Personhood, beginnings and medicine.
A brief look at some issues

Personhood beginnings and medicine

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Introduction – In whose hands is life and death?

Not to kill is prescriptive in Scripture. Starkly, it is jealousy and murder that rise up between the first children born (Gen 4). Following the flood, it is clearly established that God’s judgement for taking the life of another is death (Gen 9:6). God’s reasoning is very profound. It is the very nature and being of man as made in the image of God that causes the death sentence.

   Whoever sheds the blood of man,
   by man shall his blood be shed;
   for in the image of God
   has God made man.  (Gen 9.6)

Under Moses, further conditions are clarified whereby death is also the penalty, e.g. adultery, slavery, cursing parents (Ex 21:12-17). But this is God’s just decree, not an arbitrary decision to take another’s life. Not to murder is established in the very core of human obligation under the old covenant (Ex 20:13). Unintentionality in murder finds a place of refuge (Ex 21:13). But for premeditated scheming there is no mercy.

Of note to this paper from this very section on covenantal ethics is that if a pregnant woman is accidentally hit in a fight between men resulting in premature birth the penalty, if there is no harm, is a fine, but if there is harm, the penalty is life for life, eye for eye, bruise for bruise (Ex 21:22). There has been a long running controversy over correct interpretation of this scripture particularly as to whether the harm inflicted applied to both mother and child. Durham presumes that it does (1). Jackson argues that v.22 sets out payment for the loss of the foetus, v.23 the bodily harm done to the mother, i.e. the remedy for a lost unborn child is substitution (2). Hyatt draws out parallels with Hittite Law and the Code of Hammurapi that reinforces this position. (3) Labarin his paper comments that Calvin believed that “if death should follow” must be applied to the prematurely born as well as to the mother (4) Saunders gives a good overview on these perspectives. (5) It is unwise to read too much into a controversial text with obscure construction and therefore this text will be left to one side on the issue of life and its beginnings.

Finally under Moses, God is revealed as reserving to himself sole responsibility for life and death.

   See now that I myself am He!
   There is no God besides me.
   I put to death and I bring life,
   I have wounded and I will heal,
   And no one can deliver out of my hand.  (Deut 32:39)
This understanding is restated in Job (Job 12:10), and by Paul preaching to the Athenians (Acts 17:25,26). Hannah understands it from direct personal grief at barrenness and then experiencing the blessing of God in giving birth to Samuel. She sings of God’s sovereign power:

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\begin{align*}
&\text{The Lord brings death and makes alive.} \\
&\text{He brings down to the grave and raises up. (1 Sam 2:6)}
\end{align*}
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Hays argues that there is no right to life. God gives it and God takes it away. The Christian prohibition against taking life is not about the value of human life but that it is not ours to take. (6)

The new covenant established by Christ greatly expands the definition of murder. To murder now includes not merely causing death but also motives of anger towards and despising of others (Matt 5:21,22). The expectations of grace greatly exceed the law although, thankfully, so does God’s mercy in diverting punishment and providing both refuge and salvation (2 Cor 5:21)

The full weight of Scripture confirms that the taking of life is seriously bad. Pro-life and pro-choice people are both protective of others. They agree that the life of others needs to be safeguarded. The key point of separation is what constitutes a person worthy of protection. The status of the mother as person is not in dispute. But what of the unborn child? When does life and personhood begin? Before that question can be addressed another deeper question requires examination. What is a person?
What is a person?

Describing a person through a set of attributes (e.g. speech, thought, memory, awareness of self and emotional responses) has difficulties. It over-emphasises the separation of body from person so that each are seen as distinct entities. This creates the theoretical possibility of having a living body without personhood, and is therefore philosophically suspect. Of greater importance is that the approach of attributes focuses on functionality. Who I am is defined by what I can do. This opens the door wide for the quality of life position. A person with a reduced function is a reduced person. If I lose my speech, or my memory, or my mobility I am losing not just function but life and personhood. It is then just a small step for others to be given authority over the life of the “lesser person” and the individual is encouraged to end life, since it has been lost beyond acceptable limits. Major makes the point of how far this quality of life thinking has permeated our society. (7) Our response is required not just in the medical and biological realm but also in the underlying philosophical assumptions of the debate.

The non-functional or sanctity of life approach describes personhood in terms of being; existing as something rather than identifying specific functions e.g. breathing, thinking, speaking. To establish being a number of parameters of being are set within which personhood can be said to be present. The Christian approach to being is essentially defined in creation terms, man made in the image of God. The first chapters of Genesis reveal to us what it means to be human.

1. A person is a being in relation to God.

Man is a being created in the image and likeness of God. As such he is created in relation to God.

