance with this truth. Societal disagreement about technologies of birth and death were in essence disagreements about the true meaning of human existence. Amid public

²⁶² See: “No Easy Answers,” 1994. Reprinted from The Universe, 16 Jan. 1994. See also: “Public Revulsion,” 1994.

²⁶³ “No Easy Answers.”

²⁶⁴ “No Easy Answers.”

²⁶⁵ “No Easy Answers.”

²⁶⁶ “No Easy Answers.”

debate on this question, a religious perspective ushered in a very particular significance for human life. As a custodian of human and religious wisdom, the Church and its faith possessed a message that society needed to hear.

Cardinal Hume returned to bioethical questions when addressing a 1994 symposium on the Human Fertilisation and Embryology Authority's consultation document on donated ovarian tissue.²⁶⁷ Describing the moral issues as "[...] fundamental [...]," with "[...] far-reaching implications [...]," Hume expounded Catholic teaching as valid for the whole of society because of its "[...] inherent rationality and persuasive force."²⁶⁸ The morality of the discussion related to the truth about human life and its value. As the gift of God, life must be defended and the human person's dignity respected: "God has entrusted to each person the most precious gift of life, and we are all called to recognise and take responsibility for this divine empowerment."²⁶⁹

Although a separate issue, not explicitly the subject of the consultation, the question of abortion was crucially relevant. In facilitating the use of female ova from aborted fetuses in fertility treatment, it had conversely reduced the number of potential children for adoption by infertile couples. The possibility of donated ovarian tissue raised a multitude of ethical questions. Although not necessarily answerable, they deserved to be asked by the Church and wider community. According to Hume, the Church's contribution to the discussion process constituted a "[...] judgement regarding the underlying moral question [...]" of the ethical acceptability of third party gamete donation.²⁷⁰ Citing the 1987 Vatican Instruction on artificial and assisted reproduction, Hume affirmed the "[...] specific characteristics [...]" of conjugal procreation inherent "[...] by virtue of the personal dignity of the parents and of the child."²⁷¹ Only a proper understanding of the "[...] integral dignity of the human person [...]" could ground an evaluation of modern medical techniques.²⁷²

In Hume's understanding, the principles governing a Catholic vision of marriage and procreation clearly demanded that certain fundamental relationships be maintained

²⁶⁷ See: "The Universe Symposium," 1994. Organised by The Universe newspaper, the symposium took place at Westminster Cathedral Hall on 26 Apr. 1994.

²⁶⁸ "The Universe Symposium," 10.

²⁶⁹ "The Universe Symposium," 10.

²⁷⁰ "The Universe Symposium," 11.

²⁷¹ "The Universe Symposium," 11.

and, de facto, that others be excluded. Thus, he stated: “We do deep violence to the integral dignity of the human person and to the essential unity of the marriage relationship, if we deliberately rupture the link between genetic parenthood, gestational parenthood and responsibility for upbringing [...].”²⁷³ Both the genuine aspirations caused by infertility, and the possibilities offered by medical science, must be constrained within a vision and praxis conducive to the good of the human condition. For Hume, there could be no fruitful debate and dialogue without shared premises and common understanding of what it meant to be human.

5.2.2 The Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors on Donated Ovarian Tissue

In June 1994, the Catholic Union and the Guild of Catholic Doctors Joint Ethico-Medical Committee offered a separate submission to the HFEA’s consultation on the use of donated ovarian tissue in embryo research and assisted conception.²⁷⁴ Similarly citing the 1987 Vatican Instruction, the submission welcomed the positive benefits of technological progress in medicine when these promoted “[...] integral development for the benefit of all.”²⁷⁵ Yet, each new advance, and the potential it offered, must accord with rational principles consonant with the dignity of personal human nature. The “[...] inviolability of innocent human life [...]” from conception on, and the “[...] obligation to protect the integrity of married life and the family [...],” were of fundamental significance.²⁷⁶ When combined, these presented an ethical framework for conceiving children. This was not to imply the rejection of children conceived outside such a framework: “[...] all children, however conceived, are to be welcomed into the human community. They may never be regarded as subordinate or products, and must enjoy equality with their parents.”²⁷⁷ Difficulties centred, however, on the objectification of children and the claim to absolute unfettered rights regarding conception. Acknowledging the genuine pain experienced by infertility, the Joint Ethico-Medical Committee advocated reproductive technologies that conformed to the

²⁷² “The Universe Symposium,” 11.

²⁷³ “The Universe Symposium,” 11.

²⁷⁴ See: “Reply to Consultation Document,” 1994.

²⁷⁵ “Reply to Consultation,” 20.

²⁷⁶ “Reply to Consultation,” 20.

²⁷⁷ “Reply to Consultation,” 20.

personal dignity of the couple and any prospective child.²⁷⁸ This required examination of preventative measures and the strict evaluation of current and future treatments.

Based on general orientations, the submission focused on four specific questions: egg donation, research, treatment, and consent. There might well be legitimate reasons for research using non-fertilised ova. Any intervention post-fertilisation on the developing zygote or embryo would, however, only be permissible if it were directed to the therapeutic good of that particular human life. Reinforcing previous interpretations, the submission argued that any research on human embryos would be ethically unacceptable. Furthermore, research on human ova or ovarian tissue would be governed by conclusive moral parameters. In this, the use of fetal tissue posed definite problems. The practice of removing tissue before the fetus was actually dead, and the creation of human lives for the purposes of exploitation, nullified the legitimacy of any such research. Regarding treatment, a clear distinction was made between organ or tissue donation that improved the life of the recipient and gamete donation to generate embryos. The potential genetic complications of donation within close degrees of affinity confirmed the objectionable nature of third-party gamete donation, as did the risks specifically associated with egg harvesting. Acknowledged scientific concerns regarding increased risks of fetal abnormality, through the use of ova from aborted fetuses, intensified opposition even more. The humanity of the fetus demanded that it be treated accordingly. Those denying its personhood, yet approving fetal ovarian donation, risked the absurd situation where “[...] the child of the next generation [...]” would “[...] eventually be faced with the knowledge that it had been generated from someone (something) considered less than fully human [...]”²⁷⁹

With respect to the issue of consent, the submission envisaged the possibility of adult ovarian donation for research, whether in life or after death, provided that the subject had given prior and informed consent. The submission rejected extra-marital gamete donation, although if such donation were to be permitted for fertility treatment, there must be equally strict consensual constraints. The impossibility of fetal consent to donation, or of any benefit from it, rendered this ethically untenable. In summary, the

²⁷⁸ Reacting against the abortion mentality and IVF technology, the Liverpool Life Health Centre was established in 1993 by the anti-abortion organisation, Life. In addition to a neo-natal hospice, as an antidote to infant euthanasia, the hospital initiated infertility treatments consistent with respect for the human embryo and also acceptable to Catholic teaching. See: “The First Life Hospital,” 1993; “New Hope for Infertile,” 1994.

²⁷⁹ “Reply to Consultation,” 22.

Joint Ethico-Medical Committee acknowledged in principle the need for research on human ova and ovarian tissue, but situated this within the proper moral context of the informed, specific, and prior consent of adult donors. This would exclude minors and permit the use of fetal tissue only when the fetus was certainly dead. Research on fertilised ova was rejected absolutely. With regard to fertility treatment, the use of ova external to the married relationship should be prohibited as “[...] contrary to the nature of marriage.”²⁸⁰ Pragmatically, if ova donation was to be allowed, it must fulfil the same stringent criteria applicable to research and thereby exclude morally unjustifiable fetal donation.

5.3 The Statutory Destruction of Embryos

The 1991 ruling of the HFEA that embryos created as part of assisted fertility procedures could only be stored for a maximum of five years meant that 1996 witnessed the first instance of obligatory culling. Catholic voices contributed to the debate surrounding this destruction of embryonic life. A Catholic Media Office report stated: “Around 3300 frozen embryos, most at the four cell stage, were destroyed on 1 August 1996 in more than thirty fertility clinics throughout Britain. [...] They were unfrozen, dissolved and then incinerated.”²⁸¹

In response, Cardinal Hume re-emphasised Catholic teaching concerning human life.²⁸² Set against society’s “[...] moral bankruptcy [...],” and in the face of such destruction, the “[...] foundations of [...] just society [...]” must be reappraised: “The survival of our common human inheritance depends upon re-establishing the unconditional respect for innocent life as the basis of a civilised society.”²⁸³ As the deadline for mass embryo disposal approached, Hume gave an interview to BBC radio deploring the entire situation and stating that the embryos should be allowed to die naturally and with respect. This tragic situation raised fundamental issues: “We need to look at the whole question, what is human life, when does it begin, and how should we

²⁸⁰ “Reply to Consultation,” 22.

²⁸¹ “Society’s Duty to Protect Life,” 1996, 9. See also: “Dilemma Over the Disposal,” 1996; “Couples Fail in Bid,” 1996; P. Valley, “Tough Questions,” 1996; J. Marshal, “Doctor’s Destruction Line,” 1996.

²⁸² Citing the Vatican’s Declaration on Procured Abortion (1974), Hume commented: “Catholic teaching is that ‘from the time the ovum is fertilised a life has begun which is neither that of the father nor the mother. It is rather the life of a new human being...it would never be made human if it were not human already’ [...]. From the first moment of its existence the result of human procreation must be given the unconditional respect which is morally due to the human being.” “Society’s Duty,” 9. Hume avoided the language and discussion of personhood.

²⁸³ “Society’s Duty,” 9.

treat it?”²⁸⁴ A letter to The Daily Telegraph, signed jointly by Cardinal Thomas Winning and various academic ethicists, proposed regulatory changes to limit the production and storage of surplus embryos, given that many more would face inevitable future elimination.²⁸⁵ Such “[...] measures, while not delivering us from our present dilemma, would spare us in the future from the more conspicuously repugnant aspects of IVF programmes.”²⁸⁶

In the furore generated by prospective embryo destruction, Cardinal Hume reviewed the morality of the surplus creation and freezing of embryos necessitated by fertility techniques.²⁸⁷ Restating the traditional prohibition of interventions on the embryo after fertilisation, he spoke of the “[...] moral cul-de-sac [...]” arrived at through progressive measures to manipulate human embryos, unborn life, and the divinely ordered processes that bring them into being.²⁸⁸ Given the contemporary predicament of inevitable embryo destruction, disposal should be by the “[...] ‘least worst’ [...]” means, not destroying them as such, but more “[...] removing extraordinary means of preserving life [...],” so they might undergo a natural death.²⁸⁹ Hume speculated about the moral possibility of embryonic adoption, although deferred any final analysis to an authoritative judgement by Rome.²⁹⁰

5.4 Challenges in Genetics

As the development of artificial reproductive technology had been the precursor for embryo experimentation, so research on embryonic human life promoted and facilitated genetic interventions. A working party of the of Bishops’ Joint Committee on Bioethical Issues offered a contributory Catholic evaluation of human genetic engineering in its 1996 publication Genetic Intervention on Human Subjects.²⁹¹ In the

²⁸⁴ “Society’s Duty,” 10.

²⁸⁵ “Society’s Duty,” 10. The letter was dated 31 July 1996 and co-signed by M. Banner, L. Gormally, J. Haldane, O. O’Donovan, and J. Quintavalle.

²⁸⁶ “Society’s Duty,” 10.

²⁸⁷ See: “Law Must be Changed,” 1996. This statement was issued on 5 August 1996.

²⁸⁸ “Law Must be Changed.”

²⁸⁹ “Law Must be Changed.”

²⁹⁰ “Law Must be Changed;” “Dilemma Over the Disposal,” 1001-1002. See also: R. Penhallurick, “What Should We Do,” 1997 and “Who Should Decide,” 1998.

²⁹¹ See: The Catholic Bishops’ Joint Committee on Bioethical Issues, Genetic Intervention (1996). See also: “England and Wales,” 1996.

context of wider Catholic concern and discussion,²⁹² this approached the question of genetic therapy from the moral standpoint that each human life is inherently worthy, with an intrinsic dignity irrespective of disability or disease. This could never be forfeited for any potential benefits that might be gained through embryo research and destruction. With a different focus, the Vatican's Pontifical Academy for Life affirmed this attitude in its document Reflections on Cloning, issued in 1997.²⁹³ A Catholic Media Office statement summarised the two fundamental objections expressed.²⁹⁴ The first centred on the isolation of procreation from the embodied act of intercourse between husband and wife.²⁹⁵ The second concerned the domination exercised over human life and the discrimination by which certain lives, contrary to their human dignity, would be detrimentally manipulated for the supposed benefit of others.²⁹⁶ This latter concern was ably presented in the submission of the Catholic Union and the Guild of Catholic Doctors Joint Ethico-Medical Committee to the Human Genetics Advisory Commission's consultation on cloning.²⁹⁷ Legislative acceptance of embryo experimentation had already resulted in the devaluation and destruction of human life. Any toleration of cloning, whether supposedly therapeutic or reproductive, "[...] would be a further step towards extreme human exploitation."²⁹⁸

Addressing the 1999 annual conference of the anti-abortion charity Life, Cardinal Hume described society as "[...] ill prepared to meet [...]," and the Church as "[...] ill prepared to tackle [...]," the revolution in genetics.²⁹⁹ He conjectured that as contraception had radically "[...] distorted our society's understanding of the purpose and place of sex [...]," so the ramifications of "[...] genetic technology could have a far more profound and devastating impact on our understanding of the nature of human life

²⁹² For similar concerns addressed by the Catholic Union and Guild of Catholic Doctors See: "Submission to the British Medical Association," 1990; "Submission to the Committee on the Ethics of Gene Therapy," 1990; "Joint Ethico-Medical Committee: Reply to the Medical Research Council," 1997.

²⁹³ See: Pontifical Academy for Life, Reflections on Cloning (1997).

²⁹⁴ See: "Human Cloning," 1998. See also: A. Cole, "Presentation to the Human Fertilisation and Embryology Authority," 1998; A. Sutton, "The Consultation Paper on Cloning," 1998.

²⁹⁵ "Human Cloning."

²⁹⁶ "Human Cloning." See also: "Cloning Debate Hots Up," 1998.

²⁹⁷ See: Human Genetics Advisory Commission Paper, Cloning Issues in Reproduction, 1998; "Joint Ethico-Medical Committee Submission to Human Genetics Advisory Commission," 1998. See also: "The Guild of Catholic Doctors: Comments," 2000.

²⁹⁸ "Submission to Human Genetics Advisory Commission," 19.

²⁹⁹ "Life and Love Belong Together," 1999, 21. The need for informed ecclesiastical comment in the context of open debate on questions of life's beginning was recognised by the Catholic gynaecologist, Martin Lupton: "The scientific world is desperate for guidance: many are crying out for an ethical framework they can comprehend, that allows them intellectual integrity. [...] The Church needs to be fully involved in the debate." M. Lupton, "Test-Tube Questions," 1999, 2260.

itself.”³⁰⁰ While not seeking to place science and religion in opposition, and recognising the potential, though as yet distant, benefits of genetic therapies, Hume drew attention to their more immediate and detrimental consequences, namely embryo selection and abortion. The mentality of privatised parental eugenics rendered the acceptance of a child conditional on its conformity with pre-established and desirable characteristics: “[...] we seem to be on the verge of the possibility of parents choosing what they regard as the best children to have.”³⁰¹ At stake in this transition were basic understandings about humanity and perceptions of life, family, and children, all in relation to society and the common good.

As Chairman of the Catholic Bishops’ Joint Committee on Bioethical Issues, Cardinal Thomas Winning submitted numerous observations regarding the ethical aspects of human cloning in research and transplantation to the Government’s Chief Medical Officer, Prof. Liam Donaldson.³⁰² Winning concentrated on various deficiencies within the prevailing attitudes towards cloning. The use of the expression therapeutic to describe the full implications of the process was a misnomer. The cloned human life “[...] would die in the course of being raided for cells.”³⁰³ The creation of a human life destined for harvesting and death could never be justified by asserting there was “[...] such thing as a living human being with sub-human moral status.”³⁰⁴ The creation of a cloned human life, without genetic parentage, merely for spare-part transplantation of cells reduced life to the level of the production line and treatment “[...] as if it were a chemical ingredient.”³⁰⁵ Furthermore, stem cells for transplantation were readily available from other, more ethically acceptable sources, “[...] without the creation and destruction of an embryonic clone of that patient.”³⁰⁶ For Winning it was commercial interests, rather than sound ethical reflection, that were more influential in Government approaches to issues of embryology and genetics.

³⁰⁰ “Life and Love,” 21.

³⁰¹ “Life and Love,” 22.

³⁰² See: “Human Cloning,” 2000. Winning’s letter to Prof. Liam Donaldson was dated 22 October 1999 and released on 8 May 2000.

³⁰³ “Human Cloning,” 45.

³⁰⁴ “Human Cloning,” 45.

³⁰⁵ “Human Cloning,” 45.

³⁰⁶ “Even if spare part cloning of humans were the only way of getting stem cells for use in transplantation, it would not be justifiable. However, there are, in fact, other sources of stem cells available. Stem cells can be taken, for example, from umbilical cord blood after birth. They can also be taken from the foetus, with the parents’ permission, after natural miscarriage. Stem cells can be taken from older human beings; bone marrow cells, in particular, can be used to regenerate muscle, fat,

The announcement by Donaldson on 16 August 2000 that stem cell research on human embryos was to be permitted provoked further reaction from Winning.³⁰⁷ In an immediate statement he described the Government's decision as one that would "[...] shock and disappoint many."³⁰⁸ Science could not "[...] operate in a moral vacuum [...]" any process obtaining stem cells by embryo destruction, irrespective of an "[...] arbitrary 14-day deadline [...]" was "[...] morally repugnant [...]" and should be prohibited.³⁰⁹ As Catholic comment acknowledged, however, the credibility of the Church's position demanded accurate scientific interpretation as the indispensable complement of moral and religious conviction.³¹⁰

Winning sought to present a more engaging counter argument by cautioning against the slippery-slope ethics of gradual moral demise.³¹¹ The proposed artificial production of human embryos for experimentation and destruction evoked instinctive moral disquiet and lacked ethical credibility. Despite laudable motivations, the potential for curing sickness and disease remained unproven and the methodology was destructively utilitarian rather than genuinely and integrally therapeutic. Winning set the flawed morality of cloning for stem cell research against the possibilities offered by morally acceptable research using adult stem cells. Rejecting the prejudicial use of language,³¹² Winning saw the debate as more than a purely medical or scientific question, and certainly one in which the end could not be justified by any achievable means. Furthermore, the breach of the morally permissible by the scientifically practical contradicted the basic Christian premise of life as God's gift to be lived within parameters determined by the giver: "Cloning is a tragic parody of God's omnipotence."³¹³ For Winning, the Church, together with other bodies, demonstrated, and must continue to demonstrate, prophetic responsibility in restating fundamental

cartilage and bone tissue. Animal research shows that brain cells from the adult mouse can be turned into blood cells. "Human Cloning," 45.

³⁰⁷ See: "Cloning and Stem Cell Research," 2000.

³⁰⁸ "Cloning and Stem Cell," 6.

³⁰⁹ "Cloning and Stem Cell," 6.

³¹⁰ See: "Moral Battle Over Embryos," Editorial, 2000. See also: D. Bruce, "My Alarm Over Cloning," 2000; N. Ford, "We Don't Have to Clone," 2000; R. Harries, "Why We Need to Clone," 2000.

³¹¹ See: "Cloning and Stem Cell," 6-7. The article originally appeared in *The Sunday Telegraph*, 20 August 2000. Winning commented: "In his great Screwtape Letters, C.S. Lewis noted: 'The softest road to hell is the gradual one, the gentle slope, soft underfoot, without sudden turnings, without signposts.'" "Cloning and Stem Cell," 6.

³¹² "Throughout the Donaldson report cloning is referred to as 'cell nuclear replacement.' The unborn child is referred to as 'the embryo.' Several advocates of cloning reminded us that the embryos involved are no larger than a full stop. But all of us were once no larger than a full stop. When scientists resort to euphemism then it is clear that they fear the worst in terms of public reaction." "Cloning and Stem Cell," 7.

³¹³ "Cloning and Stem Cell," 7.

moral precepts. These rejected any violation of human life and promoted equality and dignity. Archbishop Vincent Nichols of Birmingham reinforced such sentiments in his October 2000 diocesan pastoral letter: "To permit such experimentation to take place within the law is to permit a form of killing which weakens the legal protection offered to the human person."³¹⁴

Bolstered by Roman magisterial teaching,³¹⁵ the bishops of England and Wales reacted to Government proposals for therapeutic cloning and stem cell research by issuing a statement at their November 2000 Conference meeting.³¹⁶ It expressed their concern that the cloning of human embryos for research was "[...] both immoral and unnecessary."³¹⁷ It deliberately created new life for abuse and destruction, stripping "[...] an individual human life, in its earliest form, of all dignity, reducing it to no more than a commodity, a supply of disposable organic matter."³¹⁸ Agreeing with Government recommendations that reproductive cloning should be forbidden, the bishops stated further that therapeutic cloning should also be prohibited in favour of ethically acceptable adult stem cell research.³¹⁹ Consolidating the main points of the Catholic position, and employing scientific argumentation and evidence, the Bishops' Conference Department of Christian Responsibility and Citizenship offered a direct response to the Donaldson report by means of a Briefing Paper issued on 5 December 2000.³²⁰ Uncompromisingly, this emphasised the unique humanity and dignity of the human embryo from fertilisation, the depravity of its creation by immoral means for unethical and destructive purposes, and the unnecessary nature of therapeutic embryonic cloning given the potential of alternative research.

The House of Commons voted in favour of cloning human embryos for medical research on 19 December 2000. This was distinguished from prohibited reproductive

³¹⁴ "The Catholic position is, therefore, very clear. We cannot agree to the generation and use of human life through cloning for the sole purpose of experimentation and the generation of new cells or organs, since this involves the direct and deliberate destruction of innocent human life. [...] It is a dangerous road to go down." V. Nichols, Pastoral Letter No. 2, 2000.

³¹⁵ See: Pontifical Council for the Family, "Declaration on Embryo Reduction," 2000 and Pontifical Academy for Life, "Declaration on the Production and the Scientific and Therapeutic Use of Embryonic Stem Cells," 2000.

³¹⁶ See: "Statement on 'Therapeutic' Cloning," 2000. See also: "Bishops Condemn Therapeutic Cloning," 2000.

³¹⁷ "Statement on 'Therapeutic' Cloning." 13.

³¹⁸ "Statement on 'Therapeutic' Cloning." 13.

³¹⁹ "Statement on 'Therapeutic' Cloning." 14.

³²⁰ See: Catholic Bishops' Conference of England and Wales, A Briefing Paper on Government Proposals to Allow 'Therapeutic' Cloning, 2000. Chairman of the Department, Bishop Peter Smith of East Anglia,

cloning by the prefix therapeutic. Catholic moral evaluation judged the decision illicit. Despite differences of intention, both procedures involved the same manipulative technology. Writing in The Times, Cardinals Winning and Murphy O'Connor preempted the vote with a message of restraint. The potential alleviation of disease through research on the stem cells of therapeutically cloned embryos could not justify embryonic creation for mere utilisation and destruction, particularly as the possibilities of adult stem cell research offered an ethically viable alternative.³²¹ These sentiments, together with those of alarm and dismay, were restated in comments following the parliamentary decision. Winning described the vote as “[...] a new and serious assault on the sanctity of life [...]” legalising “[...] the abuse and destruction of tiny human beings as a means to an end.”³²² For Archbishop Nichols, the decision represented “[...] another step in the devaluation of human life in our society. [...] The argument that the early human embryo warrants protection only after fourteen days, already enshrined in law, is flawed.”³²³

6. Reviewing Post-Conciliar Catholic Responses to Reproductive Technology

This chapter has examined responses to questions of reproductive technology from within the Roman Catholic Church in England and Wales from 1965-2000. Pre-Conciliar moral evaluation of assisted and artificial fertilisation largely concentrated on the nature and function of sexual intercourse. This remained significant in post-Conciliar considerations, yet, with the arrival of *in vitro* techniques of fertility, the ethical focus moved to discussion of the human embryo's dignity and status. Majority Catholic opinion, and certainly that of the official Church, equated manipulative destruction of the embryo with the intentional ending of innocent life that could never be morally acceptable. Despite incidences of Catholic theological and medical disagreement, parliamentary interaction and episcopal directive sought to uphold the dignity of the embryo and its inherent right to life by virtue of its humanity.

