

ETHICS AND BIOETHICS IN EUROPE

**By Bernard Gouget,
SFBC-FESCC Representative,
FESCC Advisory Committee.**

The respect of the human person is the common base for all of the peoples of Europe. There are some singularities, however, in the interpretation of this respect in the field of medical ethics and bioethics.

The ways in which doctors deal with some situations in birth and death can be quite different in different countries, and are far from being harmonised. The status of the human embryo and fetus differs from one country to another, which results in a divergence of attitudes to therapeutic abortion which, for example, is considered to be a crime in a country such as Poland.

Although Germany, Switzerland, and Austria have legalised therapeutic abortion, these countries consider that life is present from the moment of conception. The early pre-implantation embryo - the blastocyst comprising a few cells - has an intangible personality. Yet in most countries, the fetus is not always considered to have a real existence as a person, so that foetal death resulting from injury is not always considered in law as a loss of life.

Nevertheless, a recent law in France (the law "Perruche"), gives a person who contracted a severe handicap during intrauterine development the right to claim for damages. The consequence of this law has been an increase in professional liability insurance, leading many obstetricians and gynaecologists to cease the practice of pre-natal care and ultrasound and the abandonment of other forms of screening during pregnancy.

Although the law may not always consider the fetus to be a human being in its own right, the pre-implantation embryo - the blastocyst comprising a few cells - is protected several countries, including laws describing the "ownership" of the embryo and the rights of the "parents", including the destruction of embryos that are surplus to requirements when the "parents" no longer require them for the treatment of their infertility, or for implantation in the natural or a surrogate mother after the death of a parent.

Research on these embryos is quite forbidden in Germany, quite legal in Great Britain, and may become acceptable in France. Today in France it is uncommon to perform pre-implantation diagnosis of genetic conditions by removing a cell from the blastocyst for analysis *in-vitro*, yet this practice is quite common in Great Britain. However, in the absence of a sex-chromosome-linked hereditary disease, blastocyst selection to implant a fetus of a preferred sex is usually considered an unacceptable practice.

There are many potential applications for pluripotent stem cells isolated from the fetus, both in paediatric and adult medicine. However the recovery of stem-cells from fetal tissues obtained by therapeutic abortion or from "unwanted" embryos after fertility

treatment is problematic. Continuous culture lines of stem-cells exist, but are not always suitable for therapeutic administration.

Bioethical attitudes are equally diverse at the end of life. The practice of euthanasia by doctors has been freed from criminal pursuit in the Netherlands and in Belgium, but not in other countries. Extensive consultation with expert opinions and repeated confirmation of the desire to die has to be obtained from the patient and the family. In France there remains a contradiction between laws which give the patient the right to refuse treatment and which prohibit the doctor from assisting in the death. Germany is just as much against euthanasia as it is against embryo research.

These divergences between countries do not favour a united European approach to bioethics. In principle, every citizen in Europe has the right to the same level of healthcare, the same types of care, and the same type of death.

If we do not harmonise the approaches to bioethics in Europe, we can expect that those who can afford it will go to another member state to find what is not available in their own country. This has been seen in the past for therapeutic abortion, exists to some extent today for pre-implantation diagnosis of genetic disorders, and could well exist soon for reparative treatments with embryonic pluripotent stem cells, and even to find a suitable place to die.

Inequality is incompatible with the cultural Europe that we aspire to. Within FESCC we can play our part, particularly in the harmonisation of the clinical laboratory procedures and techniques that are essential to prenatal genetics and stem-cell research that will lead to new therapeutic approaches which can provide benefits throughout the new Europe.