So God created man in his own image,
In the image of God he created him;
Male and female he created them. (Gen 1.27)

In planning this, God is found in conversation with himself. There is the strange tension of he not being in the singular. God is evidently in relationship with himself. Man is in this image, made in relationship to God. This is illustrated by God and man having conversation (Gen1.28-30, Gen 2.16-17). The relationship with God gives man purpose. Fruitfulness, government and gardening are their fulfilling tasks (Gen1.28, Gen 2.15). God shows emotion. He is pleased with what he sees (Gen 1.31).
Being in relation to God marks out man from the rest of creation. Adam received the breath of life and became a living soul (Gen 2.7), but so have the animals (Gen 1.30). If the life breath from God is seen as imparting the attributes of life, then this still does not distinguish man from animals. The essential difference is that man is a living man, not a living animal. Interestingly those who describe man without any reference to God cannot in reality make any absolute distinctions. Animals have life. They have abilities in communication, memory, emotional response, thought and self-awareness. The differences to man are only of degree. Therefore a non-God approach tends to either reduce man to an animal level or raises animals to a human level. Therefore man being in the image of God and thereby in relation to God is the absolute distinction in his being that marks man out from everything else in creation. Living soul is chayah nephesh, meaning alive, raw, fresh, strong and breathing creature. Man receives his from the breath of God up his nose, illustrating a directness of communication and intimacy of aliveness quite different from the animals.

Tragically the relationship with God founders. Man crosses a boundary. Intimacy and being together are lost. However not all is lost. God still helps (Gen 4.1) and saves (Gen 4.15). The pleasure and disfavour of God are still known (Gen 4.4,5). Communication still occurs (Gen 4.6,7). God’s presence is still a reality (Gen 4.16). But the separation in the relationship grows. Men become callers or seekers after God (Gen 4.26) and then rebels against God (Gen 6.5). God is in grief and decides to act in judgment (Gen 6.6,7). Even in this man is still in relation to God. The relationship is now one of anger and grief on God’s part and rejection on mans’ part. But even rejection is not absence.

Furthermore, as is now made known, before the creation of the world God provides for restoration in the relationship. So the dislocation of relationship in time is provided for before time.

*God, who has saved us and called us to a holy life-not because of anything we have done but because of his own purpose and grace. This grace was given us in Christ Jesus before the beginning of time, but it has now been revealed through the appearing of our Saviour, Christ Jesus. (2 Tim1.9,10)*

*For he chose us in him before the creation of the world to be holy and blameless in his sight. In love he predestined us to be adopted a his sons Through Christ Jesus. (Eph 1.4,5)*

God wants all men to be saved and come to a knowledge of the truth (1 Tim 2.4). But even those in ignorance are not non-people. There remains knowledge of God and a revealing of his qualities (Rom 1.19-21). Mans’ response is faulty and God is angry. But even in judgement there is kindness and patience (Rom 2.3,4). Biblically man is continuously defined in relation to God, regardless of the nature, content or clarity of that relationship.
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Man is therefore inescapably a worshipper. He seeks to express his relation to God. In darkness men define their own gods. Idolatry is rampant. This varies from the simplistic, animistic to the sophisticated and hedonistic.

they exchanged the glory of the immortal God for images to look like mortal man and birds and animals and reptiles, (Rom 1.22).

No-one can serve two masters. Either he will Hate the one and love the other, or he will be Devoted to the one and despise the other. You cannot serve both God and money. (Matt 6.24)

Their destiny is destruction, their god is their stomach, And their glory is their shame. Their mind is on earthly things. (Phil 3.19)

What is universally observable is that man lives for something outside of himself and to some degree gives himself to that. However bleak, distorted, pointless or even well meaning the object of his affections is, man is living in relation to God.

2. A person is a being in relationship to others.

It was not good for man to be alone (Gen 2.18). The only thing “not good” in the whole of creation is man without relationship. This situation was never to be repeated. Woman, the helper suitable, was fashioned by God through an unknown process, but possibly one akin to genetic cloning. Then “multiply and fill the earth”, was God’s directive to this smallest possible group (Gen 1.28). Man was created to be in society. In this, he is also in the image and likeness of God.

The loss of relationship with God did not remove reproductive fruitfulness. It just made it very painful (Gen 3.16). Society is set to grow. The emergence of society is threatened by jealousy and murder (Gen 4.8). However God acts in a finely balanced protective judgement to preserve the growth of human society whilst also punishing the offender (Gen 4.12-15). Even in the overwhelming destruction of the flood, God preserves a family of eight (Gen 7.1). Man is kept in relationship.

Despite the setback of man’s sin, God’s plan is to have a people. Starting with one man, he promises a form a nation (Gen 12.1,2). Many generations later this nation emerges, governed by a God given code designed explicitly to preserve good relationships in the face of man’s failings. The agreed summary of the Law by an acknowledged expert is striking:

Love the lord your God with all your heart,
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_and with all your soul and with all your strength_
_and with all your mind; and_
_Love your neighbour as yourself. (Luke 10.27)_

Man is a being in relation to God and in relation to others. This defines him.