Following the 1967 Abortion Act, the Church struggled to justify the inviolability of human life from conception. The Warnock recommendations and Human Fertilisation and Embryology Act further compounded the situation, enabling

described the move towards the cloning of embryos for medical research as something being “[...] steamrollered” through parliament.” “MPs Need More Time,” 2000.

³²¹ “Cloning,” 2001, 14. The letter appeared in The Times on 14 December 2000.

³²² “Cloning,” 14.

experimentation on early embryonic life. This would have been impossible without the 1967 Act and the acceptance of necessary surplus embryo creation and destruction as something integral to the IVF process. It was a logical progression to utilise such spare embryos for scientific reasons, and, furthermore, to then allow their genetic generation by cloning for allegedly therapeutic purposes. Although steadfast, the Church's response to issues of reproductive technology became an increasingly lone voice, impeded to some extent by internal fragmentation, but to a greater degree by the external forces of scientific endeavour and secularised utilitarianism.

This and the previous chapter have presented two of the three main themes of this study. Chapter four will examine post-Conciliar Catholic responses to the final theme of euthanasia.

³²³ "Cloning," 15.

CHAPTER FOUR

EUTHANASIA: POST-CONCILIAR RESPONSES FROM WITHIN THE ROMAN CATHOLIC CHURCH IN ENGLAND AND WALES 1965-2000

1. Introduction

This chapter considers the final thematic focus of this thesis, namely responses from within the Roman Catholic Church in England and Wales to the subject of euthanasia from 1965 to 2000. As in previous chapters, the specific content lends itself to a particular chronological division into three main sections.

From 1965 to 1979, Catholic comment assessed the impact of medical technology on the dying process. Episcopal condemnation of euthanasia, through national and personal interventions, was supported by Catholic medical professionals, ecumenical consensus, and the establishment of the Linacre Centre for the study of healthcare ethics. The intermediate section, from 1980 to 1989, witnesses three significant dimensions: complementarity between the ethics of hunger striking and the ethics of euthanasia; the publication of the Linacre Centre's report on euthanasia; and serious consideration of paediatric euthanasia with respect to neo-natal handicap. The final section, from 1990 to 2000, evidences a consistent episcopal offensive, countering pro-euthanasia proposals, affirming anti-euthanasia legislation, and engaging with the complexities of individual cases, most notably those of Tony Bland and the conjoined twins Jodie and Mary. Moreover, this decade reveals greater ecumenical convergence on euthanasia, and uniformity within Catholic attitudes, confirmed through the various submissions made to the 1993 House of Lords' Select Committee on Medical Ethics.

As with abortion and most approaches to artificial reproduction, the post-Conciliar Catholic Church in England and Wales inherited a strict prohibition on euthanasia. Pre-Conciliar manualism had defined euthanasia as equivalent to the murderous act so forthrightly and divinely condemned by ordinance of the Fifth Commandment. Catholic interpretation supported appropriate medical and spiritual care for the dying, situated within an evolving casuistic resolution of dilemmas concerning the initiation, continuation, and withdrawal of progressively diverse means of treatment.

This was allied, however, with stout opposition towards successive statutory measures favouring a “right to die.”

Throughout the 1965 to 2000 period, an embracing question reflects prevailing Catholic preoccupations regarding euthanasia. Its succinct expression in 1993 by the Anglican Archbishop of York, Dr. John Habgood, suggests an importance beyond the boundaries of purely Catholic concern. Addressing a conference on the ethics of euthanasia, Habgood conjectured: “Is there a danger of creating a euthanasia minded society if we change the law, just as the change in the law on abortion has produced an abortion-minded society?”¹ Empirically and intuitively, the Catholic community had long perceived the hypothetical answer in the affirmative. Premised on the failure to prevent legalised abortion, this galvanised a protractedly pro-active offensive.²

2. Catholic Responses to Euthanasia 1965-1979

2.1 The Changing Medical Scene

Ethical appraisal of distinctions relating to treatment decisions formed part of an ongoing conversation within pre-Conciliar moral reflection, notably elaborated by Pope Pius XII, and with determining effect.³ Conscious of the Second Vatican Council’s specific rejection of euthanasia,⁴ post-Conciliar Catholic ethics maintained principled intransigence in the face of rapidly developing medical technology. The increasingly commonplace availability of certain pharmaceuticals, surgical procedures, and nursing practices, narrowed ethical discussion to assessing the binding nature of such generically designated means, and their categorisation as either ordinary or extraordinary, that is, morally and medically obligatory or dispensable.

¹ “Euthanasia: The Practical and Logical Slippery Slope,” 1993, 1568.

² For example, the Guild of Catholic Doctors commented: “Once mercy killing is on the Statute Book, full euthanasia will not be long in following. The Hierarchy and the Clergy took little part in the Abortion issue on the grounds that they did not want it to look like a purely Catholic opposition, with the result that we all know. We hope that the Hierarchy and the Clergy will not continue that attitude again in the case of mercy killing, and that they will join with the doctors (of all denominations) in a massive opposition. The Guild in particular should climb out of its apathy and lead the way. Only by a determined effort on the part of everyone, can the disaster of Euthanasia be avoided.” Editorial, *CMQ*, 1976, 66.

³ For example, see: Pius XII, “The Prolongation of Life,” 1958. Pius stated that although, in the case of serious illness, there exists a right and duty to employ all necessary means of conserving life and health, patients are only bound to seek ordinary means, that is those which do not impose any extraordinary burden on themselves or others.

⁴ See: “Pastoral Constitution on the Church,” par. 27, 193.

Illustrating the direction of Catholic moral teaching, Peter Flood focused on the subjective nature of such classifications relative to a patient's condition.⁵ For a means to be judged extraordinary, and therefore not morally obligatory, it must possess the characteristic of disproportionate burdensomeness for the patient or others involved. Flood recognised, however, the difficulty of applying this to particular "[...] circumstances of times, places, persons and cultures [...]"⁶ compounded by varying accessibility to healthcare services and constant advances in medical science: "Penicillin only a few years ago was not generally available, but is now as common in use as aspirin. What may be readily available, even to a poor man, in England is not necessarily equally available in the Sahara."⁷ Flood's medico-moral jurisprudence confirmed the notion that according to the particularity of circumstance, the ethical character of any means can, and does, change. In addition, there would be further potential for shifts in the understanding of means if the category of "[...] prolonged use [...]" were employed as a criterion indicative of burdensomeness, possibly precipitating the re-evaluation of previously judged ordinary means as extraordinary.⁸ Thus, Flood confirmed that where any intolerable burden was "[...] intrinsic in the prolonged use of the means themselves [...]" the patient, or if unconscious a proxy, informed by sound medical opinion, was not morally obliged to pursue what had become an extraordinary means of life preservation.⁹

The medicalisation of the dying process, with the capacity to "[...] keep alive for weeks and months patients in extremis who have no hope of recovery even of consciousness [...]" was for Bernard Towers a contributory factor in escalating demands for euthanasia.¹⁰ The new scientific context required a theological and sociological reappraisal of "[...] what it means to be alive and what it means to be dead."¹¹ Official vitalisation, sustaining "[...] life at any cost [...]" must not be allowed to compromise the "[...] right to a dignified terminal illness and death [...]"¹² Although not advocating euthanasia, Towers' reacted with the simple appeal to a right to die naturally. The moral difficulty of distinguishing "[...] acts of commission and

⁵ See: P. Flood, "Extraordinary Means," 1968.

⁶ Flood, "Extraordinary," 548.

⁷ Flood, "Extraordinary," 548-549.

⁸ Flood, "Extraordinary," 549.

⁹ Flood, "Extraordinary," 549-550.

¹⁰ B. Towers, "The Right to Die," 1969.

¹¹ Towers, "The Right."

¹² Towers, "The Right."

those of omission [...]” should not prevent “[...] orthothanasia [...],” an upright and proper death, free of protracting medical intervention.¹³

2.2 Euthanasia in the 1970 Bishops’ Statement on Morality

Official Catholic comment on euthanasia was expressed in the inclusive 1970 bishops’ Statement Concerning Moral Questions. Following directly their treatment of abortion, euthanasia was addressed in terms of “A Happy Death,” indicating the primarily spiritual orientation and context for discussion.¹⁴ In stressing that death “[...] at peace with God, fortified by the sacraments [...]” was the “[...] crown of a Christian life [...],” the bishops witnessed to the Christian tradition’s acceptance, even welcome, of death as glorious fulfilment and certainly not something to be postponed by every conceivable means.¹⁵ In the wake of past attempts at euthanasia legislation, notably Lord Raglan’s 1969 Voluntary Euthanasia Bill¹⁶ and Hugh Gray’s 1970 Ten Minute Rule Bill,¹⁷ and undoubtedly facing future statutory challenge, the bishops affirmed, however, that it was “[...] not the part of a Christian to terminate the life of another.”¹⁸ Christians must therefore resist “[...] soft-sounding [...]” appeals to a right to die, not merely because of the intrinsic immorality of killing, but also because of the potential for violation of consent and the pressurisation of “[...] ‘useless’ lives [...]” to acquiesce for utilitarian purposes.¹⁹ The availability of effective palliative care offered the reality of a moral and medical distinction between ensuring as pain-free a death as possible and resisting “[...] extraordinary means when there is no hope of recovery.”²⁰ Thus, the moral obligation to sustain life would give way when, forgoing extraordinary means, it was “[...] more merciful to let nature takes its course.”²¹ Concluding their assessment, the bishops clarified the Christian’s mandate as that of facing death confidently and hopefully, witnessing to the transitory nature of the present world and the eternal character of the next.

¹³ Towers, “The Right.”

¹⁴ Statement, 16-17.

¹⁵ Statement, 16.

¹⁶ Commenting on the Raglan Bill, Cardinal Heenan stated: “Although the Voluntary Euthanasia Bill was rejected by the Lords, it will certainly not be abandoned by its sponsors. It is alarming that as many as 40 peers were found to favour it. Those who believed that God is the Author and Lord of life must not relax. Only the first shots in the battle for life have been fired.” “Incurable Patients Bill,” 1976.

¹⁷ See: N. St. John-Stewas, “Euthanasia,” 1970.

¹⁸ Statement, 16. As in previous references to the 1970 Statement, it would appear that by Christian the bishops primarily intended Catholic.

¹⁹ Statement, 16-17.

²⁰ Statement, 17.

²¹ Statement, 17.

2.3 Marshalling the Catholic Position

Although fragmentary, Catholic strategy on euthanasia in the early 1970s was fostered significantly by the Guild of Catholic Doctors. The Guild had successfully co-operated in securing defeat of the 1969 Voluntary Euthanasia Bill and continued to co-ordinate opposition through its Joint Study Group on Euthanasia, formed in conjunction with the Catholic Union in 1968.²² This national effort was ably disseminated and sustained through various local initiatives.²³ The Joint Study Group's volume of collected papers, Your Death Warrant? The Implications of Euthanasia,²⁴ chronicled the history of attempted euthanasia legislation in Britain up to 1970 and offered a cautionary critique of the negative repercussions approval would bring. A significant benefit perceived in the text's formulation was the absence of any priest-moralists who "[...] may be impeccable in their interpretation of what they imagine the doctors to be saying – but is it what they are saying here and now?"²⁵ Moreover, "[...] how can a priest hope to keep in authoritative touch with the constantly expanding clinical frontiers of medicine?"²⁶ The study group was entirely composed of lay professionals and its argumentation was not overtly religious. Cardinal Heenan's preface to Your Death Warrant? noted that the work also happened "[...] to contain the teaching of the Catholic Church [...]."²⁷ The need was evident for non-clerical and non-theistic influences in the anti-euthanasia project.

In a 1972 address to the annual meeting of the National Guild of Catholic Nurses, Heenan summarised the principles of Catholic teaching on euthanasia and clarified their particular application in the contemporary setting.²⁸ Presupposing a right to life for the terminally ill and senile, he emphasised the Catholic moral tradition's distinction between the legitimate cessation of burdensome, extraordinary measures of life-support, and the forbidden "[...] deliberate destruction of life."²⁹ Whilst often popularly misconstrued, the rejection of such extraordinary means, far from being

²² See: D. Stevenson, "Current Guild Activities," 1970; J. G. Frost, "Current Guild Activities," 1970.

²³ Debates and discussions on euthanasia were organised by various individual branches of the Guild. For example, on 26 November 1970 the Southwark and Westminster branches gathered to hear an exchange of views between a humanist, a Catholic moral theologian, a rabbi, and a hospice director. See: "Southwark and Westminster Branches," 1971.

²⁴ J. Gould, ed., Your Death Warrant? (1971).

²⁵ "In the Margin: Legalised Killing," 1971.

²⁶ "In the Margin."

²⁷ Gould, Your Death Warrant?, 13.

²⁸ Annual Meeting of the National Guild of Catholic Nurses, 1972.

²⁹ Annual Meeting.

euthanasia, could rather be interpreted as “[...] an exercise of compassionate good sense.”³⁰ Moreover, no injunctions of divine law could ever be said to oblige “[...] extravagant measures to prevent the merciful onset of death in a mortally sick patient.”³¹ Properly understood, however, euthanasia was nothing other than “[...] murder or suicide disguised in Greek idiom [...],” morally equivalent to the “[...] Nazi slaughter of imbeciles and Jews.”³² Heenan warned that even if only voluntary euthanasia were to be allowed, pressuring influences and eugenic ideologies would be unleashed on both individuals and society. Apportioning respectability to the act would foster the expectation that severely ill and disabled persons should request it: “[...] no self-respecting invalid would insist on being kept alive while all around him were wishing him dead.”³³ In maintaining that a peaceful and dignified death could be secured for the sick and elderly without recourse to euthanasia, Heenan warned that the initial voluntary nature of any euthanising legislation would, in practice, eventually become perverted into a duty, incumbent on those, objectively or subjectively, deemed useless and undesirable.

2.4 Cardinal Heenan and “The Hour of Our Death.”

Heenan concluded his 1972 address to Catholic Nurses by intimating details of a forthcoming conference on the care of the dying.³⁴ In the face of increased legal abortion, creating difficulties of conscience for Catholics in healthcare, Heenan described himself as inclined to think “[...] less of euthanasia than abortion during 1972.”³⁵ With the “[...] disastrous effects of the abortion bill [...] fresh in the minds of MPs [...],” any attempt at pro-euthanasia legislation would clearly have been destined to failure.³⁶ Heenan was contacted, however, by Sylvia Lack and Richard Lamerton, “[...] Protestant doctors [...] working with the dying [...],”³⁷ and both “[...] passionately opposed to euthanasia [...].”³⁸ Convinced by their argument that effective opposition to euthanasia necessitated immediate informed reflection by the medical

³⁰ Annual Meeting.

³¹ Annual Meeting.

³² Annual Meeting.

³³ Annual Meeting.

³⁴ The conference proceedings, including Heenan's contributions, were published as: S. Lack and R. Lamerton, eds., *The Hour of Our Death* (1974).

³⁵ J. C. Heenan, “A Fascinating Story,” 1974, 1.

³⁶ Heenan, “A Fascinating,” 1.

³⁷ Annual Meeting.

³⁸ Annual Meeting.

community on ethically appropriate and holistic care of the terminally ill, Heenan decided to act.³⁹

At his instigation, the conference, entitled "The Hour of Our Death," took place in London on 27 January 1973: "Nobody could have guessed the interest that would be aroused by a conference called by a cardinal at the request of non-Catholics."⁴⁰ Aimed directly at medical personnel, Heenan saw the event as an opportunity to emphasise the worth of human life, even when sick and enfeebled, and to praise the benefits of palliative care. Furthermore, it offered the advantage of demonstrating that objections to euthanasia resonated beyond the Church of Rome and, in fact, beyond religious belief. Inviting three non-Catholic principal speakers,⁴¹ Heenan restricted his own brief contribution to an evaluation of ethical dimensions.⁴²

Anchored in a sanctity of life default position, Heenan proposed his general opposition to killing the innocent through six points of moral principle. First, he invoked God's authorship and sovereignty of life as the foundation for exclusive and absolute divine dominion over human existence. Related to this, a supportive second principle rejected any private individual's right to end either their own, or another's, life. Seeking to pre-empt any charge of inconsistency, Heenan thirdly acknowledged the genuine diversity of opinion regarding the morality of State authorised killing, whether in the context of war, self-defence, or capital punishment. He contrasted such variations, however, with a fourth distinguishing and exceptionless norm forbidding any direct termination of the "[...] incurably sick, disabled or insane [...]."⁴³ In asserting Catholic condemnation of direct abortion, he fifthly upheld the morality of interventions to preserve maternal health that might "[...] indirectly involve the death of the foetus."⁴⁴ Finally, Heenan concluded that neither the provision of "[...] nourishment [...]" nor "[...] normal medical aids [...]" should ever be suspended with the intention of accelerating death.⁴⁵

³⁹ Heenan, "A Fascinating," 2.

⁴⁰ Heenan, "A Fascinating," 1.

⁴¹ Ferguson Anderson, professor of geriatric medicine at Glasgow University, discussed medical care of the elderly; Donald MacRae, professor of sociology at the London School of Economics, addressed sociological arguments against euthanasia; Dr. Cecily Saunders, founder and director of St. Christopher's Hospice, Sydenham, considered care of the dying.

⁴² J. C. Heenan, "The Ethical Aspect," 1974, 55-57.

⁴³ Heenan, "The Ethical Aspect," 55.

⁴⁴ Heenan, "The Ethical Aspect," 55.

⁴⁵ Heenan, "The Ethical Aspect," 55.

In ratifying the primary competence of medicine over theology in the detailed determination of what might constitute “[...] normal medical aids, [...]” Heenan ensured that the ethical distinction between ordinary and extraordinary means would be accurately grounded in scientific and practical reality.⁴⁶ In this context, both the physician’s and the patient’s responsibilities must be complementary: the physician resisting any selfish manipulation of the patient’s condition; the patient, in turn, remaining free to reject any treatment merely offering “[...] a further lease of life at the cost of great suffering or discomfort.”⁴⁷

In Heenan’s opinion, the whole approach to dying and death was altered by the Christian horizon of understanding that welcomed death as “[...] homecoming [...],” spiritually interpreted as “[...] the last friend rather than the last enemy.”⁴⁸ For this reason, palliative relief that might secondarily and unintentionally hasten death, along with a refusal of extraordinary means, would in fact be “[...] good ethics [...]”⁴⁹ In rejecting euthanasia as the sole feasible alternative to unnecessary over-treatment, and the only method of achieving a peaceful, dignified death, Heenan advocated protection for the sick and dying as good moral sense, both religiously and rationally. Regardless of contemporary confusion about morality and legality, precipitated through the abortion debate, the implication was clear: ethical prohibition would remain unchanged whatever the nature of any potential legislative approval.

2.5 The Archbishops and Bishops of England and Wales on Euthanasia

In December 1974 the Catholic archbishops and bishops of England and Wales issued a collective statement, to be read in all Catholic churches. This confirmed by corporate reiteration their total opposition to euthanasia.⁵⁰ The move was deemed opportune in the light of, albeit unsuccessful, pro-euthanasia efforts at legislative and cultural reform.⁵¹ The bishops countered that authentic and compassionate terminal care

⁴⁶ Heenan, “The Ethical Aspect,” 56.

⁴⁷ Heenan, “The Ethical Aspect,” 56.

⁴⁸ Heenan, “The Ethical Aspect,” 56.

⁴⁹ Heenan, “The Ethical Aspect,” 56.

⁵⁰ See: “Bishops on Euthanasia,” 1974.

⁵¹ For an account of pro-euthanasia activity in 1974 see: N. D. A. Kemp, *Merciful Release* (2002): 214. Despite the bishops’ unanimity, popular comment on euthanasia in Catholic circles included dissenting voices: “Am I perhaps alone among your readers in thinking that an elderly person, utterly dependent on treatment / medication for life, abandoned to one new survival technique after another, might not see it as an act of the highest love to relatives, nurses and even an NHS critically short of beds, quietly to ask for an overdose and go cheerfully to God – who I am sure loves theologians and doctors, though He must

must ensure and afford “[...] dignity and comfort [...]”⁵² Keen to rectify any misunderstanding, the bishops again proposed the traditional distinction between the “[...] positive and kindly [...]” forgoing of extraordinary means, or the administration of pain relief that secondarily hastens death, and the “[...] deliberate and direct ending of one’s own or another’s life.”⁵³ The latter could not only be termed euthanasia, but, importantly, was an act of murderous killing that was prohibited by civil and divine law. Were God’s rightful oversight of life’s destiny to be assumed by human authority, the bishops feared a subtle, yet progressive, desensitisation towards the dignity and value of fragile human life: “[...] too easily might the practice of euthanasia be extended to eliminate elderly or handicapped persons who might, by some arbitrary rule, be considered a burden to the community.”⁵⁴ Any acceptance of euthanasia would have implications beyond the individual, detrimentally affecting the attitudes of society. In urging “[...] everyone to resist the evil of euthanasia [...],” the bishops invited universal testimony to the worth of human life through loving support and care for the dying.⁵⁵

2.6 Further Ferment on Euthanasia

2.6.1 Official Anglican and Unofficial Catholic Contributions

Following attempted legislative change through the 1969 Voluntary Euthanasia Bill, a Church of England working party had been convened to consider the issues at stake. Its report, On Dying Well,⁵⁶ released in March 1975, rejected any change in current legislation to facilitate the explicit practice of voluntary euthanasia. Distinguishing the cessation of extraordinary means and effective, though possibly life-shortening, palliation from euthanasia, On Dying Well advanced appropriate care of the

sometimes be depressed by the mule-headed and apparently unfeeling way they carry on?” B. Stewart, Letter, 1974, 207. Others sought more flexible acceptance of the “[...] area of grey ambiguity [...]” between the extreme positions “[...] that we never have the right to take or endanger life or that we have the right to take and endanger it [...]” T. E. Tanner, Letter, 1974.

⁵² “Bishops on Euthanasia,” 7.

⁵³ “Bishops on Euthanasia,” 8.

⁵⁴ “Bishops on Euthanasia,” 8.

⁵⁵ “Bishops on Euthanasia,” 8. Such sentiment was echoed in accompanying individual diocesan statements. For example, that of Michael Bowen, the bishop of Arundel and Brighton: “I urge everyone to resist the evil of euthanasia. Let us bear witness to our respect for life, by generous and compassionate caring for the sick and dying. By our love and support we must give to the dying the spiritual consolation and dignity which are their right.” M. Bowen, Euthanasia, 1974. Opposition to euthanasia thus touched on the wider debate about appropriate care for the elderly. See: D. Forrester, “Caring for the Elderly,” 1974.

