



Bioethica Forum

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EDITORIAL

Schwangerschaftsultraschall: mehr Schaden als Nutzen?

Zwei Ultraschalluntersuchungen während der Schwangerschaft gelten heute als medizinischer Standard; ebenso unbestritten ist, dass die erste in der 10.-12. Schwangerschaftswoche (SSW) durchgeführt wird, d.h. im 1. Trimenon, die zweite in der 20.-23. SSW (2. Trimenon). Bei Risikoschwangerschaften können weitere Ultraschalluntersuchungen nach ärztlichem Ermessen vorgenommen werden.

Diese Ultraschalluntersuchungen sind heutzutage nicht nur medizinischer Standard; auch für die Schwangeren (und für die zukünftigen Väter) sind die Bilder des Ungeborenen zu einem unverzichtbaren Bestandteil der Schwangerschaft geworden.

Der medizinische Nutzen der ersten Ultraschalluntersuchung ist offensichtlich: Die Mehrzahl der auffälligen Befunde führt zu therapeutischen oder Vorsichtsmassnahmen, die entscheidend sind für die Gesundheit des Kindes und/oder der Mutter.

Anders sieht die Situation aus bei der zweiten Ultraschalluntersuchung: Gegenüber der ersten Untersuchung beschränken sich neue Erkenntnisse in der Regel auf die Feststellung einer bisher übersehenden Missbildung. Dieser Befund führt entweder zu einem für Eltern und Klinikpersonal belastenden Spätabort oder zu einer anhaltenden Beunruhigung der Eltern. Es kann auch vorkommen, dass Eltern selbst bei einer leichten Missbildung (Lippen-Kiefer-Gaumenspalte, deformierte Extremität) auf einen Abort drängen – spätestens hier drängen sich schwerwiegende ethische Bedenken auf.

An einem von der SGBE organisierten Kolloquium in Basel diskutierten eine Ultraschall-spezialistin, eine Gynäkologin, eine Schwangere und ein Ethiker verschiedene Aspekte dieser Untersuchung: Was erwarten die Ärztin, was die Schwangere vom Ultraschall? Ist die Schwangere in der Lage, die Bedeutung dieser Untersuchung abzuschätzen, und ist sie sich über mögliche Konsequenzen im Klaren?

Die nachfolgend wiedergegebenen Referate zeigen auf, dass Ärztin und Schwangere mit unterschiedlichen Erwartungen an die Untersuchung herangehen: Die Schwangere möchte vor allem wissen, ob ihr Kind gesund ist; die Ärztin sucht primär nach Krankheiten und möchte alles vorkehren, dass die Schwangerschaft komplikationslos verläuft. Dieses initiale «Missverständnis» ist möglicherweise mit einer Ursache für spätere Probleme.

Patientinnen und Patienten, aber auch Schwangere sind sich vielfach nicht im Klaren darüber, welche Möglichkeiten den heutigen Untersuchungsverfahren innewohnen und welche Konsequenzen damit verbunden sind. Was für die Ärztin eine «Routineuntersuchung» ist, kann für die untersuchte Person einschneidende Folgen haben. Einmal mehr zeigte sich anlässlich dieses Kolloquiums, wie zentral in der Medizin das Gespräch ist: Ethik beginnt mit Kommunikation.

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Der folgende Text wurde der Redaktion von einem Mitglied der SGBE-SSEB aus Griechenland zugeschickt. Vassilios Fanaras, Thessaloniki, ist orthodoxer Theologe und engagiert sich beim Aufbau einer bioethischen Diskussion in griechischer Sprache.

Therapeutic Cloning: A dilemma between ethics and healing [±]

Vassilios G. Fanaras, Dr.theol.*

General

On 14th February 2003 the first ever-cloned sheep, Dolly, was submitted to euthanasia, due to a type of arthritis from which she had suffered from the very first moment of her creation. This action is a new warning for researchers, and probably signals the restriction of experiments around the reproductive cloning of humans.

The United Nations declaration on 8th March against any form of cloning, especially its non-binding nature, reflects some of my thoughts.

Ethical reflections on therapeutic cloning

While reproductive cloning satisfies only narcissism, therapeutic cloning has a reasonable point, because the patient is suffering and the doctor is seeking a treatment. Professor Christoph Rehmann-Sutter has questioned why not only theologians, but also doctors, lawyers and philosophers are interested in the ethics of therapeutic cloning. A first answer to this question is that scientists seek to become acceptable in society; a second is because it is not morally equitable to put patients in a situation where their life depends on human embryonic cells produced using immoral practices.¹

Those who are in favor of therapeutic cloning recognize that they balance in the moral dilemma between the destruction of human embryos and the treatment of already living patients. Consequently, some of those who support the acceptance of therapeutic cloning put forward arguments centering around the moral status of human embryos at the blastocyst stage. For them, the issue is not simply the

balance between the dignity of embryos and the problems of future patients, but the idea that the blastocyst has an absolute right to live. Importantly, however, this can be overcome in the context of the need for the treatment of other humans. Hence, it is a dilemma between two competing rights to live, one with a visible disadvantage: "*the need of patient, so that an ambiguous practice will be legalized*". Patients are persons with defective bodies who desperately seek treatment. Human fetuses have moral dignity, but their dignity is not equal to the moral right of a patient who is already alive.

Another argument follows a different line: a fetus is created through the union of gametes (sperm and ovum), a cloned fetus through the union of somatic cell and ovum. If, for example, their biological status is different, their moral status is also likely to be different. In the first case, we believe that the embryo constitutes a soul and body entity from the very moment of conception. In the second case, however, the creation of a fetus happens without the union of gametes.