The coming of Christ does not change this intention, merely clarifies the criteria for belonging, and more pointedly greatly enlarges the scope of those who belong to God:

_God.. in his great mercy has given us new birth into a living hope through the resurrection of Jesus Christ from the dead.. (1 Peter 1.3)._  

_But you are a chosen people, a royal priesthood, a holy nation, a people belonging to God.. Once you were not a people, but now you are the people of God; once you had not received mercy, but now you have received mercy. (1 Peter 2.9,10)._  

God has a people, a people chosen from among all the nations. Man is not alone. Society fails because man is faulted, but society remains. Salvation from God is the recreation of society as God intended.

Relationships in society are both immediate and contextual. Knowing who I am is derived significantly from immediate relationships. When these fail an individual's identity can be severely weakened. However relationships also give an understanding of our personhood that is contextual, both historical and societal. Personhood comes by knowing place. The clock of time is ticking. The evenings and mornings are passing (Gen 1.3-31). The generations are expanding. The writer of Genesis is at pains to inform the reader where he fits in the historical framework, seeing it as a vital aspect (Gen 4.17-26, Gen 5.1-31, Gen 10.1-31, Gen 11.10-32). This passion to place the individual within history and within society is maintained throughout scripture. Jesus gets the full treatment. He is the son of David (Rom 1.3), the son of Abraham (Matt 1.1) and the son of Adam (Luke 3.38). Understanding my relation to others in history and society help me understand myself.

Living in relationship is more than mere exchange of information. Interpersonal interactions have great depth and variety. The expression of being together takes many forms: emotional, intellectual, intuitive, verbal, physical. Knowing one another and loving one another occurs through a tapestry of interactions, many of them unspoken.

We know a person is there because of the direct reciprocity of communication, contact and intuitive awareness that occurs even at the margins of life. Conversely, “she’s gone”, is a familiar explanation of death and refers to more than absence of functioning.
3. A person is an embodied being.

Adam’s body was formed first, made from dust, and he then became an embodied living being as God breathed the breath of life into him (Gen 2.7). Take away the body and you take away the person from human society. As previously noted, the first recorded failing of man after expulsion from Eden is murder. Cain killed Abel by attacking his body (Gen 4.8). However is the being more than the body? There is a possible hint of this as Abel’s blood cries out to God from the ground (Gen 4.10). Other, stranger, indications come later.

Enoch walked with God and then disappeared.

Enoch walked with God; then he was no more, because God took him away. (Gen 5.24)

The Lord told Moses that his death was a “gathering to your people.” (Deut 32.50). Samuel is dead and buried (1 Sam 28.3). But he is summoned from the dead by Saul acting in defiance of the Law and in fear and madness now God is no longer with him (1 Sam 28.5-20). Elijah, another disappearing man, went up to heaven in a whirlwind, taken by chariots and horses of fire (2 Kings 2.11).

Lazarus is dead and buried, and probably smelly (John 11.29). But a word from Jesus can bring him, person in body, out alive (John 11.43). Paul knew a vision of being possibly away from the body, too awesome to be properly documented (2 Cor 12.2,3). He longs at times to be apart from the body and with Christ (Phil 1.23).

Of course the resurrection of Jesus is both practically and theologically, the full indication of life beyond the present human body. Importantly though, it is not life with no body, but life in a new body.

If there is a natural body, there is also a spiritual body. So it is written: ‘The first man Adam became a living being’, The last Adam a life-giving spirit. The spiritual did not come first, but the natural, and after that the spiritual. The first man was of the dust of the earth, the second man from heaven. As was the earthly man, so are those who are of the earth; as is the man from heaven, so also are those who are of heaven. And just as we have borne the likeness of the earthly man, so shall we bear the likeness of the man from heaven (1 Cor 15.44-49).

Each person exists in the mind of God before creation but is revealed within a body. The hope of resurrection is not body-less but of a new body. Personhood cannot be separated from embodied existence.
4. A person relies upon a supportive environment.

Just as the person exists within and as part of the body, inseparable from it only at death, the body-person exists within an environment. A person is an interdependent part of the material world. The first chapters of Genesis are structured to reveal this.

In the beginning the earth is empty and formless (Gen 1.1). Through the word of God, light, dark, sea, sky, land, plants, sun, moon, stars, fish, birds, and animals are all brought into existence (Gen 1.1-25). The whole ecosystem if formed and then man is placed within this amazing environment. Man is then supported by his environment. Plants are for food (Gen 1.29). The sun gives light and the lights govern the seasons, days and years (Gen 1.14,15). The animals are initially the objects of rule (Gen 1.28), and later for food (Gen 9.3). The waters are given limits (Gen 9.11).

As already noted, this does not distinguish man from animals. However the narrative is emphatic, man is an interdependent part of the material and biological universe on which his existence depends. Man does not exist without an environment. The end of the age is the end of the cosmos.