⁵⁶ See: On Dying Well (1975). This was updated and reprinted in 2000. Methodist opposition was expressed in a statement of the Methodist Division of Social Responsibility, confirmed by the Methodist Conference in 1974. See: “Euthanasia: A Statement,” 1975.

dying as the alternative and antidote to any action that “[...] implies killing [...].”⁵⁷ Envisaging the overwhelmingly negative consequences of any statutory reform, were euthanasia to be countenanced “[...] it would be necessary to show that such a change would remove greater evils that it would cause.”⁵⁸ Of this, the report remained unconvinced, yet with nuance less absolute than Catholic episcopal response.

Concern for the form and shape of argumentation against euthanasia was not absent from Catholic ethical reflection. Paralleling the Anglican approach, editorial comment and theological expression in the February 1975 edition of The Month⁵⁹ accented the “[...] danger that Christian opponents of any Voluntary Euthanasia Bill [...]” would “[...] indulge in the sort of rhetorical overkill which so marred the controversy over abortion, [...]” thus effectively excluding any potential for dialogue.⁶⁰ Whilst the “[...] burden of proof [...]” must rest with “[...] the protagonists of euthanasia [...],” any defence offered to a pluralistic society, yet constructed solely from within the Christian tradition, would remain unconvincing and inconclusive.⁶¹ In the context of debate on abortion, the compassionate and practical initiative of the Diocese of Shrewsbury had offered realistic assistance to women faced with an unplanned pregnancy. A similar shift of focus “[...] away from the question of medically-induced death to a greater concern for the dying [...]” would manifest a more sensible and authentic attempt to resolve the dilemma of euthanasia.⁶²

2.6.2 Parliamentary Provocation

Revitalising the legislative campaign for voluntary euthanasia, Baroness Wooton’s 1976 Incurable Patients Bill sought “[...] the entitlement of an incurable patient to take steps that may cause his own death.”⁶³ The enduring sanctity of life argument formed but one weapon in the anti-euthanasia arsenal mustered in the Catholic response. This increasingly associated ideological opposition with a necessary, and ecclesiastically supported, viable alternative.⁶⁴

⁵⁷ On Dying Well, 61.

⁵⁸ On Dying Well, 62.

⁵⁹ See the interdisciplinary articles by B. Burns, P. Hebblethwaite, G. J. Hughes, I. Kennedy, and R. G. Twycross, collated in the February 1975 edition of The Month.

⁶⁰ “The Quality of Death,” Editorial, 1975. See also: “The Case Against Euthanasia,” Editorial, 1975.

⁶¹ “The Quality of Death.”

⁶² “The Quality of Death.”

⁶³ “Incurable Patients Bill,” 1976.

⁶⁴ A Briefing editorial comment accepted there were consequences to adopting an unequivocal sanctity of life position: “We cannot insist that the unwanted child be allowed to be born if we do nothing to provide

The Bishops' Conference Social Welfare Commission critique of the prevailing euthanising agenda delineated the ethical questions.⁶⁵ Contrasting absolute divine authority over life with correspondingly limited human autonomy, the Commission proposed as morally acceptable recourse to merely ordinary means, and death hastening pain relief, in the consuming stages of terminal illness.⁶⁶ Widening the focus beyond the classic pro-euthanasia case of a competent incurable patient maintained in unbearable suffering, yet requesting death, the Commission argued that euthanasia legislation would have more insidious import. The aged in general, the severely injured, and handicapped infants, would all be in danger should the firm tenet against deliberately ending life be jettisoned or even modified.⁶⁷ The justifying mentality of "[...] impatient heirs [...]," must be rebuffed with a dignified care for the dying, respectful of moral parameters and rightful human existence until natural death.⁶⁸ Consequently, the development of geriatric and palliative medicine, alongside enhanced elderly care and hospice provision, offered the ethically acceptable route to securing a dignified death.

The Catholic Social Welfare Commission's contribution on euthanasia was further intensified through its May 1977 "Memorandum to the Royal Commission on the National Health Service."⁶⁹ Advocating a personalist framework for "[...] comprehensive and basically free [...]" State health care,⁷⁰ certain specific propositions were directed towards the care of the elderly. These emphasised "[...] less crisis orientated [...]" and more preventative organisation, with the extension of geriatric hospital and community services.⁷¹ In addition, focus on provision for the terminally ill elicited the recommendation of the hospice model of care, distinguished not by "[...]"

for that child and its mother. Nor can we insist on the right of the terminally ill to be allowed to die with dignity unless we are prepared to provide conditions in which a truly Christian approach to death is possible." "Week in Week Out," 1976.

⁶⁵ See: "Euthanasia: An Assessment," 1976. Commenting generally on life issues, the Irish Bishops' Conference had also recognised the threat of euthanasia in its 1975 pastoral letter. See "Euthanasia: Irish Bishops' Statement," 1976.

⁶⁶ "Euthanasia: An Assessment," 4-5.

⁶⁷ "Euthanasia: An Assessment," 4-5. The issue of neo-natal euthanasia in the case of handicap had gained prominence through the Society for the Protection of the Unborn Children's publicisation of instances where the lives of newborns with spina bifida or Down's syndrome were intentionally, actively or passively, brought to an end. See: "Protection of Handicapped Babies," 1978. The question also had a practical dimension: "It is not enough to save children, babies, from the doctor's scalpel or hypodermic needle - are we as a community prepared to ensure that money is available to provide reasonable conditions of life for these people. What are we as a community and, yes, a Church prepared to do without to enable money to be made available for this purpose." B. Creedon, Letter, 1978.

⁶⁸ "Euthanasia: An Assessment," 5.

⁶⁹ See: "Social Welfare Commission: Memorandum on the N.H.S.," 1977.

⁷⁰ "Memorandum on the NHS," 4.

⁷¹ "Memorandum on the NHS," 6-7.

extraordinary technological resources [...],” but the “[...] significance attached to the quality of human life [...]” at whatever level or stage of existence.⁷²

The joint Memorandum of the Catholic Union and the Guild of Catholic Doctors to the Royal Commission on the National Health Service did not explicitly refer to the subject of euthanasia.⁷³ The two bodies did, however, contribute to contemporary discussion through comments submitted to the Criminal Law Revision Committee’s investigation into the Offences Against the Person Act.⁷⁴ Accepting the need for judicial discretion in cases of impaired responsibility and mitigating circumstances, the Union and Guild’s submission opposed Government proposals to introduce a new offence of mercy killing, distinguished from the existing category of murder by its compassionate motivation.⁷⁵ The murderous character of any intentional act of killing, together with the impossibility of proving a compassionate rationale, and safeguarding from abuse, rendered such alteration impractical and its implications unthinkable: “Troublesome inmates of mental or geriatric institutions, old and decrepit parents and relatives (especially if they have a lot of money), and many others can be got rid of for a nominal or even suspended sentence.”⁷⁶

From a theological and spiritualising perspective, Cardinal Hume developed a broader vision of patient care in addressing the 1978 International Conference on Charismatic Renewal.⁷⁷ Speaking on the theme of evangelisation, he identified the sufferer as an important and integral evangelist: “[...] I am thinking of all those persons who suffer [...] in hospitals, prisoners of conscience, those troubled in mind, the anxious, the depressed, the aged, the lonely, the bereaved and the dying.”⁷⁸ Hume emphasised their role in evangelisation, manifesting “[...] that special vocation to take up the cross of Christ and follow him.”⁷⁹

⁷² “Memorandum on the NHS,” 7.

⁷³ See: “To the Royal Commission on the National Health Service,” 1977.

⁷⁴ “Criminal Law Revision Committee,” 1977.

⁷⁵ “Criminal Law Revision Committee,” 154. See also: Editorial, *CMQ* 1976: “Now the Government proposes that so-called ‘mercy-killing’ shall no longer be called murder, and shall be subject to a penalty of up to two years in prison, a penalty which they maintain would not in practice ever be imposed! [...] In other words, the Government’s proposals are the thin edge of the wedge to open up the whole question of euthanasia.”

⁷⁶ Editorial, *CMQ* 1977, 150. See also: “A New Threat to Life,” Editorial, 1976. Opposition to any statutory relaxation in favour of mercy killing was affirmed in a subsequent submission: See: “Submission Made to the House of Lords Select Committee on Murder and Life Imprisonment,” 1989.

⁷⁷ See: B. Hume, *Reflections on Evangelism* (1978).

⁷⁸ Hume, *Reflections on Evangelism*, 7.

2.6.3 The Linacre Centre's Role in Formulating the Catholic Stance

The Linacre Centre for the study of healthcare ethics had been established in April 1977 as an independent trust under the jurisdiction of the Catholic archbishops of England and Wales. Significantly, the Centre's inaugural work focused on what was perceived to be a subject of major moral importance, namely questions of treatment and decision-making at the end of life. Such concentration demonstrated Catholic recognition that advances in this field of clinical medicine required renewed and more comprehensive ethical responses, including the reappraisal of traditional principles in terms of their application in the modern context.

The Centre's early contribution was thus two-fold. It first produced a series of three academic papers, each addressing a particular dimension of the ethics of life prolongation.⁸⁰ Treating fundamental theological and philosophical themes, the first presented a rigorous foundation for the respect and dignity to be accorded to human life.⁸¹ On this basis, a second paper sought to affirm the moral difference, distinguishing act and omission, between killing someone and allowing them to die.⁸² Within this theoretical framework, the historical and practical interpretation of the ordinary and extraordinary means distinction constituted the final presentation, situated within a scientifically orientated perspective.⁸³ The principles enunciated found universal ecclesiastical confirmation in the Vatican's 1980 Declaration on Euthanasia,⁸⁴ esteemed as "[...] compassionate and rooted in commonsense."⁸⁵

The second aspect of the Linacre Centre's initial activity involved the convocation in October 1978 of an interdisciplinary working party to "[...] consider, from theological, philosophical and practical points of view and in the light of Catholic principles and teaching, the contemporary trend towards euthanasia in health care practice [...]."⁸⁶ Under the chairmanship of the Jesuit John Mahoney, the combination of doctors, lawyers, theologians, and philosophers, submitted their findings in

⁷⁹ Hume, Reflections on Evangelism, 7.

⁸⁰ See: "Prolongation of Life: The Linacre Centre Papers," 1979; T. W. Glenister, "Prolonging Life," 1979; J. P. Wroe, "Linacre Centre Papers," 1979.

⁸¹ The Linacre Centre, Linacre Centre Papers: Prolongation of Life – Paper 1 (1978).

⁸² The Linacre Centre, Linacre Centre Papers: Prolongation of Life – Paper 2 (1978).

⁸³ The Linacre Centre, Linacre Centre Papers: Prolongation of Life – Paper 3 (1979).

⁸⁴ See: Sacred Congregation for the Doctrine of the Faith, Declaration on Euthanasia (1980).

⁸⁵ "Notebook: Euthanasia," 1980.

⁸⁶ "Study of Trend Towards Euthanasia," 1978.

September 1981. The report was published in April 1982 as Euthanasia and Clinical Practice: Trends, Principles and Alternatives.⁸⁷ Whilst not “[...] necessarily endorsing every detail of the Report’s arguments, [...]” the Centre’s Governors nonetheless accepted its “[...] extremely valuable contribution to clarifying the implications not only of the Catholic moral tradition but also of the tradition of common morality in the face of a range of questions which arise for clinicians and patients.”⁸⁸

3. Catholic Responses to Euthanasia 1980-1989

From 1980 to 1989, Catholic assessment of euthanasia, and its increasingly diverse applications, was manifested in implicit and explicit senses. Recognised as a “[...] highly sensitive subject [...],” the need to move beyond “[...] emotion and misconception [...]” in formulating a principled and pastoral response was self-evident.⁸⁹ No matter how it was practised, and irrespective of regulation, Catholic sentiment intuited in euthanasia that which “[...] downgrades all human relationships and is inconsistent with Christian charity.”⁹⁰ Retrospectively identified complacency prior to the 1967 Abortion Act provided strong impetus for a definite anti-euthanasia stance.⁹¹ For Archbishop Derek Worlock of Liverpool, this required a dynamic response from the Christian community, demonstrating a practical ethical approach towards sickness, handicap, suffering, and death, that would render euthanasia unnecessary.⁹²

3.1 Hunger Strikes and Euthanasia

Although greatly distinguished by circumstance, Catholic comment on the morality of hunger strikes afforded an implicit parallel with the immoral intentionality of euthanasia. In the context of 1980 and 1981 protests over their status and conditions, Irish Republican Army inmates of Belfast’s Maze Prison engaged in hunger strikes that resulted in ten deaths between 5 May and 20 August 1981. Previous individual analysis

⁸⁷ See: The Linacre Centre, Euthanasia and Clinical Practice (1982). To be referred to as Euthanasia and Clinical. See also: Text of Background Statement of the Linacre Centre and the Working Party, 1982; Text of the Press Statement by the Chairman of the Working Party, 1982; Press Release on the Publication of Euthanasia and Clinical Practice, 1982. In addition, see: “Euthanasia: Linacre Centre Report,” 1982 and T. Iglesias, Study Guide to Euthanasia (1984).

⁸⁸ Euthanasia and Clinical, III.

⁸⁹ “Notebook: Euthanasia.”

⁹⁰ “Advocates of Euthanasia,” Editorial, 1980, 940.

⁹¹ See: M. G. Sherlock, Letter, 1980; “Southern Ethical Committee of the Guild: Discussion Paper on Voluntary Euthanasia,” 1982; “Southern Ethical Committee Report on Discussion Paper: Voluntary Euthanasia,” 1983.

had contradictorily evaluated such action as “[...] gravely sinful [...]” according to Catholic principles,⁹³ yet equally something “[...] not guilty of sinful suicide.”⁹⁴ Referring to the situation in the early 1980s, Cardinal Hume described the “[...] hunger strike to death [...]” as a “[...] form of violence [...]” inconsistent with divine will for humankind.⁹⁵ He clarified, however, the moral question facing the bishops: “[...] Does every hunger strike to death constitute suicide?”⁹⁶ The response would be affirmative, and therefore morally illicit, if there were any clear intention to cause death. Summarising the ethics, an unofficial paper of the Catholic Information Service, offering reputable theological opinion, concurred that any “[...] direct killing of oneself is a serious moral evil [...],” unjustifiable even with a supposedly “[...] good purpose in view.”⁹⁷ A deliberate intention to “[...] fast until death, [...]” whatever the motivation, was “[...] objectively wrong [...]” and could not be condoned.⁹⁸ The analogy with euthanasia was clear.

3.2 The Linacre Centre Report on Euthanasia

Euthanasia and Clinical Practice received due episcopal recognition and “[...] gratitude [...],”⁹⁹ together with positive, although not uncritical, wider reception.¹⁰⁰ Brendan Callaghan regretted that for some “[...] the very fact that the report is produced by a Catholic body will render it unworthy of careful reading.”¹⁰¹ In the context of euthanasia’s expanding appeal, the document had sought to clarify what constituted

⁹² See: Archbishop Derek Worlock Condemns Euthanasia, 1980.

⁹³ This was the comment of the Benedictine Dom Christopher Jenkins cited in “Hunger Strikers and the Church,” Editorial, 1974, 569. It came in the context of Michael Gaughan’s death from hunger strike and his controversial pro-Irish Catholic funeral in London. Both Archbishop Dwyer and Cardinal Heenan sought to distance the Catholic Church in England and Wales from such political activity. See: “The Gaughan Funeral,” 1974; “Cardinal Heenan,” 1974.

⁹⁴ N. St. John-Stevas, “Periscope,” 1974.

⁹⁵ “Cardinal Hume Writes to Bishop Daly,” 1981, 2.

⁹⁶ “Hunger Strike Morality,” 1981.

⁹⁷ “A Clarification of Moral Issues,” 1981.

⁹⁸ “A Clarification of Moral Issues.” See also: “Beyond the Hungerstrike,” Editorial, 1981; “Notebook: Morality of Suicide,” 1981; H. McCabe, “Thoughts on Hunger Strikes,” 1981.

⁹⁹ “Bishops’ Conference Low Week Meeting 1982: Linacre Centre,” 1982, 8. See also: “Euthanasia: Linacre Centre Report,” 1982.

¹⁰⁰ The Jesuit Brendan Callaghan commented: “There are a number of passages where the working-party method has produced its own defects: terms are used which clearly were part of the language of discussion of the working party, and had their own reference within that discussion; they lack such reference for the reader and this is confusing. There are, finally, one or two instances where the intentions and possibly the integrity of those who hold contrary views are called into question. The issues are fundamental, and rightly emotive, but a report of this kind should be above using phrases such as ‘the drive to get doctors killing people’ – or should substantiate the accusation therein, if factual accusation it is.” B. Callaghan, “Notebook: Euthanasia and Clinical Practice,” 1982, 397. See also: “Northern Ethical Committee Meeting: Euthanasia,” 1984.

¹⁰¹ Callaghan, “Notebook,” 398.

ethanising attitudes and behaviour over and above the common understanding of a definite action. Such need was particularly acute with the advent of certain well-publicised paediatric cases.¹⁰²

The unsuccessful prosecution of Dr. Leonard Arthur for the attempted murder of a three-day-old Down's syndrome infant, rejected by his parents, prompted the Bishops' Conference to issue a statement of five principles on the right to life.¹⁰³ The fundamental right to continued existence, the bishops affirmed, was not humanly conferred, and neither could it be legislatively nullified. Furthermore, the religiously and rationally substantiated right of "[...] all innocent people [...]" to life, and the corresponding individual and societal obligations concomitant with this, remained steadfast despite the presence of handicap.¹⁰⁴ Whilst "[...] a delicate matter of clinical judgement [...]" might be necessary to determine the ordinary-extraordinary nature of treatment decisions in terminal illness, both action and omission, or "[...] neglect [...]" were morally equivalent and reprehensible when pursued with the deliberate intention to end life.¹⁰⁵ The bishops stated that the right to life included a "[...] basic right to all the normal things, including simple nourishment, which are necessary to sustain life."¹⁰⁶ In the context of the Arthur case, Cardinal Hume expressed his concern in terms of a possible devaluation of handicapped life, linked to an overemphasised notion of parental choice. Yet, he retorted: "[...] Christian teaching is not changed nor can moral principles be changed by a legal decision or verdict of a jury."¹⁰⁷

¹⁰² Judicial intervention was required in the 1981 "Alexandra" case of a Down's syndrome infant that needed surgical correction of an intestinal blockage. Whilst the parents withheld consent for the operation, Social Services applied for the child to be made a Ward of Court so that the operation, in her best interests, might be performed against parental wishes. The High Court upheld the parents' right to refuse, although the Court of Appeal overturned this and the surgery was carried out. See: "Notebook: An Infant's Rights," 1981; B. Callaghan, "The Value of a Life," 1981; Editorial, *CMQ* 1981; "The Alexandra Case," 1982; J. P. Wroe, "The Alexandra Case," 1982.

¹⁰³ See: "The Right to Life," 1981. See also: A. P. Cole, "The Aftermath of the Arthur Case," 1982. The Dominican, Alban Weston, lamented that the bishops could not be as forthright on the question of nuclear weapons as they could on life issues. See: A. Weston, "Comment," 1981.

¹⁰⁴ "The Right to Life," 1130.

¹⁰⁵ "The Right to Life," 1130-1131. For an exposition of factors operative within the clinical judgement determining ordinary-extraordinary treatment see: "Report of the Joint Ethico-Medical Committee on the Case of Derek Sage," 1985.

¹⁰⁶ "The Right to Life," 1131.

¹⁰⁷ "The Right to Life," 1130. The anti-abortion organisation Life had been responsible for notifying the relevant authorities of the Arthur case, but its call for hospital staff to report cases of paediatric euthanasia received mixed reaction. See: "Life Call to Hospital Staff," 1981. For some, the accent should have been placed on efforts to improve the dignity of handicapped people. See: B. Creedon, Letter, 1981. For others, it reflected a policy of "[...] spying, informing and denunciation, [...]" through which "[...] Christian principles are neither defended nor advanced [...]." "Notebook: A Doctor on Trial," 1981, 1117. Besides instancing the injustice of paediatric euthanasia, Life's response cited the conclusion of the Bishops' Conference statement that "[...] society should be grateful when public attention is drawn to deliberate killing of the kind we have been reporting to the police." J. J. Scarisbrick, Letter, 1981.

The explicit response of Euthanasia and Clinical Practice identified the assessment, personal or external, of a specific individual's worth, and their qualification for the category of person, as a significant motivation within prevailing euthanasia agendas.¹⁰⁸ Were society in general, or the medical profession in particular, to operate according to a calculus of futility, this would signal the corruption of the essence of healthcare, demonstrating an impoverished appreciation of human grandeur. Euthanasia, even where voluntary, could never be anything less than the unjustified killing of the innocent, supremely contradicting the Christian theological perspective of human life as a divine gift, created in love.¹⁰⁹ Resistance to direct and intentional clinical killing would not inevitably favour excessiveness in treatment at the end of life. It would, however, seek to uphold justice. The report distinguished causation of death, whether by action or equally culpable omission, from unnecessary prolongation of life, indicating legitimate situations when patients might forgo treatment.¹¹⁰ Whilst specific cases required particular consideration,¹¹¹ the overall conclusion, distilled from the experience and expertise of clinicians, supported the view that "[...] euthanasia is not required for good medicine [...]"¹¹² Furthermore, "[...] there are alternatives which combine genuine care with a proper respect for the rights of patients."¹¹³

Despite certain criticisms, the methodology of Euthanasia and Clinical Practice indicated the style, tone, and competence demanded of any serious response to the bioethical complexities surrounding death and dying. Without the argumentation of reasoned concepts of justice, or adequately grounded clinical and scientific expertise, a merely theological exposition would remain ineffectual. The working party successfully integrated the religious aspect such that its contribution was complementarily affirming rather than uniquely substantiating. As such, the document provided a point of reference and confidence for the sustained opposition of Catholic medical professionals.¹¹⁴

¹⁰⁸ Euthanasia and Clinical, 15-16.

¹⁰⁹ Euthanasia and Clinical, 24-29; 37-43.

¹¹⁰ Euthanasia and Clinical, 32-35; 45-49.

¹¹¹ Euthanasia and Clinical, 50-53; 55-62; 63-72.

¹¹² "Euthanasia: Linacre Centre Report," 7.

¹¹³ "Euthanasia: Linacre Centre Report," 7; Euthanasia and Clinical, 74;

¹¹⁴ See: "Submission from the Guild of Catholic Doctors to the Central Ethical Committee of the British Medical Association," 1986; "Further Submission from the Guild of Catholic Doctors to the British Medical Association Euthanasia Working Party," 1988; Editorial, CMQ, 1988, 111.

3.3 The Joint Committee on Bioethical Issues and Handicapped Newborns

The question of the administration of euthanasia to newborn handicapped infants gained prominence early in 1981 through media coverage of certain specific cases. The Guild of Catholic Doctors clarified its position, rejecting any sedation not aimed at alleviating pain, and appealing to the ordinary-extraordinary distinction in decisions about treatment.¹¹⁵ As a further response, a working party of the Catholic Bishops' Joint Committee on Bioethical Issues was convened in 1983 to reflect on the moral implications and responsibilities involved in such cases of serious neo-natal disability.

The extension of euthanising mentalities to both the newborn and the handicapped had been recognised and examined in Euthanasia and Clinical Practice.¹¹⁶ The reflection of the Bishops' Joint Committee combined these two concerns into a specific focus, publishing its contribution in February 1986 as Care of the Handicapped Newborn.¹¹⁷ This was intended to provide assistance in the application of moral principles to clinical decision-making following the birth of disabled children.¹¹⁸ Prior to Euthanasia and Clinical Practice and Care of the Handicapped Newborn, discussion of the morality of treatment decisions had more usually been associated with the euthanasia debate in the context of the elderly and the terminally ill. The need for comment in relation to handicapped infants indicated awareness of a projection forward of attitudes favouring abortion and an extension backward of euthanising approaches towards supposedly worthless lives.