In the past, some authors published articles in which they noted that through cloning it may be possible to create copies of humans. These copies, they suggested, might be developed up to a certain age and used in case of the need for body parts for the treatment of the prototype person. Unfortunately, these ideas passed through to the public, provoking very negative reactions. However, it is now clear that in therapeutic cloning only embryos are destroyed and no adult clones are allowed to develop, and so people express more positive opinions, according to which the adult patient has an advantage over the embryonic stem cells in the right to life.

These views are obviously in contrast to the teaching of Christian ethics, which respect the human fetus from the moment of conception. The medical opinion that up to the 14th day after insemination, the manipulation of fetuses for research and experimental purposes is not immoral, is in opposition to Christian ethics. These practices do not regard human fetuses as entities with immortal and eternal prospects, and thus in this context they do not enjoy the rights of a human being. The same argument is presented when the fetus is treated as a "potential human person".

"Today the human body is approached by medical staff in a mechanistic way. Attention given only to the human body, ignoring the soul and body union, suggests an anthropology that is different to not Christian. Christian ethics is focused on the human person. Respect for the human person presupposes re-

[±] This is a revised paper that was presented at ESF Research Conferences "Biomedicine Within the Limits of Existence, Biomedical Technology and Practice Reconsidered", Doorn, Holland, 8-13 April 2005.

* International member of SSEB/SGEB.

¹ Christoph Rehmann-Sutter, "Why care about the ethics of therapeutic cloning", *Differentiation* (2002), 69:179-181.

spect for the freedom of human existence and the absence of utilitarian practice".² The skepticism, therefore, is not based on a permanently negative conservative attitude, but on respect for the human person and the sanctity of human existence. The basic rule of moral behavior is that: "the human is not the cause of his existence, but he has it on loan".³ Thus, humans go beyond the limits and play the role of God, any kind of God.

Human pain and illness play an important role in our ethical teaching. Jesus Christ focused on healing the sick, and he was very sensitive to human pain. His miracles teach us that human health should not only be considered in a spiritual way for our salvation, but also in so far as it serves the human body. I wonder if this view is a reconsideration or a contradiction, but I do believe that this approach opens a small window for immediate efforts to accept the healing of patients even if it is done with therapeutic cloning.

Some considerations

On reproductive cloning

If reproductive problems become apparent in spouses, they could examine the option of in-vitro fertilization. The only case in which cloning could be discussed within the bounds of medical ethics, and give grounds for reflection from an ethical point of view, is when there is complete absence of sperm in a husband who wishes to procreate without the use of sperm from a donor. In this situation the question arises: "*Is it possible for a somatic cell to become acceptable for reproductive cloning?*" This question is also integral to questions surrounding the issue of human assisted reproduction, and the demand for procreation in any way and at any price.

On therapeutic cloning

a. The treatment of patients through the programmed death of another human existence does not have the potential to become officially acceptable from an ethical point of view. But now scientists are seeking

to confront the moral problems of cloning, and reach beyond the moral dilemmas of the destruction of embryos. Their main concern is focused on a new meaning and content that will ensure the treatment of serious human illnesses.

b. Other forms of treatment, which do not require the destruction of fetuses at the blastocyst stage, are now at an experimental stage. "*The problem of the creation of human clones could be overcome with the use of adult cells. The adult blastic cells are located in various parts of the human organism and they constitute the deposit of cells by which the tissues are renewed. Until recently, scientists believed that the adult stem cells had a very limited breadth of cellular types into which they could be differentiated. In particular, stem cells of bone marrow can, under concrete laboratorial conditions, give genesis to nervous cells of the gastrointestinal tract and other organs, such as the liver.*"⁴

c. Another concept is the cryo-preservation for 20-30 years of the umbilical cord of the newborn or blood from the placenta in order that, should a problem arise, the person could receive cells from there for treatment. Adult embryonic cells exist, but it is still necessary to find and isolate them for therapeutic use. Still, it is possible for the somatic cells – this is also at



Vassilios G. Fanaras und Christoph Rehmann-Sutter

an experimental stage – to be developed into embryonic conditions.

² George Mantzaridis, "Bioethics – the ethics of globalization", *Indiktoros*, vol. 14, p. 30.

³ Maxim the Confessor, *Patrologia Graeca* 90, 893C.

⁴ Joanna Souflieri, "That the tissues will be renewed", *The Sunday Vima*, 7.7.2002, p. A43, and Commission of the European Communities, Commission Staff Working Paper, *Report on Human Embryonic Cell Research*, Brussels 3.4.2003, p. 8.

Die Website der SGBE (www.bioethics.ch) ist neu gestaltet!

Hinweise richten Sie bitte an den Webmaster Rouven Porz (rouven.porz@unibas.ch).

Agenda

**2. Dezember 2005, 11.00 Uhr, Kantonsspital Luzern (Gr. Hörsaal):
Generalversammlung der SGBE**

2./3. Dezember 2005, Luzern:

Tagung «Rationierung im Gesundheitswesen – sozialwissenschaftliche, medizinische, rechtliche und ethische Aspekte»

Im Rahmen eines Forschungsprojektes des Nationalfonds führt das Institut für Sozialethik der Universität Luzern (in Zusammenarbeit mit dem Kantonsspital Luzern und der SGBE) Anfang Dezember 2005 eine interdisziplinäre wissenschaftliche Tagung zum Thema “Rationierung im Gesundheitswesen” durch.

Informationen und Anmeldung: www.unilu.ch/ise

Arbeitsgruppe "Grundlagen der biomedizinischen Ethik"

Die Angaben zum nächsten Treffen der Arbeitsgruppe sind der Homepage (www.bioethics.ch) zu entnehmen.

Bioethica Forum wird herausgegeben von der Schweizerischen Gesellschaft für Biomedizinische Ethik SGBE-SSEB

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