These are the parameters of personhood. Of first concern and an absolute distinction, man is made in relation to God. He is marked with likeness to God. Man lives in relation to others, he exists inside a society. These relationships help define him. Finally he is a living soul, an embodied being within and dependant on a supportive environment.
When then does being a person begin?

This debate is heated by controversy, fuelled by speculation and polarised by philosophical assumptions. People kill for this one.

It is also important to note that pastorally this is an emotionally highly charged issue. Every woman has her own story; it is not theoretical for them. Most families are affected by difficulties in conception, loss in pregnancy or unexpected pregnancy.

Doctors working in the field of reproductive health care also need support and opportunity for constructive dialogue. There are tensions in serving patients who do not share a Christian world-view. Moreover the NHS is not and never has been a Christian institution. Whilst there is freedom of conscience for staff, for many influential figures ontological reductionism is the dominant theme. There is no philosophical distinction between rats, monkeys and men. So medical staff work in a non or even at times anti-Christian organisation seeking to serve people who do not share a Christian worldview and who may well be facing heart-wrenching dilemmas or impossible choices. In terms of debate and intellectual support, if not personal support, the Christian Medical Fellowship is an excellent resource.

The biological considerations.

There are at least seven stages where life could be said to begin (8).

1. Fertilisation.

The sperm penetrates the egg and the nuclear material fuses. Is this the explosion of life? The key issue in support of this stage as the beginning of life is the fixed-point argument. Any stage from fertilisation is seen as being arbitrary, merely a developmental process, and a follow through from the beginning of life.

There are some difficulties with this position. Firstly fertilisation is itself a process that takes over twenty-four hours. It is not a fixed point. Secondly, identical twins develop after fertilisation. Were they one person before becoming two? Thirdly, as quoted by Professor Guillebaud, (9) a leading Christian figure in this field, somewhere between 25% and 75% of all fertilised ova fail to fully implant and are passed mostly unknown (10). Are these people? Put at its starkest, will eternity be over half filled with people who never had a body, let alone were never born?
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2. Implantation.

The blastocyst (ball of cells) embeds in to the lining of the uterus. The normal rejection process of foreign genetic material is suppressed, probably by localised hormonal activity. This starts at day 5/6 and is completed by day 14. The key issue in support of this stage as the beginning of life is the argument of a person being in relationship. This is the initiation point for a life-long relationship to the mother. Whilst the relationship has no verbal content, there is direct physical connection and there are signs of emotional content in the mother brought about by the rapid hormonal changes of implantation. However there is still a large natural loss. Around 20% of those that implant will not develop beyond 10 weeks.

3. Differentiation.

Up to 14 days the embryo is a ball of undifferentiated cells, most of which are not involved in becoming the baby. Now specialisation begins within the ball to form the primitive streak. These cells go on to become the baby. The Warnock Commission identified this point as the place to cease experimentation on the embryo as the biological beginnings of the body emerged.

4. Neural development.

At 17 days the neural tube begins to form. It is not complete until 42 days. Our understanding of death is that life requires some functioning of the nervous system. We talk of being “brain dead”. It would be consistent to view the absence of any neurological material as being an absence of the person. It depends on the degree to which being the person relies on neurological function, if at all. There are shortcomings to this position. Brain death is the ending of potential for recovery, not necessarily the end of life. We just don't know.

5. Full development.

At 49 days all the organs are in place and the embryo looks human. Recent advances in 3D imaging have revealed exactly how human. It is now called a foetus. Aristotle and Thomas Aquinas both saw this as the moment of being “ensouled” as a person. In 1999 there were 173,701 terminations in England and Wales. Of these 73,882 were before this 9-week point. (Pregnancy is measured from the last period, which is reasonably accurate, rather than a guestimate on fertilisation. Pregnancy measurements are therefore on average two weeks longer than the point of fertilisation).
6. Viability.

This occurs now at 154 days from fertilisation, which equates with a 24-week pregnancy.

There is something of an inconsistency here. If a “foetus” can survive outside the womb, be granted immediate protection in law and be the centre of significant attention surely the same protections should extend to the “foetus” inside the womb? Granted viability outside the womb is hardly independence. Masses of attention, equipment and expertise are required to maintain life. However this is philosophically no different to the extensive care and expense required to maintain life in babies, toddlers and particularly teenagers. It is merely an emphatic example of how a person exists within and dependant on a supportive environment. Why does one part of the hospital create a supportive environment and another part destroy the natural environment of the “foetus”? In 1999 there were 2,467 terminations in England and Wales after the 20-week point. Engel gives a helpful investigation into reasons for late abortion.


At birth the baby takes its first breath. (A stillbirth is a baby that never breathes). Legal status of personhood is conferred here. However as parents know well, the birth is probably the most arbitrary point of the whole process.