In affirming the giftedness of every human life, the Joint Committee asserted that each newborn infant possessed inherent rights merely by the fact of existence and membership of the human species. This necessarily entailed obligations of care from the human community, particularly parents and family. The unconditional welcome of a new child, however, might well be compromised in the instance of handicap. It was

¹¹⁵ "We consider that all children, whatever their degree of disability, are entitled to all normal methods of care, including feeding. We strongly deprecate the use of sedatives when given to make the child so drowsy he does not want to feed. We would use analgesics only if the child was actually in pain for any reason. In short, we would use all ordinary methods of treatment but would not feel obliged to use extraordinary methods unless the family strongly urged us to do so. We would remain in close contact with, and give all possible support to, the parents during this time in such a case." "Newsletter from the Hon. Secretary," 1981, 94.

¹¹⁶ Euthanasia and Clinical, III; 5-10; 50-53; 63-67.

¹¹⁷ See: The Catholic Bishops' Joint Committee on Bioethical Issues, Care of the Handicapped Newborn (1986). To be referred to as Handicapped. See also: "Care of Handicapped Newborn," 1986.

¹¹⁸ See: "Care of the Handicapped Newborn," 1986.

therefore essential that those responsible for the child, both parents and medical staff, act according to the child's best interests and in conformity with the principles of justice. In representing such children, neither parents, nor any doctor, could demand or collude with nursing or treatment regimes contradictory of the child's rights. Decisions should not be taken "[...] as though a child was the disposable property of his parents."¹¹⁹ In this context, doctor and parent might disagree regarding the proper response to a handicapped baby, with either parent or doctor more respectful of the child's rights depending on the situation. This may eventually precipitate judicial resolution of the case.

Care of the Handicapped Newborn presented its basis for treatment evaluation by identifying three commonly held and interconnected purposes of medical care. These consisted of "[...] the restoration and preservation of health, the prolongation of life, and the alleviation of suffering."¹²⁰ Health was understood both physically and organically, such that bodily wellbeing might facilitate "[...] other goods of human fulfilment."¹²¹ Medical interventions and treatments were thus justifiable and incumbent where they enabled a degree of attainment of other human goods proportionate to any burden they incurred. This was not, however, equivalent to establishing a judgement concerning the worth of any individual life as the acceptable criterion for clinical response.

The Joint Committee outlined a threefold right for handicapped newborns. The first "[...] right not to be murdered [...]" apportioned to the disabled infant the same dignity as that of any other child, rejecting euthanasia for any "[...] poor 'quality of life' [...]" rationale.¹²² Were a treatment regime to be purposefully chosen and intended to hasten or cause death, either by action, omission, or a combination of both, an act of killing would be perpetrated.¹²³ This was morally distinguishable from the ethically legitimate withdrawal of excessively burdensome or futile treatment and the consequent acceptance of death as inevitable. The second right of the handicapped newborn pertained to "[...] ordinary nursing care."¹²⁴ Invoking further the parity with any other infant, nursing and sustenance were presumed as mandatory for all newborns, whatever

¹¹⁹ Handicapped, 3.

¹²⁰ Handicapped, 4.

¹²¹ Handicapped, 4.

¹²² Handicapped, 5.

¹²³ The report cites examples of handicapped newborns being heavily sedated and underfed, thus inducing silent death by starvation. See: Handicapped, 5.

their handicap. This would include artificial feeding where the means of delivery served to sustain the child without any disproportionate aggravation. In the absence of any possible “[...] curative treatment [...]” the right to “[...] basic nursing care [...]” also entailed the duty to provide relief from “[...] distressing symptoms to ensure comfort for the child [...].”¹²⁵

The final right expressed was that of the newborn child’s “[...] special claim [...]” to “[...] medical care [...]” to assist him or her in overcoming or modifying a handicap.¹²⁶ Beyond morally obligatory ordinary nursing care and nutrition, such a right was, however, subject to ethical limitation. A competent and healthy adult’s perspective on handicap must certainly be distinguished from that of the infant, who is potentially incapable of experiencing any other form of existence. Burdensomeness must thus be determined according to the infant’s perspective, fully cognisant of the possible inadequacies of prognosis at an early stage. Aware of such caveats, it may nonetheless be morally appropriate to withhold treatment where there is “[...] little or no benefit to a particular baby [...],”¹²⁷ where treatment “[...] imposes an excessive burden on a baby [...],”¹²⁸ or where treatment “[...] exceeds resources [...].”¹²⁹ The risks of neo-natal surgery demanded that intervention must be medically essential to ensuring the preservation of life and offer the hopeful possibility of reasonable success.

With ethical guidelines set forth, the Joint Committee indicated how the agents of treatment decisions might effectively employ them. Parents carried the primary responsibility of requesting, even insisting, that their children received the treatment or surgical intervention that was ethically and medically appropriate. Conversely, where parental interest was minimal, or possibly negligent, doctors had a responsibility to take all necessary measures, including appeal to the Court, to secure adequate treatment in their patient’s best interests.¹³⁰ Should nursing personnel be required to fulfil unethical directives, Care of the Handicapped Newborn urged non-compliance. It advocated

¹²⁴ Handicapped, 6.

¹²⁵ Handicapped, 6.

¹²⁶ Handicapped, 6.

¹²⁷ Handicapped, 7.

¹²⁸ Handicapped, 9.

¹²⁹ Handicapped, 10.

¹³⁰ Conservative MP Keith Wickenen sought a House of Commons debate on the issue of “[...] hospital treatment of Mongol children who are rejected by their parents [...].” He added, “[...] no matter what the condition of the baby, or whether its parents do or do not want it, that child is entitled to adequate food and warmth and medical care [...].” “Hospital Treatment of Mongols,” 1982. See also: “The Law and the Handicapped,” 1982.

notification to legitimate authorities and stressed the illegality of a death induced by neglectful omission. The document's religiously orientated conclusion emphasised the specific dimension faith brought to the question, "[...] the power of the Risen Christ [...]," enabling parents to "[...] embrace the reality of the cross in their lives [...]" and so give their children "[...] true love and care [...]." ¹³¹ In this, they deserved and required the support of the Christian community, and of wider society, in order that the noblest religious and human values might be promoted.

4. Catholic Responses to Euthanasia 1990-2000

In the decade from 1990 to 2000, the examination of Catholic attitudes and responses to euthanasia reveals distinctive characteristics. Parliamentary decisions in 1990 allowed destructive experimentation on human embryos and relaxed the regulations on abortion. Cardinal Winning feared this represented a general onslaught against the value of human life, with euthanasia next on the agenda: "When human life at whatever age, especially when it is most vulnerable, is seen as expendable, then society is on a slippery slope indeed."¹³² This anxiety was substantiated by the formation of an All-Party Voluntary Euthanasia Group in 1991,¹³³ and in two Private Member's Bills of pro-euthanasia legislation prepared in the same year under the sponsorship of the Voluntary Euthanasia Society.¹³⁴ Anticipating euthanasia's imminent legalisation in either the United States or Holland, the Society's general secretary, John Oliver, remarked: "[...] once it has been breached it will have a domino effect worldwide."¹³⁵

The post-Conciliar period demonstrates that Catholic opposition to euthanasia, as with that to abortion, was founded firmly on the inestimable value accorded to human life. Some Catholic ethicists, however, advanced a distinction between absolute respect

¹³¹ *Handicapped*, 16.

¹³² "Euthanasia Will Be Next," 1990.

¹³³ In response the Anti-Euthanasia Co-ordinating Committee was formed with representatives from various religious and non-religious organisations. The Master of the Guild of Catholic Doctors, John C. Gallagher urged support for it: "I appeal to you to support what I believe to be a very worthy cause, and help us in our attempts to withstand and overcome the next onslaught on our ethical and moral standards. Have no doubts, there is a pro-euthanasia build up coming: it is up to us to be prepared to counter this wave as best we can." "Anti-Euthanasia Appeal," 1991, 250.

¹³⁴ "One Bill would allow people to give 'advance directives' – instructions that they should not be given certain kinds of medical treatment should they become incapable of making their own decisions. The second Bill would go further, allowing doctors to kill a patient who asked to die." "Battle Looms Over Euthanasia," 1991. See also: "Strong Reaction to Euthanasia Move," 1992; "A Bill That is to Come," 1992.

for the human person and only conditional respect for human life. Thus, ceasing indefinite artificial nutrition and hydration for persistent vegetative state patients could be a “[...] person-respecting action [...],” consistent with the principles governing the withdrawal of disproportionate treatment.¹³⁶ Church teaching, however, distinguished allowing a human life to die from encouraging or forcing death upon it, irrespective of the question of personhood.¹³⁷ Affirming this, and in response to concerns expressed by the Association of Nursing Religious that trends towards legalised euthanasia were adversely affecting the sick, the elderly, and the nursing profession, the bishops of England and Wales gave unqualified support to the National Campaign Against Euthanasia in November 1991.¹³⁸

4.1 Defending the Elderly

Preaching in October 1990 at the fiftieth anniversary commemoration of the charity Age Concern, Cardinal Hume capitalised on the opportunity to emphasise the value of human life, and, given the context, the particular gifts, wisdom, and life of the elderly.¹³⁹ Respect for the aged, Hume proclaimed, could not be determined by individual capabilities or achievement, but was rooted in the reality of human existence, the source of intrinsic dignity within the Jewish-Christian tradition’s understanding of creation. Thus, “[...] none of us should ever be sacrificed as a means to any other end, however noble, however compelling.”¹⁴⁰ Where society failed to maintain its appreciation of each individual’s worth, it risked becoming “[...] both distorted and impoverished [...]”¹⁴¹ Responding to the consequences of geriatric debilitation and enfeeblement, Hume offered the spirituality of the cross. The contribution of faith provided “[...] meaning, hope and vision.”¹⁴² Religious reverence for the dying, and for death itself, was profoundly realised in hospice care, but was violated by euthanasia. Divine stewardship over life was such that death could be accepted “[...] from the hand of God.”¹⁴³ To deliberately terminate the life of oneself, or another, however, would be

¹³⁵ “A Warning Shot Against Euthanasia,” 1992, 152.

¹³⁶ “A Ballot on Life and Death,” Editorial, 1991.

¹³⁷ “A Ballot on Life and Death.”

¹³⁸ See: “Bishops Share Their Concerns,” 1991.

¹³⁹ See: “Age Concern,” 1990. The sermon was preached on 10 Oct. in York Minster. For a wider appreciation of the pastoral issues in death and dying see: “The End is the Beginning,” 1990.

¹⁴⁰ “Age Concern,” 409.

¹⁴¹ “Age Concern,” 409.

¹⁴² “Age Concern,” 410.

¹⁴³ “Age Concern,” 410.

to oppose divine law, “[...] to trespass on holy ground and to take to oneself decisions subject entirely to the will of God.”¹⁴⁴

4.2 Mental Incapacitation and Decision Making

Responding to the Law Commission’s invitation for comment and criticism on its discussion paper “Mentally Incapacitated Adults and Decision-Making,” the Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors submitted a critical evaluation.¹⁴⁵ Fundamental moral principles presumed that vicarious consent for non-therapeutic or non-beneficial treatment and procedures was inherently unethical. The Committee therefore registered its opposition to any decision on behalf of an incompetent patient regarding “[...] tissue donation or [...] participation in medical research [...]” that would involve non-beneficial “[...] invasive medical procedures [...]”¹⁴⁶ Whilst the question of consent on behalf of the mentally incapacitated was particularly pertinent in the realms of transplantation, experimentation, sterilisation, and abortion, the Union and Guild’s critique identified further concerns in the context of death and dying. Beyond the legitimate cessation of excessively burdensome treatment for dying patients, the consultation paper’s proposition to allow living wills the jurisdiction to forbid “[...] any procedures designed to prolong life [...]” created a fearful euthanising environment.¹⁴⁷ This would be especially true if the view of a proxy or living will were legally enforceable in determining and obliging the doctor’s co-operative action or omission to cause death.

4.3 Anglican-Roman Catholic Consensus on Euthanasia

Meeting in November 1992, the Bishops’ Conference testified to the extent of ecumenical convergence on ethical questions concerning death and dying by adopting a statement on euthanasia from the Church of England’s House of Bishops.¹⁴⁸ The Anglican statement was the prelude to a more complete revision of the approach to issues originally examined in the 1975 report On Dying Well. In seeking to offer guidance for public policy, the Anglican bishops were motivated by the “[...] certain

¹⁴⁴ “Age Concern,” 410.

¹⁴⁵ See: “Response to the Invitation by the Law Commission for Comment and Criticism on Consultation Paper No. 119,” 1991.

¹⁴⁶ “Response to the Invitation,” 17.

¹⁴⁷ “Response to the Invitation,” 18. See also: “Response to the Invitation by the Scottish Law Commission,” 1992; “Consent in Criminal Law,” 1996.

urgency [...]” of “[...] recent public discussion [...]”¹⁴⁹ They were also conscious of the need for sensitive judgement in the application of fundamental principles and fully appreciated the individuality of cases.

The adopted statement consisted of six points for consideration. The divine gratuitousness of human life, whilst necessitating its preservation and nourishment, also prohibited its destruction, excluding cases of legitimate defence. The distinction between intentionally killing and allowing death to occur, even when unintentionally accelerated and foreseen through the administration of pain relief, was admittedly often “[...] a very fine one in practice [...]”¹⁵⁰ It remained indispensable, however, in safeguarding the notion of human life’s sanctity and enabled doctors to work effectively and with their patients’ confidence. The medical possibility of prolonging life ought not to be equated with any moral obligation to sustain life “[...] by all available means [...],” but required a collaborative approach to treatment decision-making.¹⁵¹ In this, both the Christian and the State were responsible for protecting the vulnerable from unethical behaviour and subtle pressures to concede to their own extinction. Whether grounded in religious acceptance of divine sovereignty, or awareness of the “[...] social consequences of individual actions on other people, [...],” human autonomy had limitations. Recognition of these principles should evoke “[...] great caution [...]” before any proposed alteration of present policy or law.¹⁵² Similarly, it should elicit commendation of euthanasia and support for hospice provision. Such ecumenical consensus surpassed that ever achieved on questions of abortion or reproductive technology, and would find confirmation in the Churches’ joint submission to the 1993 House of Lords’ Select Committee on Medical Ethics.

4.4 Morality and Legality: Cox and Bland

4.4.1 The Cox Case and Judgement

In certain cases, the actions of medical staff when faced with illness and suffering were judged to have contravened the law’s prohibition of euthanasia, resulting in a transference of focus, from clinical to legal settings. Illustrative is the 1992 case of

¹⁴⁸ See: “Euthanasia,” 1992.

¹⁴⁹ “Euthanasia.”

¹⁵⁰ “Euthanasia.”

¹⁵¹ “Euthanasia.”

a consultant rheumatologist, Dr. Nigel Cox, convicted of attempted murder for administering a lethal injection to a 70-year-old patient. The sentence was later suspended and, although reprimanded by the British Medical Association, he continued to practise medicine. Hospice physicians united with pro-life and Church voices to reject the medical and ethical necessity of Cox's action.¹⁵³ Commenting on the initial judgement, the auxiliary bishop of Westminster, Vincent Nichols, sympathised with those amongst the jury who "[...] wept even as they returned a guilty verdict."¹⁵⁴ Yet, he emphasised that human tragedy must be navigated compassionately and with moral principles, in order to avoid actions that "[...] betray important truths about life or which leave the vulnerable without protection."¹⁵⁵ Evident and influential within society was a transition of perception, moving from the identification of human worth intrinsically with human existence, towards a functionalist evaluation of human dignity in terms of individual activity and capability.¹⁵⁶ In this, the euthanasia debate in England and Wales was to be further intensified by the tragic case of Tony Bland.¹⁵⁷

4.4.2 The Case and Judgement of Tony Bland

Tony Bland was a victim of the Hillsborough disaster in Sheffield on 15 April 1989, where a crisis of overcrowding at the Hillsborough football stadium resulted in the death of 96 people.¹⁵⁸ The injuries sustained by Bland during the incident consigned him to a condition of permanent unconsciousness, often, though controversially, referred to as the persistent vegetative state (PVS).¹⁵⁹

The Catholic Church's intervention was provoked by the appeal of Bland's parents to the High Court in an effort to secure the discontinuation of his artificial nutrition and hydration.¹⁶⁰ In his capacity as Chairman of the Bishops' Conference

¹⁵² "Euthanasia."

¹⁵³ See: "Hospice Directors Comment," 1992.

¹⁵⁴ "Hospice Directors," 1207.

¹⁵⁵ "Hospice Directors," 1207.

¹⁵⁶ See: "The God of the Living," Editorial, 1992.

¹⁵⁷ For a comparison of the Cox and Bland cases see: "Euthanasia's Foot in the Door," Editorial, 1992.

¹⁵⁸ See: R. Taylor, A. Ward, and T. Newburn, eds., *The Day of the Hillsborough Disaster* (1995).

¹⁵⁹ See: "Should the Tube be Withdrawn?," 1992; P. Neary, "Life, But Not As We Know It," 1996; H. Watt, "Humans Are Not Vegetables," 1996.

¹⁶⁰ The Assistant General Secretary to the Bishops' Conference, Nicholas Coote, corrected certain misinterpretations of Catholic teaching printed in *The Sunday Telegraph* of 9 November 1992 by stating: "The Catholic Church's teaching is that in certain circumstances therapeutic treatment which is disproportionate, burdensome, futile, etc. may be discontinued or not attempted. However, feeding is not treatment in the common sense understanding of the word and it is Humpty Dumpty semantics for medical experts to choose to interpret feeding as therapeutic treatment. Feeding is a matter of basic

Department of Christian Responsibility and Citizenship, Bishop Christopher Budd issued a clarificatory statement in November 1992.¹⁶¹ Without depreciating the parental experience of “[...] great anguish [...],” or their motivation that their son be allowed to “[...] die ‘with dignity,’[...]” Budd recalled: “He is not dead; he is fed through a tube, and receives ordinary care such as washing and turning. He feels no pain and is in what is called a ‘permanent vegetative state’ [...].”¹⁶² The withdrawal of artificially delivered hydration and nutrition would initiate a prolonged “[...] process of dying by starvation [...] greatly distressing to medical and lay bystanders, [...],” although painless for Bland himself.¹⁶³ Supplementary to the human tragedy for those involved, the case raised complex ethical and legal questions, with implications for public policy and patient management. The situation was further complicated by instances of recovery from apparently similar states of altered consciousness.

Budd’s analysis was that judicially sanctioned cessation of artificial nutrition and hydration would constitute “[...] legalised killing by starvation [...],” contradictory of previous legal precedent and therefore “[...] morally unacceptable.”¹⁶⁴ The teaching of the Catholic Church supported this, as notably developed by Pope Pius XII and expressed most precisely in the 1980 Declaration on Euthanasia. The direct termination of any life according to an intention of relieving suffering, alleviating the responsibility of care, or conserving assets, was forbidden. Whilst a proportionate evaluation might be made regarding the legitimate discontinuation of treatments judged overly burdensome or extraordinary, feeding should not be ethically interpreted as treatment, but considered part of basic human care and mandatory “[...] as long as it can serve its normal purpose [...].”¹⁶⁵ Objections to the artificiality of delivery were considered inconsequential, given that facilitation of the tube was neither technically advanced nor required specialised expertise.

Budd emphasised that although Tony Bland was severely debilitated, he was actually neither dying nor dead. Therefore, “[...] he ought not to be killed by being

human need and it is not something which the Roman Catholic Church regards as withdrawable for a human person.” See: N. Coote, Letter, 1992.

¹⁶¹ See: “Euthanasia and Hard Cases: Statement by Bishop Christopher Budd,” 1992.

¹⁶² “Euthanasia and Hard Cases.”

¹⁶³ “Euthanasia and Hard Cases.”

¹⁶⁴ “Euthanasia and Hard Cases.”

¹⁶⁵ “Euthanasia and Hard Cases.”

starved to death, any more than he should be killed by a lethal injection.”¹⁶⁶ Removal of nutrition and hydration would produce the same result as in any other person: that they die, intentionally. It was this “[...] omission of a duty to basic human care [...]” that was so “[...] impugned by Catholic teaching.”¹⁶⁷ Bishop Budd concluded by appealing to the common principles enunciated in the Anglican House of Bishops’ statement and adopted by the Catholic Bishops’ Conference. Given the approximation of the withdrawal of nutrition and hydration to an act directly intending death, their necessary continuation in Bland’s case appeared morally unequivocal. For Archbishop Winning, the initial verdict favouring withdrawal was “[...] ill-founded and dangerous [...]” in that it judged “[...] Tony Bland’s life lacked dignity and meaning [...],” and therefore maintained that this justified “[...] intentional killing by starvation.”¹⁶⁸

Certain theological comment on the Bland judgement was significantly more hesitant and speculative than the positions advanced by either Budd or Winning. In acknowledging that their stance was representative of respectable Catholic ethical opinion, the moral theologian Kevin Kelly nonetheless questioned the definitive status of their interpretation. He disputed particularly the view that artificial nutrition and hydration was not medical treatment and that Tony Bland was “[...] not dying.”¹⁶⁹ Citing the supporting views of moralists and bishops in the United States, Kelly’s own assessment accepted artificial sustenance as self-evident medical treatment, open to the traditional distinctions of ordinary and extraordinary maintenance or discontinuation. Concurring with the American Dominican moral theologian Kevin O’Rourke, Kelly

¹⁶⁶ “Euthanasia and Hard Cases.” Medical and moral discernment of acceptable criteria for death had been ongoing within the Guild of Catholic Doctors. See: M. B. Howitt-Wilson, “Southern Ethical Committee: Report on Discussion Paper,” 1983; “Memorandum on Brain Death (1988),” 1989; D. W. Evans and D. J. Hill, “The Brain Stems of Organ Donors,” 1989; A. M. Whiteley, “Recent Neurological Advances,” 1990; A. M. Christie and P. H. Millard, “Brain Death: Physiological Considerations,” 1991. The position was summarised thus: “We accept the principle of brain-stem death as defined by the Royal Colleges. In our view it is a necessary condition for someone’s being alive that his brain stem is alive; it is not, however, necessary that the neo-cortex, the vehicle which is required for the exercise of consciousness, is alive and functioning.” “Discussion Paper on Treatment of Patients in Persistent Vegetative State,” 1993, 34. See also: D. A. Jones, “Nagging Doubts About Brain-Death,” 1995.

¹⁶⁷ “Euthanasia and Hard Cases.”

¹⁶⁸ T. J. Winning, Letter, 1992. See also: “Bishops Challenge Courts Over Tony Bland,” 1992. Winning faced Scotland’s own version of the Bland Case in April 1995 when a Scottish judge gave permission for the withdrawal of artificial nutrition and hydration from Janet Johnson, a patient in a persistent vegetative state for three years. Winning stated: “We take exception to the decision because of the argument leading to it, which is that it is now lawful to withdraw treatment. Never before in Scotland has nourishment been equated with medical treatment. Nourishment, which is food, is a right of every human being and to deny food is to starve a person to death – this can never be morally right.” He continued: “At the same time, the Catholic Church teaches and recognises that there may come a point in a person’s life, after much suffering and perhaps near death, when it would not be morally wrong to withdraw extraordinary medical treatment.” “Winning Opposes Right-to-Die Decision,” 1996, 595.