The reason for this somewhat arbitrary position in law is possibly historic grounds. Until very recently the loss of children up to and around birth was high. It is only in the last hundred years that birth and first year survival rates have dropped to their current low levels.
Biblical considerations.

The first live birth is Cain. The writer of Genesis describes the process quite straightforwardly:

Adam lay with his wife Eve, and she became pregnant and gave birth to Cain. (Gen 4.1)

This phrasing is repeated for Enoch (Gen 4.17) and Seth (Gen 4.25). Others are described more simply as “being born”: Abel (4.2), Jabal (4.19) and Tubal-Cain (4.22). This phrasing invests meaning in the role of the father, “he lay with his wife”, and also in the role of the mother, “she became pregnant”. Actually the focus is not so much on the new person being formed as on the unique contribution of both partners. The first indications that a woman was pregnant would have begun to happen for the writer of Genesis at around 4 weeks. There would be the first missed period, possibly the feelings of nausea and the tension of changes to the breasts. At the point the woman says, “I am pregnant”, the embryo is around 14 days. It has completed implantation and is beginning to differentiate.

Biologically this phrasing is obviously accurate. There is one holistic process from sexual intercourse to birth. But it doesn’t clarify to any great extent the beginning of being. Intercourse is clearly not the beginning of life. Jacob lay with Rachel, but she was barren and there was no life until God intervened (Gen 29.30,31). Birth is clearly the end of one process and the beginning of another. But what of being a person? When does that begin?

The first babies we meet in the womb are Rebekah’s. They are jostling each other (Gen 25.22). Rebekah is at least 16 weeks pregnant. Now, with ultrasound techniques we know that co-ordinated movement, kicking, waving, hiccuping etc. all occur before 8 weeks. Rebekah wants to know what is going on and God speaks to her. The babies aren’t just persons, they are peoples:

Two nations are in your womb, And two peoples from within you will be separated; (Gen 25.23)

John the Baptist also leaps about in the womb, in response to Mary’s greeting to Elizabeth. John is clearly in relation to God, he has an intra-uterine receiving of the Spirit. He is also in a tangible way in relation to others, responding to both Mary and his mother. Elizabeth is six months pregnant. In our terms, John has reached viability.
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Mary has a promise from God that she has come to share with Elizabeth. She will be “with child” and give birth to a son (Luke 1.31). Her gentle enquires about process are not answered with any degree of clarity:

_The Holy Spirit will come upon you, and the power_  
_Of the Most high will overshadow you._ (Luke 1.35)

Mary is content to accept God’s sovereign, if mysterious will in this. She was perhaps interested in other aspects of process, but for us was Jesus implanted as a single cell, a blastocyst or differentiated? We just don’t know.

When it comes to beginnings, probably the psalmist has the longest description of process:

_For you created my inmost being;_  
_You knit me together in my mother’s womb._  
_I praise you because I am fearfully and wonderfully made;_  
_your works are wonderful, I know that full well._  
_My frame was not hidden from you_  
_when I was made in the secret place;_  
_when I was woven together in the depths of the earth,_  
_your eyes saw my unformed body._  
_All the days ordained for me_  
_were written in your book_  
_before one of them came to be._ (Ps 139.13-16)

Here is a beautiful interweaving of the coming together of the body-person. The inmost being is created by God, knit together by him in the womb. The frame is made in secret, the unformed body woven together.

“For you created my inmost being”. Created is qânâh, to erect or create and by implication to own. Inmost being is kilyâh, meaning kidneys. It is the plural feminine of kelîy, something prepared, i.e. any apparatus. It is also closely linked to kâlâh meaning completion.

“You knit me together in my mother’s womb”. Knit together is âkak meaning to entwine as a screen. Womb is beten meaning to be hollow.

“My frame was not hidden from you.” Frame is otsem meaning power, hence body. It is derived from `atsam meaning to bind fast, make powerful, to crunch. Was not hidden is kâchaol meaning to secrete or conceal.

“When I was made in the secret place”, is âsâh, to make, and cithrâh, to cover, hiding place, protection.

“When I was woven together in the depths of the earth.” Woven together is râqam meaning to variegate colour or embroider, a wonderfully expressive term. “Depths” is tachtîy meaning the lowermost, the depths figuratively of a pit.
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or womb and is derived from tachath meaning the bottom. Earth is erets meaning to be firm and is a common Hebrew word for the earth or land.

“Your eyes saw my unformed body.” Eyes are `ayin and see is râ`ah which means just that. Unformed body is very topical being Golem. It means a wrapped and unformed mass or substance yet being imperfect. It is derived from Gâlam meaning to fold or wrap together.

There is a very strong parallel with Genesis. God is creator not just of mankind in general but creator of each person. Just as Adam was made from the earth, each person is now made by God in the depths of the earth, figurative for the womb. It is God who weaves, God who knits, and God who makes.