¹⁶⁹ K. T. Kelly, Letter, 1992

further accepted that Bland's condition followed from a "[...] fatal pathology [...]," the initial injury, which should be allowed to take its course.¹⁷⁰ In Kelly's opinion, the position adopted by bishops Budd and Winning was not the sole possible interpretation. Neither was it the position most consonant with the Catholic moral tradition. Thus, Kelly concluded that such an "[...] unjustified hard-line approach [...]" might actually, "[...] through lack of an acceptable alternative, [...]" promote that which the bishops are so concerned to confront, "[...] the call for legalised euthanasia."¹⁷¹ In this situation: "Careless talk can cost lives."¹⁷²

The Catholic physician Joyce Poole buttressed Kelly's analysis from the medical perspective, stating the "[...] most convincing argument for discontinuing artificial feeding is not [...] that his life is no longer worth living, but that he is no longer there."¹⁷³ The Director of the Linacre Centre, Luke Gormally, rejected Kelly's reasoning. The essential morality of the case, affirmed by the focus of episcopal comment, centred on the "[...] character of the intention [...]" involved which, when ordered to the termination of life, clearly equated withdrawal of artificial hydration and nutrition with euthanasia.¹⁷⁴

The Bland judgement eventually reached the House of Lords and received unanimous confirmation: it was permissible to withdraw artificial nutrition and hydration, without legal penalty, in order that he should die.¹⁷⁵ Recognising the anguish caused by the events and decisions of the case, Cardinal Hume nonetheless acknowledged the "[...] serious and complex moral issues [...]" at stake.¹⁷⁶ Having requested a detailed study of the House of Lords' decision "[...] in the light of Catholic moral teaching [...]," he expressed his concern "[...] about the implications of this judgement if the effect is to sanction death by starvation which cannot be morally right."¹⁷⁷ A spokesman for Bishop David Konstant of Leeds, the diocese in which Tony Bland had been hospitalised, similarly stressed the sadness and difficulty of the case:

¹⁷⁰ Kelly, Letter.

¹⁷¹ Kelly, Letter.

¹⁷² Kelly, Letter.

¹⁷³ J. Poole, Letter, 1992, 1572.

¹⁷⁴ L. Gormally, Letter, 1993.

¹⁷⁵ See: "The Last Days of Tony Bland," 1993 and "Debate Over Tony Bland Ruling," 1993. See also: S. Cassidy, "Care of the Dying," 1993; A. Fisher, "The Road to Euthanasia," 1993, Letter, 1993, "On Not Starving the Unconscious," 1993; K. Kelly, "Rest for Tony Bland," 1993, "A Medical and Moral Dilemma," 1993; A. Sutton, Letter, 1993; "Euthanasia is Now With Us," Editorial, 1993.

¹⁷⁶ "The Tony Bland Case," 1993.

¹⁷⁷ "The Tony Bland Case."

"[...] we continue to pray for Tony and his family."¹⁷⁸ He affirmed, however, the stance taken by the Catholic Hierarchy in opposing "[...] legalised killing by starvation [...]."¹⁷⁹ Konstant also distanced both himself and his diocese from a proposed pro-life demonstration against the cessation of assisted nutrition and hydration co-ordinated by the Scottish priest Fr. James Morrow. He stated: "We must not now add to the burden facing medical staff and the Bland family by taking part in emotional or noisy demonstrations."¹⁸⁰ Through a pastoral letter Bishop Joseph Gray of Shrewsbury described the act of withdrawing nutrition and hydration as "[...] the slipway to euthanasia."¹⁸¹

The Guild of Catholic Doctors' comment on the Bland judgement focused on important distinctions operative within the Catholic moral tradition with respect to the application of principles.¹⁸² The Guild had already contributed to the British Medical Association's ethical discussion of treatment for patients in PVS.¹⁸³ Stating that human life's sacred character was not compromised by the discontinuation of

¹⁷⁸ "The Tony Bland Case."

¹⁷⁹ "The Tony Bland Case."

¹⁸⁰ "Tony Bland Case." The bishop of the diocese where Fr. James Morrow resided, Bishop Mario Conti of Aberdeen, also offered a comment on his activities. Whilst condemning his unofficially sanctioned and often inopportune pro-life protests, Conti nonetheless asked: "What links Fr. Morrow's outrageous attempt to have the parents of Tony Bland indicted for murder and his invasion of private abortion clinics? It is the defence of human life." Contrasting the popular sentimentality shown in cases of animal cruelty with indifference to attacks on human life, Conti questioned the "[...] lying euphemism [...]" of expressions such as "[...] 'termination of pregnancy,' [...]" meaning the destruction of life in the womb, and "[...] 'allowing Tony to die with dignity,' [...]" meaning "[...] starving Tony to death." Furthermore, "[...] it is the heroic courage of patients facing death which gives this awesome human experience its dignity. In others, particularly where the patient is comatose, it is the loving care of nurses and a devoted family [...]." The immorality of the Bland judgement was seen in the confusion between supplying and assisting a natural function: "Many [...] were misled into thinking that it was a question of 'turning off a machine' which was keeping the patient alive artificially, as when someone with brainstem death who is unable to breath naturally and is beyond the stage of any recovery is taken off a ventilator. Some have argued that a gastro-nasal feeding tube is in the same category. However, there is this difference that the former supplies for a natural function; the latter merely facilitates it. Feeding a patient has always been accepted as a primary duty of care, be the individual a dependent child or a helpless geriatric." Added to this was the question of intention: "What must concern us most in the Tony Bland case is that a majority, at least, of the Law Lords accepted the proposition that those who have the care of patients in a condition such as his may rightly adopt a pattern of care 'with the intention, purpose and aim' of bringing about their death." The principles enunciated within the Catholic moral tradition acknowledge it "[...] can be reasonable to stop tube-feeding if a patient is in the final phase of dying or if it involves excessive risks or burdens [...]. But it cannot be morally right to withdraw it precisely to end a patient's life. Passive euthanasia in this case is morally indistinguishable from active euthanasia towards which the pro-euthanasia lobby is now turned." Conti concluded by shunning the excesses of counterproductive and uncompassionate pro-life action, whilst emphasising the serious nature of the issues involved, namely "[...] actions, however clinically performed, which strike at innocent human lives [...]." "Bishop Conti's Statement on Fr. James Morrow," 1993.

¹⁸¹ See: "Controversy Over Tony Bland Ruling," 1993.

¹⁸² "The Tony Bland Case," 1993.

¹⁸³ In accepting brain stem death as a valid determination of death of the person, the Guild maintained a distinction between this and PVS, such that even patients in this "[...] tragic state [...]" are part of our common humanity." "Discussion Paper on Treatment of Patients in PVS," 34.

disproportionately burdensome methods of treatment, the Guild emphasised that food and water were not such treatments but part of the “[...] basic care [...]” to which all human beings have a right.¹⁸⁴ Thus, the courts had failed “[...] to recognise the vital distinction between basic care and treatment.”¹⁸⁵ The relative ease of delivery and inexpensive nature of artificial sustenance, combined with the justifiable limitations of human autonomy and developments in terminal care, meant this action was unethical and unnecessary. The Guild called for public opposition to “[...] a new attitude which threatens to undermine the lives of the most vulnerable of our citizens.”¹⁸⁶

The Catholic Union of Great Britain expressed its concern that the decision, albeit in an admittedly distressing case, had been reached on the basis of “[...] incomplete evidence, or an imperfect understanding of professional medical opinion [...]”¹⁸⁷ The Lords’ acceptance that, according to the majority of medical and nursing staff, artificial feeding was a “[...] form of medical treatment [...],” was rejected as inaccurate and unrepresentative of the views of those caring for the terminally ill and disabled. Therefore, the Catholic Union contended “[...] the general principle at stake was basic care and not treatment [...] a matter of nursing and not doctoring [...]”¹⁸⁸ Aware of the legal review precipitated by the Bland judgement, the Union requested broad representation so that sound legal and medical principles would prevail and ethics might be determinative in the care of the vulnerable rather than commerce.¹⁸⁹

Bishop Konstant’s initial reaction to the Bland case was followed by a more nuanced reflection.¹⁹⁰ Calling for prayerful remembrance of Tony Bland, his family, and all affected by the Hillsborough disaster, he added: “It is not for us to judge the personal morality of the decisions individuals have taken.”¹⁹¹ He recognised that a divergence of ethical opinion meant some judged the cessation of artificial sustenance “[...] a form of direct killing [...],” whilst for others it signalled “[...] the withdrawal of ‘extraordinary means for survival.’”¹⁹² The need for certainty regarding the sanctity of human life and the means of its protection required clarity and thorough investigation into the

¹⁸⁴ “The Tony Bland Case.” See also: “Discussion Paper on Treatment of Patients in PVS,” 35-36.

¹⁸⁵ “The Tony Bland Case.” See also: “Discussion Paper on Treatment of Patients in PVS,” 35.

¹⁸⁶ “The Tony Bland Case.”

¹⁸⁷ “Statement on the Tony Bland Case,” 1993.

¹⁸⁸ “Statement on the Tony Bland Case.”

¹⁸⁹ “Statement on the Tony Bland Case.”

¹⁹⁰ See: “Prayers for Tony Bland,” 1993. This was in a message to diocesan clergy sent on 26 February 1993.

¹⁹¹ “Prayers for Bland.”

¹⁹² “Prayers for Bland.”

application of moral principles in changing circumstances. Konstant concluded that “[...] time, information and guidance [...]” were necessary for the adequate ethical evaluation of such issues and cases: “It is a far more complex matter than I had first thought.”¹⁹³ He distinguished, however, the intricate uncertainties of this precise situation from the necessary general and firm resistance to more clearly defined trends towards the termination of debilitated and dying life. Calling on diocesan clergy to muster opposition against a proposed euthanasia Bill, planned for June 1993 but actually withdrawn, he feared this as a “[...] preliminary opportunity for the proponents of euthanasia to test the waters.”¹⁹⁴

4.4.3 Ramifications of the Bland Judgement

The continuing controversial implications of the Bland Judgement, interpreted as having given legal precedent for euthanasia by omission, prompted a statement from the Bishops’ Joint Committee on Bioethical Issues.¹⁹⁵ The corrosion of respect for human life’s sanctity, dismantling legal protection for vulnerable patients, was manifest in the Law Lords’ decision that doctors supervising Tony Bland, and patients in similar states, might “[...] rightly adopt a pattern of care with the intention, purpose or aim of terminating the lives or bringing about the deaths of those patients.”¹⁹⁶ Such medical and legal negation of the innocent person’s right to life was rejected. It undermined the principles of just society and the very ethos of healthcare. Instead, the statement emphasised the proportionate approach to decision-making operative within Catholic teaching on life prolongation, always related to the subjective state of the patient. Acknowledging the unresolved nature of the debate surrounding the morality of artificial nutrition and hydration, the Bishops’ Committee maintained the immorality of any action or omission that directly intended death: “[...] it can never be morally acceptable to withdraw tube feeding precisely to end a patient’s life.”¹⁹⁷ In a submission to the Law Commission, the Joint Ethico-Medical Committee of the Catholic Union and

¹⁹³ “Prayers for Bland.” See also: L. Gormally, “Definitions of Personhood,” 1993; G. A. Lysaght, “The Treatment of PVS Patients,” 1993; “Northern Ethical Meeting: Ethical Implications of the Persistent Vegetative State,” 1993; M. Jarmulowicz, “Neuropathological Findings,” 1995; P. McCullagh, “Thirst in Relation to Withdrawal of Hydration,” 1996; L. Murphy, “Cognition and the PVS,” 1996.

¹⁹⁴ “Bishop Warns Against Euthanasia,” 1993.

¹⁹⁵ See: “Euthanasia: Joint Committee on Bioethical Issues Statement in Response to the Law Lords’ Judgement,” 1993.

¹⁹⁶ “Euthanasia: Joint Committee.”

¹⁹⁷ “Euthanasia: Joint Committee.”

the Guild of Catholic Doctors registered its protest at such a measure, which, for the mentally incapacitated, would be the equivalent of involuntary euthanasia.¹⁹⁸

4.5 Catholic Submissions to the House of Lords' Select Committee on Medical Ethics 1993-1994

In the wake of the Bland case, a House of Lords' Select Committee on Medical Ethics was convened in 1993. It was appointed to consider comprehensively, from legal, ethical, social, and clinical viewpoints, the question of euthanasia and the associated complexities of determining treatment, particularly where the intention or effect was to shorten the life of a patient unable to give consent. Furthermore, the Committee was to examine the "[...] likely effects of changes in law or medical practice on society as a whole."¹⁹⁹ The Committee's Report was published in January 1994, together with supplementary volumes detailing the oral and written submissions of interested parties.²⁰⁰ The evidence of numerous Catholic groups, both those officially associated with the Hierarchy, and those of related organisations, was substantial. Oral and written submissions were also made by various pro-life organisations that included Catholic members, notably Life and the Society for the Protection of the Unborn Child. Similarly, other submissions were made either by individual Catholics with expertise in philosophy, law, and medicine, or by representative groups comprising such Catholics. None of the latter was explicitly ecclesial or theologically argued, but, significantly, indicated professional lay Catholic participation in attempts to shape society according to a Christian ethic.²⁰¹ An examination of the substance of the Catholic submissions reveals a distinct uniformity of opinion.

4.5.1 The Memorandum by Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors

The Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors made a submission to the House of Lords' Select Committee on

¹⁹⁸ See: "Mentally Incapacitated Adults and Decision Making," 1993; "Law Commission Submission," 1993.

¹⁹⁹ "Report to the House of Lords Select Committee on Medical Ethics," 1993.

²⁰⁰ See: Report of the Select Committee on Medical Ethics: Volume I (1994); Select Committee on Medical Ethics: Volume II (1994); Select Committee on Medical Ethics: Volume III (1994). The texts will be designated by volume.

²⁰¹ For example, the submission by the consultant geriatrician Peter H. Millard was made in his professional capacity according to medical and legal categories. See: "Memorandum by Professor Peter

Medical Ethics in May 1993, responding to Cardinal Hume's request for further analysis of the question.²⁰² Prefaced with the consistent tenets of the Jewish-Christian moral tradition, the memorandum asserted that notions of human autonomy and moral distinction, offering practical provisions, whilst preserving principles, were not necessarily incongruent with upholding life's sacred character and the protective stewardship demanded by it. Similarly, the human ability and tendency to override moral precepts did not nullify their ethical validity, but represented a cultural rejection of once previously held foundations.

In determining the ethical nature and extent of treatment intervention or withdrawal, the submission evaluated the moral co-ordinates of intention and proportionality. Although governed by absolute moral norms, treatment decisions must always subjectively relate to the individual patient who should be integrally involved in deliberating treatment and care regimes wherever possible. Whilst there were particular obligations towards the patient in a "[...] so-called persistent vegetative state [...]," the submission candidly acknowledged this raised "[...] issues not yet wholly resolved by the Catholic Church."²⁰³ An attitude of presumptive caution, as outlined by the United States Bishops' Committee for Pro-life Activities, favouring artificial nutrition and hydration where it served to benefit the patient's continued existence, would, however, have prompted a decision against withdrawal in the case of Tony Bland.²⁰⁴ Catholic concern was enlarged by the fact that Bland was neither imminently dying nor actually dead, yet the House of Lords' judgement explicitly approved the discontinuation of sustenance with the direct intention of causing his death.²⁰⁵

H. Millard," May 1993, Select Committee: Volume III, 187-189. Millard was, however, also a member of the Catholic Bishops' Joint Committee on Bioethical Issues.

²⁰² "Memorandum by the Joint Ethico-Medical Committee of the Catholic Union of Great Britain and the Guild of Catholic Doctors," Select Committee: Volume III, 124-127.

²⁰³ Select Committee: Volume III, 124.

²⁰⁴ The submission concurred with the view expressed by the United States Bishops. See: United States Bishops' Pro-Life Committee, "Nutrition and Hydration," 1992. See also: A. Treloar and P. Howard, "Tube Feeding," 1998.

²⁰⁵ A further submission to the Select Committee from Catholic Doctors' Guild official and consultant paediatrician A. P. Cole included a copy of the Guild's "Discussion Paper on Treatment of Patients in Persistent Vegetative State." See: "Letter From A. P. Cole," Select Committee: Volume III, 74-77. Cole's introduction challenged any acceptance that artificial nutrition and hydration constituted medical treatment. Experience had demonstrated the feasibility of tube feeding and the unacceptability of clinical death by dehydration. The discussion paper maintained that patients in a persistent vegetative state were not "[...] in a terminal condition [...]," but remained living human beings deserving "[...] basic care and attention [...]." Assisted feeding might be discontinued where it was unduly burdensome to deliver, but it should not be considered medical treatment, or something open to universal rejection through an advance directive, purely on the basis of the patient's unconsciousness. Select Committee: Volume III, 77.

Distinguishing treatment from the basic care that included nutrition and hydration, the Bland judgement's precedent for the removal of the latter was seen within the context of wider implications for the disabled and elderly. Where a patient's opinion could be expressed, this must be respected. A patient's decision could not, however, compel medical staff to act unethically. Where a patient was unconscious, their particular vulnerability should oblige doctors always to "[...] presume in favour of life saving measures [...]" in accordance with accepted ethical principles and distinctions.²⁰⁶ Recognising the increased appeal to advance directives and the use of proxies in treatment evaluation, the submission cautioned against according these an absolute status and, even more so, establishing them as legally binding. The changing circumstances of a patient's condition, their perspective on life, and the necessity of healthcare professionals to base treatment on clinical need and the patient's best interests, meant their indications should be limited contributions to decision-making rather than decisive influences to be slavishly followed.

The Joint Ethico-Medical Committee accepted the contemporary reality that often in complex medical cases it would be the court that decided disputed questions. Support for the court's rightful interpretative function before the law would not, however, automatically mean validation for legal decisions contradicting norms of morality. Whilst law and morality were not identical, the former should at very least "[...] protect fundamental human rights and the basic principles of natural justice."²⁰⁷ This view had established in English law the prohibition against intentionally taking human life, in full accord with the Jewish-Christian tradition's indiscriminate respect for life's sanctity.

In this context, the submission was adamant that any attempt to introduce a euthanising agenda must find forceful resistance. It would compromise the 1961 Suicide Act, and raised questions regarding the competence and ability of the judiciary to adjudicate on treatment decisions in relationship to the assessment of quality of life. Driven by fears of litigation on the grounds of over treatment, advance directives in the United States had been accorded legal status; the practice of voluntary euthanasia in the Netherlands revealed the spectre and practice of involuntary measures. Such experiences should be cause for serious reflection. Their adoption in England would be

²⁰⁶ Select Committee: Volume III, 125.

²⁰⁷ Select Committee: Volume III, 126.

unlikely to improve the realities of patient care, with medical killing reminiscent of the once universally rejected Nazi ideology that certain lives were unworthy of life. Furthermore, euthanasia totally contradicted the essence of medicine. Patient care should not be dictated by economic arguments; neither should the advances in hospice and palliative care be subjected to destabilisation by moves for a right to die.

4.5.2 The Memorandum by the Linacre Centre for Healthcare Ethics

As the episcopally governed national Catholic bioethics centre for England and Wales, the Linacre Centre presented a substantial written contribution for consideration by the House of Lords' Select Committee.²⁰⁸ Seeking to offer more than a "[...] simple statement of position [...]," the submission afforded the opportunity of rendering Catholic moral teaching acceptable in terms of propositions for a practical medical ethic expounded through traditional principles of common morality.²⁰⁹ Divided into three main parts, the memorandum presented an exposition of fundamental ethical principles, an examination of legal and judicial questions, and an assessment of the hospice movement and Dutch medical practice in relation to euthanasia.

Treating basic principles, both religious notions of life's sanctity, and secular proposals of human equality and dignity, were identified as conflicting with certain contemporary propositions regarding human autonomy and concepts of human life's value, determined according to categories other than biological existence.²¹⁰ Any distinction between human beings thought to be merely alive, and those worthy of dignity and value on the basis of particular qualities or characteristics, clearly contradicted fundamental notions of equality and justice. Against a dualistic separation of personal life from bodily life, the memorandum affirmed: "The need for a non-arbitrary understanding of who are the subjects of justice requires us to assume that just treatment is owing to all human beings in virtue of their humanity."²¹¹ An appreciation of human equality from the perspective of justice confirmed non-religiously "[...] the basic truth about human worth and dignity which shapes the content of a sanctity of life ethic."²¹² The acceptance of each human being's value necessarily entailed a rejection

²⁰⁸ See: "Memorandum by the Linacre Centre for Health Care Ethics," Select Committee: Volume III, 155-182.

²⁰⁹ Select Committee: Volume III, 155.

²¹⁰ The submission cited the stance of Mary Warnock and Ronald Dworkin.

²¹¹ Select Committee: Volume III, 158.

²¹² Select Committee: Volume III, 159.

of any intentional killing, whether by action or omission, and even where consensual. Any judgement in favour of euthanasia was therefore “[...] incompatible with recognising the ineliminable worth and dignity of the person to be killed.”²¹³

Having presented certain foundational principles, these were then applied to particular clinical questions with respect to dying and death. Established concepts of health and medicine indicated that healthcare was orientated doubly towards facilitating “[...] a return to health or palliating [...] symptoms [...]”²¹⁴ Essential to this was an appropriate relationship of trust between physician and patient, where discernment about treatment involved informed dialogue and consent in the context of moral norms that neither should ever compromise. Such ethical parameters would exclude any appeal or recourse to euthanasia. Decisions regarding the limitation of medical treatment would find ethical justification if such treatment was “[...] failing to achieve its therapeutic or palliative goal [...]” or involved “[...] burdensome consequences which it is not reasonable to expect a patient to bear.”²¹⁵ Any cessation of treatment must, however, remain a judgement about its futility or burdensomeness, not that of the patient’s life.

Whilst a proxy might legitimately act for incompetent patients, there could be no lessening of the justice demanded towards debilitated human life. The proposals for healthcare specified in advance directives and declarations could usefully inform medical decision-making. Their capacity, however, to compromise subsequent treatment against a patient’s best interests should secure their merely consultative status. Whatever decisions might be made regarding withholding or withdrawing treatment, obligations of care would persist, including that of sustenance, distinguished by purpose from medical treatment. Such considerations were pertinent to patients in persistent vegetative states, particularly given the Bland judgement. Even when delivered artificially, the intentional removal or denial of nutrition and hydration in order to hasten or cause death represented an injustice to the patient and an affront to their human dignity. Where artificial nutrition and hydration served the same purposes as eating and drinking for any human being, that is they ensured existence, these could not ethically be withdrawn from patients.

²¹³ Select Committee: Volume III, 163.

²¹⁴ Select Committee: Volume III, 164.

²¹⁵ Select Committee: Volume III, 165.

In addressing judicial and legislative approaches to euthanasia, the memorandum criticised the court's acceptance of responsible medical opinion as if majority expression of medical understanding and practice could justify decisions divorced from broader ethical considerations and notions of justice towards human dignity and existence. Within this perspective, legislative proposals favouring changes in the law prohibiting euthanasia, and seeking binding status for advance directives, were deemed unacceptable. Furthermore, having established a precedent for legally sanctioned intentional killing by omission, request was made that the Bland judgement be overturned on the basis that "[...] whatever the scope of the duty of care of those caring for Anthony Bland, they had a moral and legal duty not to exercise their care for him with the intent to terminate his life."²¹⁶

With respect to practical considerations, the memorandum interpreted the advances in hospice and palliative care as effectively nullifying the argument that euthanasia was necessary as the sole means of release from pain. Whilst proponents had enlarged the discussion, advancing euthanasia as a response to unbearable suffering, understood not in physical, but psychological and social terms, the Dutch experience of euthanasia confirmed the need for resistance.²¹⁷ Despite procedural guidelines, investigations in the Netherlands revealed the impossibility of safeguard from abuse. In addition, although supposedly an expression of autonomy, research indicated that euthanasia was practised according to a judgement that "[...] certain lives are not worth living and that it is right to terminate them."²¹⁸

The memorandum had sought to make three main points. First, that any approval of "[...] medicalised killing [...]" would be "[...] radically incompatible with recognising the equality-in-dignity of all human beings."²¹⁹ Second "[...] inefficacious [...]" medical treatment might be morally withheld or withdrawn, although the duties of ordinary care, including sustenance, must be maintained where they served the patient's continued existence. Third, society was reassured by legislation that prohibited any

²¹⁶ Select Committee: Volume III, 173. The memorandum petitioned the Select Committee to enact a Bill to ensure that: "No person may in or in connection with providing to another person medical, nursing or other treatment, services or care do or omit anything with the intention of terminating that other person's life. A person who by any such act or omission with such intention causes the other's death shall be guilty of murder." Select Committee: Volume III, 174.

²¹⁷ The memorandum summarised the findings of the 1991 Dutch Government Commission on Euthanasia.

²¹⁸ Select Committee: Volume III, 176.

²¹⁹ Select Committee: Volume III, 177.

healthcare professional intentionally acting or failing to act in order to cause a patient's death. Doctors should treat according to a patient's best interests. Their decisions, together with the views of proxies and advance directives, should be governed by just and fundamental respect for the equal worth and dignity of every human being.

4.5.3 The Submission of the Catholic Nurses' Guild of England and Wales

Representing Catholic healthcare professionals directly engaged in patient care and management, the Catholic Nurses' Guild submitted three considerations to the Select Committee in May 1993 by means of a presidential letter.²²⁰ The first emphasised the importance of treatment decisions being based on individual patient need, something "[...] any future legislation is unlikely to improve on [...]"²²¹ A second point concerned the increasing association of treatment decisions with financial justifications: "Patients who already feel they are a burden will fear requiring any major treatment."²²² Thirdly, as treatment was invariably provided by nursing staff, the Guild argued for their greater involvement, both in particular decisions about continuance or withdrawal, and in wider consultation regarding legislation.

4.5.4 The Submission of the Association of Catholic Women

The chair of the Association of Catholic Women submitted a pithy, summary letter to the Select Committee in June 1993, more a statement of understanding than an argued proposition.²²³ Opposition to "[...] all forms of intentional killing of the terminally ill [...]" was affirmed, irrespective of whether the act was of "[...] commission or omission [...]" or on request.²²⁴ Direct and intentional killing was distinguished, however, from the cessation or withdrawal of distressing or futile treatment, although further delineation isolated treatment withdrawal from "[...] withdrawal of food, fluids and warmth, which would kill the patient whatever his medical condition."²²⁵ In this sense, and no matter how they were delivered, "[...] food

²²⁰ See: M. T. Pitt, "Letter from The Catholic Nurses' Guild of England and Wales," 28 May 1993, Select Committee: Volume III, 53.

²²¹ Select Committee: Volume III, 53.

²²² Select Committee: Volume III, 53.

²²³ See: J. Robinson, "Letter from the Association of Catholic Women," 12 Jun. 1993, Select Committee: Volume III, 8.

²²⁴ Select Committee: Volume III, 8.

²²⁵ Select Committee: Volume III, 8.

and fluid [...] remained basic sustenance, not medical treatment.”²²⁶ Any alteration in attitude towards euthanasia would have disastrous consequences for society and family relationships, and, notably, for the professional bond between doctor and patient.

4.5.5 The Memorandum by Pro Ecclesia et Pontifice

The forthright submission by the unofficial Catholic pressure group Pro Ecclesia et Pontifice questioned whether anyone with faith in God could “[...] presume to know better than He does when this life on this planet should end.”²²⁷ Thus, “[...] euthanasia is not an option for believers in Christianity, Judaism, Mohammedanism [...]”²²⁸ For atheists, however, who might be more tolerant of interventions to end life in the context of suffering, various counter arguments were posited. Chief amongst them would be the pressure on the sick and elderly to opt in favour of euthanasia should it ever be allowed. Associated with this would be a loss of integrity within the medical profession, no longer unconditionally dedicated to valuing and caring for human life. The trust between doctor and patient would inevitably break down. Modern palliative medicine could ensure appropriate pain control and quality of life without recourse to euthanasia and its possible recriminations for carers and family. Thus, the submission concluded by encouraging an attitude of respect for the vulnerable within society, even where this required extensive human and medical resources.

4.5.6 The Memorandum by the Bioethics Committee of the Newman Association

As an organisation of Catholic graduates in law and medicine, the Newman Association’s Bioethics Committee orientated its contribution around discussion of advance directives in relation to medical treatment and practice.²²⁹ Accepting the principles of Catholic magisterial teaching, particularly as enunciated by the bishops of England and Wales, the Association opposed the legal enforceability of advance directives because of their potential to “[...] commit doctors to actions or omissions which are euthanasic.”²³⁰ Whilst an advance directive might usefully inform treatment and nursing decisions, it could never oblige a doctor to act against his or her conscience

²²⁶ Select Committee: Volume III, 8.

²²⁷ D. McLeod, “Memorandum by Pro Ecclesia et Pontifice,” Select Committee: Volume III, 209.

²²⁸ Select Committee: Volume III, 209.

²²⁹ See: J. G. Duddington, “Memorandum by the Bioethics Committee of the Newman Association,” Select Committee: Volume III, 12-15.

²³⁰ Select Committee: Volume III, 15.

or against a patient's best interests. Every competent patient should be fully consulted regarding any treatment. If incapable, relatives and carers should be involved and an incompetent patient afforded a "[...] guardian [...]" in any legal deliberation, fully representative of the patient's "[...] cultural and moral code [...]."231

4.6 Further Ecumenical Convergence on Euthanasia

Ecumenical co-operation in response to euthanasia progressed to elicit in 1993 a joint submission to the House of Lords' Select Committee on Medical Ethics from the Church of England House of Bishops and the Catholic Bishops' Conference of England and Wales, supported by representatives of the Free Churches.²³² Although informed by a religious perspective, the foundational principles of the submission's seven-part contribution to the euthanasia discussion were presented as essential to the very basis of civilised society and therefore acceptable irrespective of particular denominational boundaries. Premised on the belief that as God's gift life "[...] is to be revered and cherished [...]," notions of intrinsic equality amongst persons and defensive care of the vulnerable were interwoven within a relational philosophy appreciative of the reality that individual choices and actions impact on others and society.²³³ These factors combined to exclude euthanasia as an unethical option for the human community.

Addressing the perceived tension between a Christian concept of sanctity of life and secular propositions of personal autonomy, the submission clarified the acceptable and appropriate ethical stance of the Christian Churches. Absolutism was rejected wholesale, whether in the preservation of life or in the freedom of individual choice. Thus, the attempts to legislate for voluntary euthanasia must be resisted. They represented false interpretations of unfettered individual autonomy, risked enforcing unethical co-operation by medical staff, and threatened the care and status of the disabled, elderly, and terminally ill. As such, the united Christian prohibition against taking human life extended to all invariably tragic cases where euthanasia might be

²³¹ Select Committee: Volume III, 15.

²³² See: "Statement by the House of Bishops of the Church of England and the Catholic Bishops' Conference of England and Wales to the House of Lords Select Committee on Medical Ethics," 1993. To be referred to as "Euthanasia: Joint Submission." This was made public on 8 July 1993. An introductory note stated: "There has been no opportunity for the joint submission to be considered by the Free Church Federal Council. However, a number of people from the Free Churches with expertise in this field have been consulted. It is clear that the joint submission would also receive the support of the Free Churches." Euthanasia No! (1993): 3. See also: "Churches Join Forces Against Euthanasia," 1993.

²³³ "Euthanasia: Joint Submission," 2.

requested. Hinging on the morality of intention, the ethical distinction between killing patients and allowing them to die must be guided by the “[...] fine judgement [...]” mechanism of proportionality in withholding or withdrawing treatment.²³⁴ Without direct reference to the Bland judgement, except to state it should not be “[...] used as an argument for the existing law to be changed [...],” the specific issue of withdrawing artificial nutrition and hydration was judged to forbid generalisations.²³⁵ Each case must be determined according to the particular evaluation of each “[...] person’s needs and rights [...].”²³⁶

The ecumenical moral position outlined offered practical orientation for the management of patients’ conditions. This necessitated comprehensive palliative care and the maintenance of the bond of trust between non-euthanising doctor and vulnerable patient. Whilst the previous wishes of now uncommunicative patients, expressed through advance directives, might contribute to forming a consensus regarding treatment, their freely derived wishes must be ethically sound and viewed as elucidatory rather than conclusive. Death with dignity was not alien to the Christian tradition or to the best medical practice as exemplified in holistic hospice facilities. The insights of both offered ethical and viable alternatives to euthanasia.

4.7 The House of Lords’ Select Committee’s Recommendations

The comprehensive body of Catholic evidence submitted from diverse sources to the House of Lords’ Select Committee on Medical Ethics is impressive for its quality of argumentation and unified attitude. The combination of rationally and clinically focused propositions, and the incorporation of lay and ecumenical collaboration, secured a forceful anti-euthanasia Catholic coalition that, allied with other concurring submissions, influenced a favourable outcome.

The Select Committee reported its conclusions in 1994. Ratifying the importance of patient consent in treatment decisions, and accepting the need for further investigation of particular situations such as the persistent vegetative state, it recommended there should be no change in the statutory prohibition of euthanasia.²³⁷

²³⁴ “Euthanasia: Joint Submission,” 3.

²³⁵ “Euthanasia: Joint Submission,” 3.

²³⁶ “Euthanasia: Joint Submission,” 3.

²³⁷ See: “Select Committee Reports on Euthanasia,” 1994; *Select Committee: Volume I*, 58.

Whilst a judgement of burdensomeness, proportionate to the patient, might indicate the inappropriateness of any particular treatment, a doctor could never intervene with “[...] the intention to kill [...].”²³⁸ Moreover, the Report encouraged the “[...] growth and development [...]” of palliative care and hospice services.²³⁹ The secretary of the Bishops’ Conference Social Welfare Committee, Jim O’Keefe, praised the Select Committee’s Report as categorical affirmation that “[...] the right to life is the cornerstone of law and social relationships, [...],” although the possibility of seemingly “[...] opting for suicide [...]” through an advance directive would require close ethical analysis.²⁴⁰

4.8. Continuing Episcopal Intervention on Euthanasia

The Linacre Centre’s continued contribution to the field of bioethics was manifested in 1994 through its work Euthanasia, Clinical Practice and the Law, a comprehensive critique of the moral, medical, and legal implications of treatment decisions intended to end life.²⁴¹ Official episcopal intervention on questions of voluntary euthanasia and doctor assisted dying was, however, reactively expressed in 1997, through Cardinal Hume’s reiteration of Catholic teaching in the national press.²⁴²

Responding to Joe Ashton’s December 1997 Ten Minute Rule Bill on Doctor Assisted Dying,²⁴³ Hume noted society’s ready acceptance of autonomous choice as the supreme moral value and right. This had already impacted devastatingly at life’s beginning. Now gradual advance was being made towards its application to euthanasia. By virtue of aim and intention, doctor assisted dying represented an act of killing clearly distinguishable from the administration of drugs that might shorten life, but which were intended to ease pain. The most pressing threat was that of passive euthanasia through the “[...] back door [...],” the intentional termination of life by the withdrawal or denial

²³⁸ Select Committee: Volume I, 58.

²³⁹ Select Committee: Volume I, 58.

²⁴⁰ “Relief at Euthanasia Report,” 1994, 296-297.

²⁴¹ “Linacre Centre Publishes Euthanasia, Clinical Practice and the Law,” 1994. See: L. Gormally, ed., Euthanasia, Clinical Practice and the Law (1994). The Centre’s twentieth anniversary was marked by a conference exploring “Issues for a Catholic Bioethic,” although an editorial comment of the special edition of Briefing carrying the conference papers stated that the views presented were not necessarily those of the Bishops’ Conference. See “Issues for a Catholic Bioethic,” 1997. A full edition of the conference papers was later published as: L. Gormally, ed., Issues for a Catholic Bioethic (1999).

²⁴² See: “The Death of Trust,” 1997. Hume’s original article was printed in The Times on 27 November 1997.

²⁴³ See: “Jottings,” 1998.

of treatment.²⁴⁴ Hume further distinguished medical treatment, which may in certain circumstances be legitimately withdrawn, from the basic care that is mandatory, citing the relevant principles of the Declaration on Euthanasia. Essential to the morality of any action was the intention motivating a doctor, or any other assistant.

Developing his position, Hume accepted that the Bland judgement had established a dangerous precedent for passive euthanasia.²⁴⁵ In addition, propositions under review by the Law Commission, for the withdrawal of treatment from mentally incapacitated adults on the judgement that life was “[...] no longer worth living, [...]” were cause for concern.²⁴⁶ Hume cautioned that any acceptance of voluntary euthanasia would provide a logical foundation for involuntary approaches: “Would it not be kinder to dispatch patients by a swift lethal injection rather than subject them to a lingering death by disease or thirst?”²⁴⁷ As the experience of abortion legislation had demonstrated, the governing regulations would permissively give way. This was how euthanasia had progressed in Holland, underpinned by the insidious view that certain lives were valueless.²⁴⁸

Hume was clear about the detrimental effects concurrent with legalising euthanasia: the devaluation of the elderly and disabled; the breakdown of the doctor-patient relationship; the temptation of economic gain; the possibility of abuse for organ donation: “Today’s right to die would become tomorrow’s duty to die.”²⁴⁹ The 1994 House of Lords’ Select Committee on Medical Ethics had rightly rejected the

²⁴⁴ “The Death of Trust,” 32.

²⁴⁵ Further cases of judicially sanctioned withdrawal of artificial nutrition and hydration prompted Catholic response. Although not in a persistent vegetative state, Miss D, a 29 year old severely brain damaged woman was judged by the High Court to have “[...] no possibility of any meaningful life whatsoever.” The Catholic physician Shelia Cassidy recognised the decision as consonant with Catholic teaching on not needing to “[...] strive officiously [...]” to maintain life. The Assistant General Secretary to the Bishops’ Conference, Nicholas Coote, expressed concern, however, that the judgement seemed to have been based doubly on an assessment of life’s value and the fact that sustenance does not constitute ordinary care. Helen Watt of the Linacre Centre located the morality of the action in its intention: “If the aim in stopping feeding is to kill the patient, that is definitely euthanasia – as much as giving a lethal injection.” “Ethicists Divide Over Decision To Let Woman Die,” 1997.

²⁴⁶ “The Death of Trust,” 32-33.

²⁴⁷ “The Death of Trust,” 33.

²⁴⁸ “In Holland thirteen years ago the courts declared active euthanasia lawful in certain circumstances. Although the Dutch guidelines require an explicit request from the patient, many thousands of patients have had their lives terminated without explicit request, and recent decisions of Dutch courts have declared lawful the killing of babies with disabilities. The Dutch experience confirms that once it is allowed that doctors (or others) may judge whether a human life is worth living (as they inevitably do in carrying out voluntary euthanasia) non-voluntary euthanasia inexorably follows. Indeed, if patients can benefit by being killed, is it reasonable to deprive them of that benefit because they are incapable of asking for it?” “The Death of Trust,” 33.

²⁴⁹ “The Death of Trust,” 33.

legalisation of active euthanasia.²⁵⁰ The growth of skills in palliative and hospice care supported such rejection, enabling a death with dignity that truly respected life: "Killing a person can never be the way to respect human life."²⁵¹ Delivering the fifteenth Arnold Goodman charity lecture on 28 May 1998, Hume returned to euthanasia, posing the hypothetical question of what might an unbiased visitor to our society notice?²⁵² Amongst her many observations, Hume stated she would definitely detect our impoverished approach to the elderly and to medical decisions at the end of life, which, increasingly, were moving towards euthanasia.²⁵³

4.9 Catholic Responses to "Who Decides?"

The Government consultation paper "Who Decides? Making Decisions on Behalf of Mentally Incapacitated Adults" raised with it the spectre of euthanasia, at the very least by omission.²⁵⁴ Catholic reaction was thorough and decisive. In March 1998, the Joint Ethico-Medical Committee of the Catholic Union and the Guild of Catholic Doctors responded with critical analysis, stating that crucial principles had been inaccurately expressed with sinister implications.²⁵⁵ Fundamental was the failure to emphasise the unacceptability of euthanasia by omission, particularly where adherence to an advance directive would prevent intervention. Thus, any "[...] generalised advance refusal of all treatment is effectively a request for death and is, even if not to be implemented by a positive act on anyone's part, a request for euthanasia."²⁵⁶

²⁵⁰ Hume cited the House of Lords' Select Committee's unanimous declaration: "Society's prohibition of intentional killing [...] is the cornerstone of law and of social relationships. It protects each one of us impartially, embodying the belief that all are equal. [...] The death of a person affects the lives of others, often in ways and to an extent which cannot be foreseen. We believe that the issue of euthanasia is one in which the interest of the individual cannot be separated from the interest of society as a whole." "The Death of Trust," 33. See also: L. Gormally, "The House of Lords' Select Committee on the Legalisation of Euthanasia," 1993.

²⁵¹ "The Death of Trust," 33.

²⁵² See: "Searching for Purpose," 1998.

²⁵³ "She would find that many older people were living alone, or being cared for in nursing or residential homes. She would note the large number of retired people, and the often untapped resources and experience that they could offer. She would see, too, that medical advances were enabling people to live longer and also raising ever more complex ethical questions as death approaches. She would find that some argued for the introduction of euthanasia, and would note that some countries have already allowed so-called 'mercy' killings to take place, where for the old 'the right to die' is already slowly becoming 'the duty to die.'" "Searching for Purpose," 3-4

²⁵⁴ See: "Who Decides?," Editorial, 1995; "Who Decides?," Editorial, 1998.

²⁵⁵ See: "Joint Ethico-Medical Committee: Response to the Lord Chancellor's Department Consultation Paper Who Decides?," 1998. See also: J. Bogle, "Euthanasia and the Government's Proposals," 1998.

²⁵⁶ "Joint Ethico-Medical Committee: Response to Who Decides?," 7.

In the context of the mentally incompetent, the Ethico-Medical Committee reiterated the need for treatment decisions to be made with reference to the patient's best interests, necessarily consisting of more than "[...] an attempt to assess the personal feelings of the incapacitated patient."²⁵⁷ The best clinical interests of anyone must include the "[...] preservation of life, the prevention of disability and the alleviation of pain and distress [...]," together with appreciation of "[...] spiritual, psychological, and moral [...]" dynamics.²⁵⁸ Legally enforceable advance directives were rejected on the basis that they would permanently determine the patient's attitude and usurp a physician's ability to treat according to clinical need. Within the decision-making dialogue between doctor and patient, or a doctor and the patient's proxy, there would, however, be scope for utilising an advisory advance statement of a patient's attitude towards health and medical treatment. Referring to the Bland Judgement, the Ethico-Medical Committee disputed the categorisation of artificial nutrition and hydration as medical treatment, favouring its classification as part of the basic care afforded to all patients. It could never be ethically acceptable to discontinue intentionally a regime of medical treatment or pattern of care so as to cause a person's death. Moreover, the vulnerability of mentally incompetent patients should ensure that treatment decisions taken on their behalf always fully concurred with their clinical best interests.²⁵⁹

At the request of the Catholic Bishops of England and Wales, of Scotland, and of Ireland, the Linacre Centre drafted a response to "Who Decides?" entitled "Human Dignity, Autonomy and Mentally Incapacitated Persons," jointly authored by Luke Gormally and John Keown.²⁶⁰ Dissociating itself from religious argumentation and the doctrinal authority of the Catholic Church, the text sought a universal audience by appealing to notions of basic human rights essential to a just society. Three major difficulties existed within the consultation paper: an undervaluing of the lives of the incompetent, an inflated understanding of autonomy to the detriment of a patient's best interests, and a utilitarian approach to the mentally incapacitated that would result in their abuse through non-therapeutic experimentation, invasive treatment, and organ and tissue donation. In short, were the proposals of "Who Decides?" to be fully embraced,

²⁵⁷ "Joint Ethico-Medical Committee: Response to Who Decides?," 8.

²⁵⁸ "Joint Ethico-Medical Committee: Response to Who Decides?," 8.

²⁵⁹ Similar sentiments were echoed in submissions concerning paediatric treatment. See: "Withdrawal of Life Saving Treatment from Children," 1997; "Response to the Royal College of Paediatricians," 1998.

²⁶⁰ See: L. Gormally and J. Keown, *Human Dignity, Autonomy and Mentally Incapacitated Persons*, 1998.

they would not “[...] unambiguously protect those patients who are mentally incapacitated [...]” but merely “[...] regulate [...] their exploitation.”²⁶¹ Employing the flawed Bland rationale that it may be acceptable and legal to intend and cause a patient’s death by omission, treatment decisions would be open to evaluation on the basis that a patient’s life had become worthless.

With reference to the 1994 submission to the House of Lords’ Select Committee, the Linacre Centre response argued that the fundamental worth of every human being was the foundation of justice in society. Such justice, by essence, could not be arbitrary and was contradicted by the classification that some human lives were valueless or without dignity by virtue of mental incapacity. To advocate euthanasia or assisted suicide for such people would be an injustice indicative of an unjust society, where autonomy was elevated beyond ethical norms as the source and determinant of human worth. At a practical level, treatment decisions would be ethically compromised if executed on the basis that it was in some patients’ best interests that they be killed, whether by action or omission. Whilst futile or burdensome treatment might legitimately be rejected, every human being must be treated according to objective standards and criteria of best interests. These must override suicidally motivated advance directives and any utilisation of patients as the means to an exploitative end.

The Linacre response asserted that legislation according to “Who Decides?” would dangerously allow a patient’s best interests to be “[...] determined largely if not exclusively simply by the ‘views of other people’ [...]” who might judge “[...] the patient would be better off dead and that his or her life should be intentionally terminated, albeit by the withholding or withdrawing of treatment [...]”²⁶² Furthermore, it maintained that decisions about medical treatment should never comply with a suicidal motivation, whether verbal or expressed through an advance directive. Whilst advance directives might inform decisions, they should never legally oblige unethical action or compel assistance in suicide, which remained illegal. Against Bland, the basic care of patients must presume and include their continued nutrition and hydration, artificially if necessary. Protection of the vulnerable should ensure that the mentally incompetent are never subjected to abuse through experimentation, non-therapeutic research, or harvesting of organs, tissue, or gametes. Any proposed surgical or medical

²⁶¹ Gormally and Keown, *Human Dignity*, 5.

²⁶² Gormally and Keown, *Human Dignity*, 28.

intervention on someone mentally incapacitated, or suggested withdrawal or withholding of artificially delivered nutrition and hydration, must be subject to specified ethical norms and due judicial process, not simply decided by appeal to a proxy or advance directive.