However poignant this is, there is again no fixed point of beginning. Perhaps the only slight indication is “in the mother’s womb”. But even that is not a precise statement. Fertilisation can occur in the womb, and anyway the psalmist is unlikely to appreciate our fine distinctions between fertilisation in the fallopian tube and implantation in the uterus. The language used to describe the body leans in two directions. There are “kidneys”, a word closely akin in Hebrew to completion. The person in the womb is fully formed. There is also the unformed body, a golem, a wrapped and folded mass as yet un-perfect.

The Hebrew word most commonly used to describe being pregnant is harah (and its derivatives hâreh, hâriy and hêrown). It means to be pregnant, to be with child, to conceive. As noted before this is used within a repeating construct, usually with some subtle variations, but essentially following the same pattern of:

(he) slept with (her) and she became pregnant and gave birth to a (son) who was named (name)

This construct is also found in the New Testament using the Greek words sullambanō or gennaō.

You will be with child and give birth to a son and you are to give him the name Jesus. (Luke 1:31)

The word harah does not lead to any firm conclusion concerning beginnings. If anything it leans towards full development and the presence of the complete child in the womb.

The Greek word gennaō means to procreate, to bear, to bring forth, to be delivered of, to make, to spring. It is derived from genos, meaning kin, generation, kind, offspring. Again there is little in the word to form a firm conclusion.
The word sullambanō is interesting. It comes from two Greek words with the meanings union with or together and to take, get hold of, to clasp, seize, arrest or capture. This could be interpreted either as grounds for fertilisation as the beginning of life (the union of the gametes) or as implantation (the grasping of the fertilised ovum by the womb).

There is one use of another Hebrew word, yâwcham, by King David as he repents of adultery and murder.

Surely I was sinful at birth. Sinful from the time my mother conceived me. (Psalm 51:5)

The understanding of his sinfulness from very early beginnings definitely implies the presence of personhood. However the structure of Hebrew parallelism must be borne in mind, with the two statements making the same point. “I was (and am) sinful” is essentially the point. “I was sinful at birth, in fact even before that”, is his heart’s cry. The meaning of yêwcham is to be hot, to be in heat. Strictly he is saying (or singing) that his sinfulness goes back to before fertilisation. The only other use of this word in scripture is in the story of Jacob doing his stuff with the bark peeling under the superstitious misapprehension that this earned him more money in his breeding programme.

When the flocks were in heat and came to drink, they mated in front of the branches. (Gen 30:38,39).

Perhaps the beginning of personhood is a mystery. The biblical considerations do not lead to firm conclusions. It is God who knows the days ordained for me. However his knowledge of my days is before even one occurs. Worship is the response, rather than analysis. His works are wonderful. My existence and the self-awareness of my existence are living proof of the fearful wonder of God.

The beginning of being.

The four parameters of being create a framework within which is possible to say with certainty that personhood exists. But right at the margins of life, certainties are difficult.

A person is in relation to God. From the psalmist we know that God is in active relationship with the unformed body as the knitting and weaving occur in the womb. This places personhood early in development, but how early?

A person is an embodied being. How much body is needed for being? A single cell? A differentiation between that which is baby and that which is not? A neural tube? The beginnings of heart and blood?
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A person is in relation to others. Jostlings and leapings aside, when is the beginning of relationship? Is implantation the first physical and hormonal indication of “relating”?

A person is dependant on and placed within a supportive environment. Most definitely true of the unborn. And natural tragedy strikes even here. Ectopic pregnancy endangers both mother and child and the child’s life is taken to save the mother’s. And what of natural loss? Are these people passing briefly through time to eternity? We cannot tell.

The guiding principles for our purpose must be those of safety and of conscience. Safety is important. Even if we settle on a time for the beginning of being that is too early, this is much to be favoured against being too late. Conscience is a vital ingredient. There is a judgement to be made here that theologians, philosophers and doctors can only inform not make. If informed conscience says fertilisation is personhood, it must be so for that person. Difficulties arise when consciences do not agree. The test for us is whether we will respond with humility, patience and prayer.

My own view is that the beginning of being is the end of implantation. We are still several days away from any neurological development. But the relationship between mother and baby is established and the cells that will become the baby are differentiated. There is the added advantage that this corresponds with the first possible recognition from the mother, “I am pregnant”.

Guillebaud (9) and Nathanson (12) argue for this. Beckworth gives a highly philosophical discussion and rebuttal of the main points (13). My own view is that personhood is created as a process. The ingredients necessary for being are brought into being over time. In a mystery known only to God the parameters are crossed and the person exists.
1. CONTRACEPTION

The use of contraception is affected by our view of when life begins. As discussed before, this is a mysterious process, and so the safety ‘cut off’ point for acceptable contraception must be before the point at which the user believes a new person has come into being.