Echoing the reservations of Catholics in healthcare, a joint letter by Cardinals Hume and Winning, representing respectively the Bishops' Conferences of England and Wales and of Scotland, together with Archbishop Sean Brady, the Primate of All Ireland, drew attention to major ethical concerns relating to "Who Decides?"²⁶³ In welcoming certain recommendations seeking to "[...] establish a unified body of legislation to protect the true interests of mentally incapacitated adults [...],"²⁶⁴ the archbishops' anxieties focused more centrally on proposals concerning the "[...] medical and nursing care of mentally incapacitated patients and the circumstances in which medical treatment might be withheld."²⁶⁵ The morally legitimate distinctions surrounding the maintenance of nursing care and the possible withdrawal of futile or excessively burdensome treatment were in complete accordance with the principles of the Catholic moral tradition. Any manipulation of care and treatment, implementing non-voluntary euthanasia or legally enforcing advance directives, would, however, be entirely lacking in moral credibility, especially in relation to vulnerable patients. The basic requirements of justice demanded that each person's life be defended against exploitation and extinction.²⁶⁶

At their Low Week Conference meeting in April 1998, the bishops of England and Wales received reports on "Who Decides?" from the Catholic Union, and the Guild of Catholic Doctor's publication Advance Directives or Living Wills.²⁶⁷ The latter resulted from cumulative ethical reflection and included a proposed "Christian Advance Declaration for the Management of Serious Illness," forbidding euthanasia by action or

²⁶³ See: "Euthanasia: Cardinal Basil Hume, Cardinal Thomas Winning and Archbishop Sean Brady," 1998. The letter was published in The Daily Telegraph on 1 April 1998.

²⁶⁴ "Euthanasia: Hume, Winning, and Brady."

²⁶⁵ "Euthanasia: Hume, Winning, and Brady."

²⁶⁶ "We hope that any legislation brought forward will, consistent with common morality and legal tradition, protect vulnerable people by clearly prohibiting intentional killing by omission as well as by act, and forbid forms of abuse such as the removal of organs from patients and medical experimentation without consent. Justice requires that all of us should respect the worth and dignity of every human being, however incapacitated he or she may be." "Euthanasia: Hume, Winning, and Brady."

²⁶⁷ See: "England and Wales: Consultative Bodies," 1998; "Advanced Directives," 1998; The Guild of Catholic Doctors, Advance Directives (1998).

omission and presuming artificial nutrition and hydration as ordinary nursing care.²⁶⁸ Such medical comment prompted further episcopal dialogue with parliamentarians, in an attempt to clarify the issues at stake and urge their opposition.²⁶⁹

4.10 Withholding and Withdrawing Treatment and Sustenance: Catholic Attitudes

The British Medical Association's guidelines on withholding nutrition and hydration received blunt criticism from Catholic quarters, not least Cardinal Winning²⁷⁰ and those professionally involved and represented by the Guild of Catholic Doctors.²⁷¹ The attempt to enable doctors to withdraw sustenance without appeal to a court, but after consultation with external senior medical opinion, was, for Dr. Peter Doherty, nothing less than "[...] euthanasia by the back door."²⁷² Furthermore, the decision of the Lord Chancellor, Lord Irvine, to sanction the legality of advance directives in Britain according to common law, represented an unprecedented attack on the sick and dying.²⁷³

The proposed Medical Treatment (Prevention of Euthanasia) Bill received enthusiastic welcome and support from the Bishops' Conference in January 2000.²⁷⁴ Introduced by the MP Ann Winterton, the Bill sought to "[...] prohibit the withdrawal or withholding of medical treatment, or the withdrawal or withholding of sustenance,

²⁶⁸ See: A. P. Cole and J. Duddington, "Advanced Directives," 1992; "Report of the Southern Ethical Committee," 1992; "Doctors in Practice Committee: Advance Directives," 1992. Comments from the Joint Ethico-Medical Committee of the Catholic Union and Guild of Catholic Doctors on the BMA's working party on advance directives and living wills rejected their statutory enforcement, but accepted a limited function in their assistance of the decision making process when consistent with the patient's best interests. See: "Proposed Code of Practice on Advance Directives," 1995. See also: "Are Advance Refusals Really Necessary?," Editorial, 1995; "Submission to the Lord Chancellor's Working Group on the Law Commission Report No 231," 1995.

²⁶⁹ See: "Cardinal Warns MPs on Euthanasia," 1998. Preaching an address in St. Alban's Cathedral to mark the fiftieth anniversary of the National Health Service, Hume advocated hospice and palliative care provision as the "[...] best answer to future pressure for euthanasia. [...]" "New BMA Paper on Ethical Controversies," 1998.

²⁷⁰ "There can be no justification for starving and dehydrating people to death. That this should happen in NHS hospitals with the full approval of the BMA is almost beyond belief." "Have You Seen this?," 1999.

²⁷¹ See: "Response From the Joint Ethico-Medical Committee to a Consultation Paper from the BMA Ethics Committee," 1998 and "Euthanasia By Stealth," Editorial, 1999. There was support, however, for the BMA's decision to reject moves to legalise physician-assisted suicide. See: "BMA Rejects Physician Assisted Suicide," Editorial, 2000.

²⁷² "Fears Over Euthanasia by the 'Back Door,'" 1999, 939. See also: "A Matter of Life and Death," Editorial, 1999; I. Jessiman, Letter, 1999.

²⁷³ See: I. Jessiman, "Backdoor Euthanasia," 1999; M. Lupton, "Why I Favour 'Living Wills,'" 1999; M. Jarmulowicz, Letter, 1999; E. Fitzgerald, Letter, 1999.

²⁷⁴ See: "Prevention of Euthanasia Bill," 2000. See also: "Anti-euthanasia Bill Continues Through Parliament," 2000.

with the intention of causing the death of a patient; and for connected purposes.”²⁷⁵ As a corrective to the Bland decision, the Bill also specified the unlawfulness of anyone caring for a patient withdrawing or withholding “[...] medical treatment or sustenance if his purpose or one of his purposes in doing so is to hasten or otherwise cause the death of the patient.”²⁷⁶ The Bishops’ Conference was asked to respond to the Bill by the Social Policy Section of the House of Commons Library, to aid its efforts at compiling a report of reactions from various organisations. As Chairman of the Conference’s Department of Christian Responsibility and Citizenship, Bishop Peter Smith commended the Bill’s full accordance “[...] with the Catholic Church’s ethical teaching on euthanasia.”²⁷⁷ As such, it was an opportune antidote to the legislative ambiguities that might allow euthanasia by omission.²⁷⁸

Setting the context for the Bill’s timeliness and necessity, Smith noted the changing attitudes within the medical profession and the demise of the once universal principle of “[...] ‘primum non nocere’ (‘first do no harm’) [...]”²⁷⁹ The attempts of certain pro-euthanasia campaigners to merely regularise the current practice of euthanising actions or omissions as already practised by some doctors raised important questions about the purpose of law and responsibilities towards the common good. Furthermore, it demonstrated the necessity of clarification and education in the face of popular misconceptions that identified active intervention as euthanasia, but not passive omission.

Any “[...] officious and inappropriate striving to keep dying patients alive at all costs [...]” was rejected in the Bill as something alien to an authentic anti-euthanasia position.²⁸⁰ Furthermore, in relation to treatment decisions, Bishop Smith offered a distinction between the dying and the chronically sick, whom, he argued, should not be assessed uniformly: “[...] a ‘dying’ patient is distinct from a patient who is in a coma

²⁷⁵ “Prevention of Euthanasia Bill,” 2000, 5.

²⁷⁶ “Prevention of Euthanasia Bill,” 5. Clarifying its terms of reference the Bill added: “In this Act – ‘medical treatment’ means any medical or surgical treatment, including the administration of drugs or the use of any mechanical or other apparatus for the provision or support of ventilation or of any other bodily function; ‘patient’ means a person suffering from mental or physical illness or debility; ‘sustenance’ means the provision of nutrition or hydration, howsoever delivered.”

²⁷⁷ “Prevention of Euthanasia Bill,” 3.

²⁷⁸ Smith stated: “Whilst the Government professes itself to be against euthanasia by means of ‘deliberate intervention,’ it appears to say nothing in respect of ‘euthanasia by default’ - in other words euthanasia by ‘omission.’ Such a stance is ambiguous, lacking in clarity and extremely dangerous.” “Prevention of Euthanasia Bill,” 3.

²⁷⁹ “Prevention of Euthanasia Bill,” 3.

²⁸⁰ “Prevention of Euthanasia Bill,” 4.

[...].”²⁸¹ As previously, and ecumenically, stated, “[...] a pattern of care [...]” should never include “[...] the intention, purpose, or aim of terminating the life, or bringing about the death, of a patient.”²⁸² Employing the language of “[...] a pattern of care [...]” encompassed both treatment decisions and the nursing regime, effectively ensuring that no matter how artificial nutrition and hydration were interpreted, they could never be ethically withheld as an intended means of death.²⁸³ This principle must apply to all proportionate judgements regarding medical treatment, so that decisions about whether to withhold or withdraw would be ethically grounded and not merely subjectively based on quality of life criteria. Any concerns that the Bill might allow “false purposes” to establish patterns of care with hidden euthanising agendas were to be faced realistically, but balanced by the benefits the Bill afforded. Central to these would be the protection offered to especially vulnerable patients from deliberate and purposeful killing.²⁸⁴ Filibustering led the Bill to eventual, if not inevitable, defeat.²⁸⁵

4.11 The Case of the Conjoined Twins Jodie and Mary

Although not a classic case of euthanasia, the ethical dilemma ensuing from the birth of conjoined twins on 8 August 2000 brought the Catholic Church’s interpretation and defence of moral principle with respect to the prolongation of life into direct conflict with certain British medical and legal opinion. The twins had been assigned the fictitiously protective names of Jodie and Mary. Their Maltese parents, Michael and Rina Attard, had travelled to St. Mary’s Hospital, Manchester, from the Island of Gozo to take advantage of specialised delivery facilities when prenatal examinations revealed their children’s condition. The complexity of their physical conjunction, attached at the lower abdomen, meant one twin, Mary, was relying on the heart and lungs of the other, Jodie. The moral and medical predicament resided in the fact that without separation, both children would be unlikely to survive long-term. Intervention to separate, however, would mean probable survival for Jodie, but certain death for Mary. The twins’ Catholic parents rejected the surgical team’s proposal that separation should be attempted,

²⁸¹ “Prevention of Euthanasia Bill,” 4.

²⁸² Smith cited the 1993 Church of England House of Bishops and the Catholic Bishops’ Conference of England and Wales Joint Submission to the Select Committee on Medical Ethics.

²⁸³ “Prevention of Euthanasia Bill,” 4.

²⁸⁴ Smith added a number of subsidiary associated benefits. The Bill would: “[...] strengthen the protection of the law for vulnerable people; clarify public policy in respect of euthanasia; educate the public in an important area of medical ethics; reverse recent court judgements which allowed euthanasia in certain circumstances; reinstate the conclusions of the House of Lords’ Select Committee on Medical Ethics.” “Prevention of Euthanasia Bill,” 5.

²⁸⁵ See: “Backbench Frolics,” 2000.

resulting in referral to the judicial process and a court decision on the question. Espousing a universal right to life, the parents themselves recognised the impossible nature of the choice set before them: “[...] why should we kill one of our daughters to enable the other one to survive?”²⁸⁶ An initial judgement on 25 August 2000 granted leave to proceed with surgical separation. Following further parental petition, the Court of Appeal issued a confirmatory judgement on 22 September.

Official ecclesiastical comment on the case was instigated by brief reactions from Archbishops Winning of Glasgow and Murphy O’Connor of Westminster on 1 and 6 September respectively. For Winning, such a “[...] heart-breaking [...]” situation demanded both compassion and unquestioning respect for the motives of all involved in seeking resolution.²⁸⁷ Whilst the Catholic moral tradition could offer a generic framework of principles, “[...] the very complex medical aspects of this case [...]” made it “[...] extremely difficult to formulate a definitive judgement.”²⁸⁸ Certainly the character of intention would be determinative in any moral assessment. The application of the precept that evil may never be done so that good might result, and the principle of double-effect, must receive careful evaluation, together with analysis of benefits, burdens, and prognosis, in the context of reverence for parental conscience and consent.²⁸⁹

Archbishop Murphy-O’Connor, similarly recognising the tragedy of such a “[...] heart-rending case, [...]” more forthrightly stressed the primary moral principle at stake: “[...] no one may commit a wrong action that good may come of it.”²⁹⁰ He supported parental resistance to the killing of one child as a right “[...] moral instinct, [...]” consistent with an indivisible affection for the integrity and dignity of both children.²⁹¹ This position was shared by the Guild of Catholic Doctors.²⁹² Murphy-O’Connor stated that the admittedly complex case risked establishing a “[...] dangerous precedent [...],” namely that it be “[...] lawful to kill a person that good may come of

²⁸⁶ “Judge Rules to Sacrifice a Life to Save a Life,” 2000. See also: Libby Purves, “A Question to Break the Heart,” 2000.

²⁸⁷ “Conjoined Twins,” 2000, 17.

²⁸⁸ “Conjoined Twins,” 17.

²⁸⁹ “Conjoined Twins,” 17. Winning referred to the offer of medical care from health and Church authorities in Ravenna as providing the parents with a “[...] tranquil environment, away from the pressure-cooker atmosphere [...],” in which to reflect on their declared faithful acceptance of God’s will for their children.

²⁹⁰ “Conjoined Twins,” 17.

²⁹¹ “Conjoined Twins,” 17.

it.”²⁹³ Such interpretation was not shared universally. The prospect that one twin might survive surgical separation was an overwhelmingly more attractive option for some than allowing both to suffer inevitable death.²⁹⁴

In an unprecedented gesture, Archbishop Murphy-O’Connor presented a personal submission to the Court of Appeal following parental challenge of the primary judgement.²⁹⁵ His argument rested on “[...] five over-arching moral considerations [...]” founded on the Jewish-Christian tradition’s values for human life and influentially the basis of the “[...] western humanist tradition [...]” and current “[...] legal system.”²⁹⁶ As envisaged by the European Convention on Human Rights, these supported life’s sanctity and inviolability from destructive act or omission. They equally safeguarded bodily integrity from consequentially non-beneficial, and foreseeable, deadly interventions. Whilst a serious duty to preserve life persisted, this must accord with principles of justice and not merely pursue all possible means, and particularly not immoral means, to achieve the perceived good.²⁹⁷ Furthermore, any excessively burdensome intervention, for the parents and potentially surviving twin, must be fully assessed. There was no duty to adopt such overly onerous means. Finally, the parents had a “[...] natural authority [...]” that should not be quashed except where “[...] there is clear evidence that they are acting contrary to what is strictly owing to their children.”²⁹⁸ Murphy-O’Connor emphasised that the parents in this case, in refusing to choose one child over the other, had “[...] adopted the only position they felt was consistent with their consciences and with their love for both children.”²⁹⁹ Given the demonstrated humanity, individuality, and legal personage of both twins, Murphy-O’Connor advocated their equality before the law, irrespective of the dependent

²⁹² See: M. Jarmulowicz, “The Conjoint Twins II,” 2000; Guild of Catholic Doctors, “Press Release I,” 2000.

²⁹³ “Conjoined Twins,” 17. See also: “Concern on all Sides,” 2000.

²⁹⁴ For example, Diana Sanderson argued: “The present situation is a death sentence for both little girls. Separating them could offer life to one of them. It is not an easy situation but surely that little girl should be given the chance of life [...]” D. Sanderson, Letter, 2000.

²⁹⁵ “Conjoined Twins,” 18-12. It was entitled: “A Submission by Archbishop Cormac Murphy-O’Connor, Archbishop of Westminster, to the Court of Appeal in the Case of Central Manchester Healthcare Trust v. Mr and Mrs A and Re A Child (by her Guardian *ad litem*, the Official Solicitor).” See also: “Let Conjoined Twins Live and Die in Peace Archbishop Pleads,” 2000; “Heartbreaking Judgement,” 2000; “Documentation: A Heart Rending Case,” 2000; S. Lee, “Babies’ Lives in the Judges’ Scales,” 2000.

²⁹⁶ “Conjoined Twins,” 18.

²⁹⁷ “It would set a very dangerous precedent to enshrine in English case law that it was ever lawful to kill, or commit a deliberate lethal assault on, an innocent person that good may come of it, even to preserve the life of another.” “Conjoined Twins,” 18.

²⁹⁸ “Conjoined Twins,” 18.

²⁹⁹ “Conjoined Twins,” 18.

relationship of weaker to stronger. Each child was entitled to lawful protection from direct assault and homicide, as was supported by exegesis of legal precedent.

Murphy-O'Connor's final analysis appealed for acceptance of Mary's right to life as an "[...] individual human being [...]" whose "[...] dependence should not be allowed to count against her [...]"³⁰⁰ Any assertion that Mary's life was less worthy because of its greater futility, and therefore might be more justifiably terminated, would defy fundamental precepts of respect for human existence.³⁰¹ Irrespective of any laudable aim for action, an intervention to separate the twins would involve a "[...] morally impermissible [...]" direct assault on Mary's bodily integrity such that Jodie's deliverance could only come about at the explicit expense of Mary's termination.³⁰² Murphy-O'Connor rejected any application to Mary of the category of "[...] 'unjust aggressor' [...]" stating the "[...] dependence which has resulted from developmental processes, however abnormal, is not aggression."³⁰³ Similarly, he discounted the flawed employment of the Bland judgement's distinction between morally unacceptable active intervention to end life and morally permissible passive omission. To represent the surgical separation of the twins as an omission, a withdrawal of Mary's blood supply, obfuscated the morally determining role of intention. To "[...] aim at ending an innocent person's life is just as wrong by omission as by a positive act."³⁰⁴ Finally, Murphy-O'Connor appealed for respect for parental authority in the case. Respectful of each child's rights, the parents' own unwillingness to choose one child over the other meant they should be afforded the possibility of pursuing a care regime consistent with their moral principles.³⁰⁵

The Appeal Court judgement sanctioning separation of the twins produced a fearful response from ecclesiastical voices.³⁰⁶ Murphy-O'Connor reiterated his anxiety that "[...] a precedent might be set in English law that could allow an innocent person to be killed, or lethally assaulted, even to prolong the life of another."³⁰⁷ Archbishop

³⁰⁰ "Conjoined Twins," 22.

³⁰¹ "The right not to be unjustly killed is the core of the doctrine of the sanctity of human life, which the criminal law has historically upheld, and which it is essential that the law should continue to uphold." "Conjoined Twins," 22.

³⁰² "Conjoined Twins," 22.

³⁰³ "Conjoined Twins," 22.

³⁰⁴ "Conjoined Twins," 22.

³⁰⁵ "Conjoined Twins," 23. Murphy-O'Connor made reference to offer of free hospice care for the children and support for the parents made by representatives of the Catholic Church in Ravenna.

³⁰⁶ See: "Fears Over Appeal Court's Ruling," 2000; "Documentation: Judgement on the Twins," 2000.

³⁰⁷ "Conjoined Twins," 23.

Vincent Nichols expressed his “[...] dismay [...]” at the judgement, which amounted “[...] to the direct killing of an innocent person, whose basic right to life will be denied.”³⁰⁸ Accepting the parents’ decision to forgo further legal proceedings, Archbishop Murphy-O’Connor acknowledged the “[...] arduous and protracted [...]” nature of the events.³⁰⁹ Similarly, the Guild of Catholic Doctors continued to advocate respect for parental judgement.³¹⁰ Despite attempted appeals by pro-life groups, the separation, performed on 6 November, resulted in Mary’s death in the operating theatre and Jodie’s survival and recovery.³¹¹

5. Reviewing Post-Conciliar Catholic Responses to Euthanasia

Compared with approaches to abortion and reproductive technology, Catholic responses to euthanasia from 1965 to 2000 were executed in the context of various pro-euthanising legislative proposals, but no explicit legalisation. The legacy of pre-Conciliar prohibition extended to underpin post-Conciliar articulations against assistance in death for the suffering and terminally ill. Catholic opposition to euthanasia is distinguished by its interdisciplinary and ecumenical nature. Whilst the Bland judgement was regrettable for having established an implicit euthanising legal precedent, unity of perspective within Catholic contributions to the House of Lords’ Select Committee on Medical Ethics reflected strongly held convictions accessibly expressed in non-theistic terms. Constant episcopal intervention sought to affirm human life and dignity when debilitated through age and sickness, or when weakened by handicap, whether at birth or later in life, or when resulting in mental incapacity. The consequence of such absolute moral principle was demonstrated in the Catholic appeal for non-separation of the conjoined twins. Very definitely aware of pro-euthanising forces within society and Parliament, the Catholic Church in England and Wales committed its resources to confronting this challenge, conscious of the impact of previous legislative and cultural failures to protect human life in its embryonic and pre-nascent stages.

³⁰⁸ “Conjoined Twins,” 23.

³⁰⁹ “Parents of Siamese Twins End Legal Battle,” 2000, 1346-1347.

³¹⁰ Guild of Catholic Doctors, “Press Release II,” 2000.

³¹¹ See: “Eleventh-hour Appeal,” 2000; “Life and Death Marathon Surgery,” 2000; A. Ivereigh, “Consciences on Camera,” 2000.

CONCLUSION

The research that has enabled this thesis to be presented suggests various insights with respect to the years and subjects examined. The Second Vatican Council transformed the expression and experience of global Catholicism in the twentieth century. Yet, in terms of the English and Welsh Catholic Church's response to abortion, reproductive technology, and euthanasia, any changes between pre and post-Conciliar bioethical understanding have largely been cosmetic. Although a more positive accent can be detected, differences of language, tone, and style, have left matters of fundamental principle unaltered. Thus, having sloughed off the methodology of manualism, basic conclusions regarding the inviolability of human life have remained intact and determinative for subsequent official Catholic thought and teaching. The Second Vatican Council's encouragement for the universal Church to be more dynamically present to the modern world offered English and Welsh Catholicism a different impetus and context for engagement. With regard to bioethical issues, however, the Church's post-Conciliar response has continued to operate according to traditional norms of morality, unaffected by any substantial differences in essential content.

During the immediate pre-Conciliar period, the Catholic Church in England and Wales sought to address officially the challenges of cultural and legislative progression towards an acceptance of abortion, assisted fertility, and euthanasia. Opposition to abortion and euthanasia was absolute, derived from a strict adherence to the divine ordinance prohibiting the direct and intentional killing of innocent human life. The primitive nature of techniques of artificial fertilisation meant that conception in vitro was not yet a viable reality, thus excluding the necessity for any moral evaluation of the potential for embryo destruction inherent in the process. Therefore, the ethics of the technological assistance of fertility were determined according to the extent to which a specific reproductive technique either facilitated or substituted the conjugal act.

The absence of significant or public internal ecclesiastical divergence on questions of bioethics added to pre-Conciliar English and Welsh Catholicism's confidence in espousing moral teaching. Perceiving itself as contra mundum, the Church nonetheless engaged with issues of abortion, reproductive technology, and euthanasia, conscious that its argumentation must appeal to those not bound by the

authority of the Roman magisterium. Exchange with wider society was, however, judged to be of less importance than ensuring domestic cohesion and education in moral truth.

Offensives favouring abortion and euthanasia were interpreted as particularly destabilising threats to the good of faith, reason, and society, with possibly devastating consequences. Supported by the expertise of the Catholic medical guilds, the Church in England and Wales prior to Vatican II forthrightly defended the sanctity of human life. It was evident from the Bourne case that the Catholic position would remain unchanged regardless of any legal sanction. The temporary security of an independent Catholic healthcare network additionally guaranteed that ethical standards could be maintained despite society's decadence. Furthermore, the plausibility of the Catholic stance was enhanced by British society's broadly Christian ethical infrastructure, as yet not completely diminished by the forces of secularisation. In such a context, theologically argued episcopal opposition to attacks on human life retained a certain credible appeal. Whilst the challenge should not be underestimated, pre-Conciliar Catholicism existed within a culture relatively less critical of religious authority and theistically grounded moral propositions than that of the evolving post-Conciliar milieu. Even when the broadly permissive nature of 1970s ethics began to register with Church and society, the primary episcopal response was that of a summons to magisterial fidelity.

The implementation of the Second Vatican Council had barely begun to take effect when the Catholic Church in England and Wales was awakened to the harsh reality of legalised abortion. The 1967 Abortion Act overshadows the entire post-Conciliar ecclesial pro-life project, ultimately grounding the legitimising mentality of utilitarian approaches to embryonic human life. With hindsight, Catholic analysis recognised strategic inadequacies internal to the anti-abortion tactic employed by the Hierarchy. The bishops had been advised that opposition to abortion would be severely undermined were it associated too closely, or even exclusively, with Catholicism. Thus, to avoid the accusation that anti-abortion sentiments were merely the intransigent dictates of a minority religion's oppressive leadership, episcopal condemnation was unyielding, but secondary to lay and parliamentary resistance.

The Abortion Bill's passage into law provoked retrospective criticism that the bishops and Catholic medical professionals had failed in their duties. It was an invidious

position. Unless moves for legislative change had been defeated completely, the bishops would have been equally criticised for assuming the alternative stance of ghetto-Catholic authoritarian imposition. In all probability, prevailing political and social forces would have secured statutory sanction for abortion irrespective of whichever ecclesiastical programme had been adopted. While ecumenical convergence would have strengthened the argument, the arrival of legalised abortion was an unprecedented indication that more than ecclesial readjustment was taking place during the post-Conciliar period.

Initial Catholic responses to abortion legislation were not without complication. The guiding statements issued by the bishops proved inconsistent and confusing. In a manner uncharacteristic of pre-Conciliar manualist morality, certain questions pertinent to Catholic physicians and nurses, particularly the dilemmas of surgical co-operation in termination, were assigned to individual conscience for resolution rather than ecclesiastical regulation. This was not problematic in itself; Vatican II had recently re-emphasised the dignity of conscience. The difficulty concerned the appeal to conscience in some areas, but not in others, and the manner in which conscience was to be formed. In affirming the place of conscience, the bishops were also implicitly testifying to the impossible task of comprehensively rubricating the increasingly complex circumstances of bioethical decisions.

The renewed necessity of casuistic assessments and application did nothing to lessen the certitude of fundamental principles regarding the human being's right to life. Official Catholic responses generally shunned discussions of personhood as philosophically extrinsic to the biological reality of an existing human life's claim to protection. Similarly, questions surrounding individuality were dismissed by arguments advocating precautionary defence in favour of human rights and life, although the presence of certain ambiguities was readily acknowledged. Whilst such an approach enabled Catholic responses to maintain directness and simplicity of language and concept, critics accused the Church of failing to address adequately aspects intrinsic to the debate, notably the process of embryonic individuation. Striving for an accurate scientific foundation, the Church's conflict with contrary opinion ultimately derived from differences of factual interpretation generally dictated by divergent ideology and rationale. In staunchly asserting fertilisation as the origin of both human life, and of human rights, majority Catholic opinion had thereby committed itself to a default stance

of repugnance and rejection with respect to any measure that threatened the continued existence of a newly conceived life.

Within the variety of Catholic responses to bioethical questions, the transition from predominantly religious language and argumentation to justice-orientated assertions of the right to life, in accordance with notions of the common good, demonstrates a maturing perspective. Catholic voices rightly recognised that the credibility of a religious denomination's interventions in seeking to influence a progressively secularist and pluralistic society was dependent on its ability to engage dialogically and rationally, employing accessible terminology and logic. The extent of success and failure in this endeavour can be determined from examination of the Catholic submissions to governmental committees and bodies. Moreover, these also reveal a further and significant factor, namely the expression of disagreement within Catholic ranks. The post-Conciliar period witnessed numerous and diverse contributions by Catholic representatives to the process of parliamentary investigation on questions of abortion, reproductive technology, and euthanasia. Whilst each submission reflects the particular approach and emphasis of the sponsoring organisation, the, at times, blatant contradictory recommendations and conclusions challenge the assumption that there existed, even in England and Wales, a single Catholic interpretation.

Such disparity is perhaps most clearly evident in the differing Catholic contributions to the Warnock Inquiry. Despite a certain broad consensus, co-existent Catholic acceptance, albeit of the "simple case," and rejection of conjugal in vitro fertilisation transmitted confused signals. This effectively allowed Catholic evidence to be either selectively manipulated or dismissed as incoherent. It would be inaccurately simplistic to suggest that divided Catholic opinion assisted the 1984 Warnock Report's endorsement of in vitro fertilisation, whilst the unanimity of Catholic proposals to the 1993 House of Lords' Select Committee on Medical Ethics ensured euthanasia's continued prohibition. Yet, the reality of Catholic discord on bioethical matters is important and requires further consideration.

The climate of post-Conciliar Catholicism generated opportunities for theological openness and debate that would have been impossible before Vatican II. The parameters of legitimate plurality, however, have been tried and tested by instances of dissent from official teaching and consequent ecclesiastical censure. In terms of

bioethics, the Church and theological community in England and Wales have managed to function free of such publicised confrontation, apart from relatively minor incidents involving the moral theologians John Mahoney and Kevin Kelly. The question of acceptable internal plurality on life issues, however, remains problematic for the Church's consolidation of its own standpoint, and its attempts at convincingly shaping public policy. This difficulty reflects wider underlying tensions within worldwide Roman Catholicism regarding the relationship between magisterial and theological interpretations of authority and teaching. Whilst the bishops might rightfully assert that their response is that which authentically conveys the Catholic Church's position, the presence and promotion of divergent and dissenting opinions inevitably undermines the credibility of their status and message.

In releasing the Catholic moral tradition from the constraints of a solitary manualistic theological methodology, the Second Vatican Council itself legitimised a certain plurality of ethical perspective. At the level of concrete application to specific questions, however, the experience of the English and Welsh Catholic Church testifies, at least to some degree, to the impairment of unified ecclesial witness that contradiction can bring. In the communal search for truth about human life and the human person, disagreement between theological opinion and Church teaching must seek resolution in extended consultation and dialogue. Furthermore, if such exchange is to be faithful to Vatican II, it must also engage ecumenically, although the post-Conciliar period testifies to the difficulty of reaching ecumenical consensus, particularly on matters of morality. Whilst complete agreement on life issues will probably prove ultimately elusive, the orchestration of a sustained inclusive bioethical conversation could usefully serve to strengthen the coherence of official Catholic responses. This already happens, by chance and within partisan groups. A Bishops' Conference initiative would certainly facilitate further progress towards a comprehensive Catholic theology of health.

The Church's pastoral ministry has long sought to extend particular service to the destitute, the sick, and the dying. Contemporary Catholic healthcare provision continues to exercise this apostolate world-wide, historically rooted in the medical and nursing care once extensively provided by monastic houses and religious orders. Active witness to the sanctity and dignity of human life remains a powerful sign, potentially more persuasive than any parliamentary submission or debate. Integral to the English and Welsh Catholic Church's response to abortion legislation was the initiation of

pastoral strategies to assist those unexpectedly pregnant in overcoming the pressures to have abortions. The efforts of various dioceses in 1972 were re-emphasised in the Archdiocese of Glasgow in 1997. Such measures have found complement in the promotion of fertility treatments respectful of the embryo, and the provision of neonatal hospice care, both offered by the charity Life. Furthermore, Cardinal Winning's endeavour to establish a religious congregation of Sisters to work practically, with families and in education, in upholding the dignity of life, bears testimony to a policy that extends beyond theory or condemnation.

Constantly, across the issues of abortion, reproductive technology, and euthanasia, the Catholic Church in England and Wales has demonstrated both the realisation and affirmation that effective response necessitates the provision of viable alternatives. Moreover, it has come to demand that society and government address fundamental root causes rather than merely salve symptoms and effects. In essence, the remedy for disaffection towards the value of human life requires nothing less than complete ideological transformation. Yet, similar to eschatological fulfilment, such a seemingly utopian ideal must concentrate on the already, in anticipation of the not yet. Whilst financial considerations are serious and limiting, the Catholic community must ask whether, in the here and now, it is actually doing all that it can to practically witness to what it preaches about human life. The apparently unbreachable disparity between the ultimately desired and the practically possible offers no justification for complacency. Catholic willingness to accept and support legislation only offering reduction, rather than total rectification of injustices to human life, offers a compelling model of realistic pragmatism that can usefully be applied to pastoral strategies.

A defining feature of post-Conciliar Catholicism is the renewed appreciation of the identity and mission of lay people in the life of the Church. This evolving reality has manifested itself in the increased involvement of the laity in responding to bioethical issues, a task no longer solely the preserve of bishops and clergy. Lay scientific and medical contributions to conveying the Church's teaching are now recognised as essential, if not primary. As the focus increasingly shifts to judicial resolution of disputed questions, so equally the collaboration of legal experts has become more decisive. Furthermore, participation in the parliamentary process continues to demand the representation and engagement of Catholic laity, as do necessary programmes of pastoral care. Serious questions have been raised since Vatican II concerning the place

and purpose of lay consultation in the Catholic Church. The opportunities are ripe, however, for the laity to fulfil essential aspects of the Church's pro-life project in ways that bishops, clergy, and religious cannot, even should they want to. The combined realities of the foundation of the National Health Service, declining vocations to nursing religious orders, and the inability of Catholic hospitals to maintain their services, jointly contributed to the demise of Catholic healthcare provision in England and Wales. Should public healthcare facilities continue to undergo ethical degeneration, the need for ecclesiastically supported, but principally lay initiated and operated healthcare services, functioning as sanctuaries of human life and dignity, will become increasingly apparent.

The post-Conciliar period in England and Wales has witnessed the Catholic Church embark on a significantly proactive programme of interaction in bioethical questions. Whilst submissions to government committees from the wider Catholic community have sometimes proved controversial, those by the Bishops' Conference and its agencies have generally, and especially latterly, maintained consistency of expression and conviction. The foundation of the Linacre Centre for Healthcare Ethics and the formation of the Catholic Bishops' Joint Committee on Bioethical Issues indicate the seriousness that the Church accords to the promotion and protection of human life.

With respect to the individual themes investigated, clear differences exist between the post-Conciliar experience of responses to abortion, to reproductive technology, and to euthanasia. Defeat on abortion was disorientating for English and Welsh Catholicism. Legal sanction for the destruction of human life at an arbitrary juncture between fertilisation and birth transgressed an ethical frontier that proved fearful predictions of abuse and increase prophetically accurate. In supporting efforts for repeal and reform, Catholic responses have concentrated on limiting the effects and consequences of the 1967 Act. The pro-abortion argument in British society had been fought and won, leaving opposition the arduous and long-term project of re-conscientisation regarding unborn life, supplemented by preventative alternative practical propositions. In both these tasks, Catholic approaches have sustained an energetic contribution, aware that moral formation in the values of life, sexuality, and the family, promoted in accordance with justice, offer the best possibility for cultural and ethical renewal.

Even within the broadly unified Catholic responses on abortion, differences surfaced in the interpretation of specific related realities. The administration of the morning after pill following rape, the acceptability of rubella vaccination, and the advice to electors on pro-life issues, continued to prove plurality alive and well. The bishops had acknowledged the role of individual conscience in resolving certain aspects of these questions. This seemingly created a place for personal choice, open to popular misconception as the autonomy so vigorously denied in other contexts. The appeal or referral to conscience necessitates that its working and application are properly understood within the ecclesial community. Thus, the distinction between conscience and autonomous freedom remains a primary task for catechesis.

The Church's response to reproductive technology was formulated in reaction to successive scientific developments. Certain individual Catholic opinion evaluated the moral implications of modern embryology very positively. Convinced by the biological arguments regarding progressive development towards individuality, it was thought probable, if not obvious, that an ensouled subject of rights could not be said to exist definitively immediately after conception. The rejection of physicalist interpretations of sexual intercourse combined with the human trauma of marital infertility to welcome in vitro fertilisation. While this revolutionary fertility technique involved more than the manipulation of the sexual act, the serious threats posed to embryonic life did not appear to rule out the "simple case." Catholic voices advocated its acceptance, both to the Warnock Inquiry, and in opposition to the Vatican's 1987 Instruction. Even the Bishops' Conference appeared initially in favour, or at least unclear as to whether it should be entirely against. The gradual realisation, however, that, in practice, fertilisation in vitro was inseparable from embryo exploitation and, that furthermore, it precipitated injurious experimentation on human life, de facto incapable of consent, served to clarify a distinctly negative official ethical assessment. Whatever the future scientific application, whether it be sex selection, tissue donation, genetic engineering, or cloning, the benchmark was the respect shown to each embryonic life.

In clarifying its perspective on the ethics of reproductive technology, the Catholic Church in England and Wales underwent a process of discernment, with ultimate certitude in official responses finally determined by the belief that human rights and dignity extend from conception. In a society that readily approves of abortion, the Church's voice on embryos has been muffled by the proclaimed right of

another to decide the fate of unborn life, whether newly and artificially conceived or unwanted in the first weeks or months of pregnancy. Moreover, the proposed benefits of embryonic research for the alleviation and eradication of disease have rendered such utilitarian destruction, and even cloned creation for extinction, justifiable to many. In consistently affirming the dignity of human life, the Church's position regarding reproductive technology has mirrored that on abortion. In addition to education and re-sensitisation to life's value, however, the Catholic response must develop and promote a pastoral theology of marital childlessness. With abortion's negative impact on the possibility for adoption, infertile Catholics who accept the Church's teaching might well face the prospect of never having children of their own. When licit techniques of assisted conception have proved unfruitful, the Church's ministry must offer an inclusive community of compassionate support.

Responses from the Catholic Church in England and Wales to euthanasia have yet to encounter formal legalisation. Cultural and political attitudes favouring assistance in dying are strong and persistent, although so far unsuccessful, despite having certain religious encouragement. The anxious connection has long been made in Catholic assessment between legal acceptance of abortion and inevitable moves towards euthanasia, both activities demonstrating a similar human capacity to assume control over the continued existence of life. The experience of abortion legislation, and the subsequent liberalisation of its application, has imbued Catholic responses on euthanasia with determination and defiance. Moreover, shifts from embryo manipulation in the treatment of infertility to wholesale destructive experimentation, have aroused Catholic vigilance to the reality that, no matter how strictly regulated, legalising the practice of euthanasia would signal the advent of serious degeneration in ethics and care at the end of life.

As demonstrated by Catholic submissions to the 1993 Select Committee on Medical Ethics, approaches to euthanasia have maintained unity and coherence, addressing the concern of justice for the sick and terminally ill and seeking to uphold the integrity of the doctor-patient relationship. The considerable ecclesial resources devoted to opposing the right to die confirm the extent of Catholic commitment and the perceived enormity of the perennially threatening challenge. Where internal ecclesial disagreement can be seen, it has centred on the very precise question of artificial nutrition and hydration delivered to patients in a persistent vegetative state, prompted by

judicial intervention in the case of Tony Bland. Whilst controversial and disputed both clinically and morally, this particular scenario should not detract from the overall strength of ecumenically endorsed Catholic rejection of euthanasia as an action or omission inconsistent with divine sovereignty, human dignity, and societal wellbeing. Reflecting authoritative medical opinion, the Church has promoted the just application of established bioethical principles in treatment decisions. In the preferred context of holistic hospice care, this must exclude, irrespective of circumstances, any suicidal or homicidal intention.

It would be misleading to deduce from this research the idea that the post-Conciliar Catholic Church merely responded to bioethical questions without also pursuing some degree of self-reflection in fulfilling Vatican II's charge to preach the gospel according to the signs of the times. The 1980 National Pastoral Congress witnessed the most significant exercise of post-Conciliar self-evaluation to have occurred within the Roman Catholic Church in England and Wales.¹ Throughout the congressional process, and its documentation, themes central to this study were interwoven within the debate. As a point of reference, its contribution deserves reconsideration and renewed adaptation to the contemporary setting.

Enacted between Friday 2 and Tuesday 6 May 1980, the Congress gathered over 2000 delegates in Liverpool to address vital topics of Catholic faith and practice. As Cardinal Hume explained: "We are attempting consciously and purposefully to apply to our life and work as the People of God the teachings and consequences of the Second Vatican Council."² Following discussion papers and diocesan and congress reports, the bishops of England and Wales were able to draft a summative response, presented to the national Church as The Easter People.³

Few diocesan reports dwelt on the question of abortion, probably because "[...] the Church's stand [...]" was "[...] taken largely for granted."⁴ Whilst a realistic assessment, congress reports were decidedly more forthright: "The Church must call for respect for pregnancy and parenthood in the Health Service so that people are not

¹ Complete Congress documentation was published as: Liverpool 1980 (1981).

² Liverpool 1980, xv.

³ See: Liverpool 1980, 307-398, and the separate publication The Easter People (1980). See also: F. Kerr "Liverpool 1980," 1980; M. B. Gaine, "Two Alleluias," 1980; M. P. Hornsby-Smith, "Two Years After," 1982.

⁴ Liverpool 1980, 99.

pressurised towards abortion [...].”⁵ Such concern was particularly acute with respect to the detection of fetal handicap.⁶ As a matter of human rights and social justice, abortion received strong condemnation: “The unborn child is our neighbour.”⁷ This perception demanded effective pastoral care, ecumenical co-operation, support for pro-life groups, and affirmation by the Bishops’ Conference of Catholic medical organisations in their attempts to sustain opposition.⁸ Applauding the archbishops’ statement Abortion and the Right to Live, the Congress encouraged Catholics to resist attacks on human life; acquiescence on abortion had direct implications for euthanasia.⁹

Perhaps not unsurprisingly, given its unsettled pedigree, congress reports referred to Church teaching on contraception as something either misunderstood or plainly rejected by significant numbers of Catholics.¹⁰ An inability to comprehend Humanae Vitae’s insistence on the inseparable connection between intercourse and procreation inevitably impeded acceptance of similar argumentation when applied to the moral evaluation of assisted and artificial fertilisation. Although the ethics of infertility and reproductive technology were not explicitly addressed, the Congress did nonetheless recognise the human and pastoral challenges of childlessness.¹¹ In promoting appropriate integral care for the elderly, and advocating their inclusion within community life, guidance was necessary on euthanasia: “[...] there is still considerable misunderstanding about the word itself, about current practice and about

⁵ Liverpool 1980, 161. In discussion about marriage preparation some delegates wanted strong emphasis: “[...] the couple should be made aware of the hazards of artificial methods of birth control, and how those artificial methods, by acting directly or by implications as possible abortifacients, destroy the sanctity of human life and are not acceptable to Catholic teaching.” Liverpool 1980, 165.

⁶ See: Liverpool 1980, 184.

⁷ Liverpool 1980, 273.

⁸ See: Liverpool 1980, 273-274.

⁹ “Abortion fosters a ‘disposable mentality’ and creates a ‘man-made’ problem in that a disproportionate number of the elderly will have to be supported by the young. The people of God must take a far more vigorous stand in opposing the euthanasia lobby, which justifies killing for social and economic reasons. [...] Catholics should have no fear in fighting politically or socially for the Church’s teaching on the right to life.” Liverpool 1980, 275. In addition, the Congress recommended: “The legal right of the father to protect his unborn child should be enshrined in law, and the bishops and the Church should actively work to change the law.” Liverpool 1980, 274.

¹⁰ See: Liverpool 1980, 169-171; 189-190.

¹¹ “The childless often feel their marriage may be meaningless. A theology emphasising growth in relationship could help them, and liturgical and community life should then assign to them a distinctive role.” Liverpool 1980, 168.

the extent of the Church's teaching."¹² The latter would require specific application in changing circumstances, not least those surrounding disabled newborns.¹³

The Easter People accepted the need to "[...] stand firm on Christian moral principles as the value of even human life itself comes under challenge."¹⁴ Prophetic proclamation of respect for human dignity pertained universally to the mission of the whole Church: "A human being is more than a population statistic. An individual is in a limited and created way an unrepeatable expression of what God himself is."¹⁵ Moreover, the bishops insisted: "[...] we are anxious to witness in British society today to the value and dignity of all human life."¹⁶ Already associated with "[...] uncompromising and unwavering rejection of the evil of abortion [...]" Catholics in our country will certainly be faced with further attempts to legalise voluntary euthanasia as the first step to more drastic measures."¹⁷ The principles enunciated would find extension in the protection of embryonic life from manipulation and destruction, whether through in vitro fertilisation or experimentation. By word and deed, the bishops of England and Wales committed the Catholic Church to steadfast defence of each human life at every stage of existence.¹⁸

Although situated less than halfway through the post-Conciliar period surveyed, the deliberations of the National Pastoral Congress usefully reflect important aspects identifiable throughout. The Catholic Church in England and Wales has maintained unflinching opposition towards any threat to human life from the time of conception to natural death. Consistent and forceful episcopal direction, notably from John Heenan, Basil Hume, and Cormac Murphy-O'Connor, supported by Scottish counterpart Thomas Winning, and in conjunction with the Bishops' Conference, has served to enunciate and reiterate a bioethic incapable of tolerating abortion, euthanasia, or reproductive

¹² Liverpool 1980, 183. Furthermore: "Spiritual needs of elderly people should be understood and met. Further teaching on the implications of euthanasia is required." Liverpool 1980, 193.

¹³ A Congress Report stated: "The killing of the handicapped unborn child has meant that disregard of the child in the uterus has spilled over into the treatment of the newly born. The people of God condemn and oppose the killing by drugs and starvation of the handicapped babies." Liverpool 1980, 274.

¹⁴ Liverpool 1980, 314.

¹⁵ Liverpool 1980, 352.

¹⁶ Liverpool 1980, 382.

¹⁷ "We see abortion and euthanasia as fundamentally opposed to the Christian vision of human life as a God-given gift for time and eternity. We would urge our dioceses and local parishes to ensure that Catholic reverence for life is consistent and all-embracing." Liverpool 1980, 382.

¹⁸ "We want to establish as a priority that the Catholic community plans the provision of adequate caring resources for mothers and families in difficulty, and for the sick, the handicapped, and the elderly towards the end of their lives. These concerns must be part of our overall commitment to the quality of life of those in society who are poor." Liverpool 1980, 382.

technologies destructive of human embryos. Whilst not unrelated to the question of contraception, the battle over these matters is different in nature and degree. Within Catholic perspective, the evolving desensitised attitude and approach to existing human life indicated the demise of society's Christian ethos and undermined its claim to civilisation and justice. The accepted categorisation of certain human life as expendable could not be interpreted as anything other than a radical reassessment of common morality and humanity.

Given the extensive responses of the post-Conciliar Roman Catholic Church in England and Wales to the subjects of abortion, reproductive technology, and euthanasia, one might reasonably ponder why the message appears to have gone largely unheeded. Certainly, questions surrounding the appropriateness of communication and the adequate nature of argumentation are relevant and influential, as is speculation as to the limitations in effectiveness imposed by internal disagreement. The most important factor, however, in reducing the efficacy of the Church's response has been that of society's increasingly individualistic and utilitarian culture, accompanied by a drastically decreased appreciation for any morality pertaining to a Christian ethos and expressed by the institutional Church. The trends and momentum that enabled abortion and embryo destruction to prevail are those targeting the legalisation of euthanasia. Comprehensive hospice provision offers no antidote to those who simply want the right to die, as and when they choose. In whatever way the Catholic Church does respond, and it must continue to force discussion and prompt contemplation, the dynamics of secularisation will be influential, if not dominant, in determining the result. In essence, the Church is brought back to its roots. A radical re-evangelisation of culture offers the fundamental response to bioethical questions, recalling society to an inner conviction of human life's grandeur and dignity as the inviolable gift of God.

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