In practical terms there are two definable points at which this safety ‘cut off’ point can be taken. The first is FERTILIZATION, before which point there is no combining of genetic material and hence no new individual. This is probably the safest point at which to draw the line. The other possible safety cut off point is at IMPLANTATION. Without this the genetic potential for life has no environment within which to develop. This is where John Guillebaud, professor of Family Planning draws the line between contraception and abortion. (14)

The following survey of contraceptive methods looks at where each method is thought to work. However most methods are known to have more than one action point. (15)

PRE-FERTILIZATION

The following methods work entirely by preventing fertilization.

- Male sterilization
- Female sterilization
- Combined oral contraceptive pill. Provided that the pill-free interval is never prolonged beyond 7 days.
- Cerazette. This is a new progesterone only pill, which is taken continuously and works by stopping ovulation
- Implanon. This is a progesterone rod, which is inserted under the skin of the inner upper arm and prevents ovulation for 2-3 years.
- Injectable progesterone. This again inhibits ovulation as long as the intervals between injections are no more than 12 weeks.
- Condoms used with spermicide
- Diaphragms/caps and spermicide
- Natural family planning through fertility awareness
- Breast feeding and oral progesterone only pills. This method will inhibit ovulation if breast feeding is 100% of baby’s nutrition, and all pills are taken at the same time every day +/- 3 hours.

As it can be seen, a great amount of choice is available within this group. Other contraceptive methods are also commonly used. These still sometimes work by inhibiting ovulation and preventing sperm meeting the ovum, but they also could work in some cycles by inhibiting implantation.

INHIBITING IMPLANTATION
These methods should only be used by those who see implantation as the beginning of personhood.

- Progesterone only oral contraceptives, except Cerazette. These mainly work by making it impossible for sperm to penetrate the cervical canal however they also sometimes inhibit ovulation and sometimes prevent implantation.
- Copper IUDs. These work within the uterus and have a toxic effect on sperm but also have an action to prevent implantation.
- Mirena IUS. This also works from inside the uterus by preventing sperm access however it also has a back up activity by preventing implantation. A lot of women are offered this instead of female sterilisation, as it is safer and more effective.
- Emergency contraception. Currently this is Levonelle 2, two doses of progesterone taken 12 hours apart within 72 hours of unprotected intercourse. Early in the woman’s cycle this works by inhibiting ovulation, but should it be taken after ovulation it has an affect to inhibit sperm motility and also to prevent implantation.

2. ABORTION

This is termination of a uterine pregnancy after implantation. Currently there are two methods offered to women in early pregnancy i.e. within 14 weeks from her last period. It seems inescapable that these are all people whose lives are being ended.

Of the 173,701 terminations done in England and Wales in 1999, 154,682 were done before 12 weeks. (16) 159,444 were done under category C alone, i.e. it would be more detrimental to the mother’s physical, psychological health to continue pregnancy. As there is a higher risk of ill health or death due to pregnancy than due to abortion, this is the category usually used for so-called social terminations.

- MEDICAL. An anti-progesterone is given which prevents the placenta continuing to function. At this point potential for the foetus to continue growing ceases. Two days later other drugs are administered to expel the ‘products of conception’ from the uterus. This has to be done under medical supervision, as there are risks of bleeding, infection and failure to work that may need surgical intervention.

- SURGICAL under general anaesthetic the neck of the womb is dilated and the ‘products of conception’ are removed from the uterus. There is a trend towards offering more women medical terminations as this doesn’t take up theatre time and is easier to arrange early i.e. before 9 weeks.
For a termination two medical practitioners have to sign the form agreeing on the grounds for this. Christian doctors vary in their response to termination, some won't refer at all for termination, and some will refer, but refuse to sign the form.

There is a conscience clause for all doctors involved in reproductive health care to opt out of performing terminations and also to opt out of the care of those undergoing terminations to one degree or another. However in reality it is very hard to avoid these patients completely.

There is no upper limit for termination for foetal abnormality. For other reasons the upper limit of gestation is currently 24 weeks. There is a case currently going through the courts challenging the grounds of a late abortion performed for reason of cleft palate.

3. IVF

In general terms this covers a number of procedures in which the fertilisation of the egg takes place outside the woman's reproductive tract and the fertilized ova are replaced before implantation.

Difficulty in conception is usually defined medically as difficulty in achieving a pregnancy after twelve months of regular unprotected intercourse. It is a common problem estimated to affect about 1 in 7 couples in the UK.

There are different causes of infertility and this will affect the treatment offered. About one third are caused by problems with the number or quality of sperm produced by the man. About one third are caused by problems with egg release or blocked tubes in the woman and about one third have no obvious cause even after full investigation. The Human Fertilization and Embryology Act regulates all assisted reproductive techniques.

Treatments offered to couples with fertility problems vary. The most common treatments are

1. Ovarian induction
2. Assisted reproduction. This includes intra-uterine insemination, in-vitro fertilization, intra-cytoplasmic sperm injection, donor insemination and gamete intra-fallopian transfer.
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1. Ovarian induction

This is a method of giving treatment to stimulate the ovaries to produce eggs. This can be the only treatment used if eggs are not being produced, or can be used as part of other treatments to produce eggs that are collected for use in assisted reproduction. When used alone it produces pre-fertilized eggs and doesn’t affect the process of fertilization. It does increase the chance of a multiple pregnancy.

2.1 Intrauterine insemination

Sperm are collected and treated to collect the ones of best quality most likely to achieve fertilization. These are then placed directly in the womb through the neck of the womb at a time when ovulation has occurred. As with ovarian induction, this procedure is pre-fertilisation.

2.2 In vitro fertilization (IVF)

This is the main method of assisted reproduction. It involves different stages:

a) ‘switching off’ normal ovulation
b) stimulating the ovaries to produce eggs
c) collecting the eggs from the ovaries
d) collecting sperm from the man
e) mixing the eggs and sperm in the laboratory
f) incubating the fertilised embryos
g) replacing the embryos in the mother’s womb at a time when they are most likely to implant and within 6 days of formation.

This procedure has a success rate of between 6-20% for each cycle tried, success rate largely being determined by the age of the mother. In the UK no more than two embryos are replaced at one time because of the problems with multiple pregnancies. Embryos can be frozen and used in subsequent cycles to decrease the number of times egg retrieval has to be undertaken. Couples are usually offered three cycles of treatment on the NHS.

There is obviously then a large loss of fertilised embryos. This method would therefore be unacceptable for a couple who believe that fertilization is the beginning of the life of a new person, but maybe acceptable if the couple believe that implantation is the starting point of new life.
2.3 Intra-cytoplasmic sperm injection (ICSI)

This is a slightly different technique from IVF. A single sperm is injected directly into an egg in the laboratory. This method is offered if for couples where the male’s sperm are not of sufficient quality to penetrate the egg. ICSI can increase the chance of fertilization taking place but doesn’t increase the chance of a replaced embryo leading to a successful pregnancy. The fertilized embryos are replaced in the same way as IVF and so for the Christian the acceptability again depends on whether fertilization or implantation is considered the beginning of the new person.

2.4 Donor insemination.

Eggs and sperm given by anonymous donation can be used in assisted reproduction. The genetic make up of the child will therefore be different from the parents. There are issues with this around parenting a child who is not your ‘flesh and blood’ as well as previously mentioned issues of the beginning of life. The government is proposing legislation to remove the right of anonymity from donors. The industry is not receiving this favourably as they consider that this will greatly reduce the likelihood of donation.

2.5 Gamete intra-fallopian transfer.

This is another method sometimes offered where sperm and eggs are mixed together in the woman’s fallopian tube and fertilization takes place within the woman’s body rather than in the laboratory. It is not widely used because it requires laparoscopy with increased risk of harm to the mother.

The treatment of infertility with IVF is often going on in the same laboratories where other experiments on blastocysts are licensed to take place. Embryo research and IVF is regulated by legislation based on recommendations of the Warnock committee which allows experimentation on embryos up to 14 days, i.e. the day before the earliest appearance of the primitive streak (17). If fertilisation is the beginning of life then these experiments are on people. If implantation is the beginning of personhood then these procedures are on tissues.
Pastoral questions to consider.

1. When do you think that life and personhood begins? Why?

2. Do we need to define personhood in order to protect the embryo? Is that the right question?

3. Is it right to use contraception? If so, do you have questions about any types? How do you counsel people about contraception?

4. Should we encourage education and promotion the use of contraception to teenagers to reduce abortions? Can we do that whilst also promoting abstinence and safe sex? Should we have a role in this?

5. What are the essential pastoral ingredients necessary in us in order to help people contemplating abortion? What training is needed to develop these skills?

6. How can we help people resist abortion as a favoured option? What practical support do we need to offer in addition to advice?

7. How would you handle the hard cases: rape, incest, and foetal abnormality? Are there any circumstances where you would agree with someone choosing an abortion?

8. How do we counsel those who have had an abortion? Does it make any difference if they were Christians at the time? What will they be facing emotionally and spiritually?

9. How can we support medical staff working in this field? What are their needs and pressures?

10. How do we help those struggling to conceive? How do we support them? What do we advise about IVF? What do you think about harvesting of eggs, frozen storage of embryo’s and experimentation?

11. What do you think about donation of eggs and sperm?

12. How can we contribute more effectively to the public debate? What can we do politically to bring change? What changes in legislation would we like to see?

13. How can we communicate with pro-choice people? What are their philosophical and world-view issues that we need to be aware of?

14. How can we best lay laminate flooring? What philosophical and ethical presuppositions do we have towards this?
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