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## **Participatory bioethics: A conversation between Roman Catholic and Orthodox traditions on reproductive genetics**

### **Abstract**

Discourses in bioethics address ethical questions arising from biological life processes. The limited scope of the present discussion narrows down to Assisted Reproductive Technologies and Surrogate Motherhood in the Indian contexts. The question of commercialization or commodification of human reproductive tissue looms large in reproductive genetics. The need for global bioethics is strengthened by the planetary nature of the discourse. Regional particularities also intersect these discussions. Ethical deliberations revolve around the intersections of gender, caste, class, religion, and ethnicity. Reproductive health rights and informed consent are important ethical considerations from a secular perspective. The four agreed-upon general principles of bioethics are autonomy, nonmaleficence, beneficence, and justice. They are important in medical decision making and policy formation. Participatory bioethical discourse calls for an intersection of variant moral voices, both secular and religious. Different religious traditions have a plurality of moral voices regarding bioethics. The ethical frameworks used by mainline Christian denominations for bioethics also vary considerably. The bioethical perspectives of Roman Catholics and Orthodox traditions are critically and theologically explored. Participatory ethical discourses and informed decisions are foundational in Bioethics.

**Keywords:** Assisted reproductive technologies, bioethics, biopolitics, commodification, *humane vitae*, medical tourism, orthopraxis

### **Introduction**

Discourses in bioethics address ethical questions arising from biological life processes. The limited scope of the present discus-

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sion narrows down to Assisted Reproductive Technologies (ASTs) and Surrogate Motherhood in the Indian contexts. These procedures are generally described as New Reproductive Technologies (NRTs). Reproductive health rights and informed consent are important ethical considerations from a secular perspective. Commodification and commercialization of human reproductive tissue are at stake in reproductive genetics. Ethical deliberations revolve around the intersections of gender, caste, class, religion, and ethnicity. Different religious traditions have a plurality of moral voices regarding bioethics. The ethical frameworks used by mainline Christian denominations for bioethics also vary considerably. The bioethical perspectives of Roman Catholic and Orthodox traditions are critically and theologically explored. The Protestant moral voices offer a multiplicity of moral voices, and hence this paper excludes those perspectives in the present discussion. A conversation between ethical concepts of solidarity (shared moral values), religious understanding of the sacredness of life (covenant), and secular notions of human rights and human dignity, can foster a harmony of ethical voices.

### **Bioethics: Global and local concerns**

Van Rensselaer Potter, a research oncologist at the University of Wisconsin began to use the term 'Bioethics' combining biological knowledge with a knowledge of human value systems. Potter used the term bioethics in 1970 in an article entitled "Bioethics, the Science of Survival" (Potter, 1988). For centuries, Hippocratic Medical Ethics served as the dominant Western model with a paternalistic stance that the 'physician knows best' for the welfare of a medical patient.

Potter proposed a 'global bioethics' as a secular program of evolving a morality that calls for decisions in health care and in the preservation of the natural environment" as a "morality of responsibility" that can coexist with secular humanism, assuring quality of both life and environment. Potter broadened the scope of bioethics to include not only medical ethics and environmental ethics but also social and religious ethics. With his focus on the health of

the biosphere, global bioethics implies the international and planetary aspects of health ethics. Potter considered the term “bridge bioethics” emphasising the importance of linking different forms of bioethics. He also became increasingly concerned about social and international justice. A future oriented system of morality will enable to build a bridge to the future (Potter, 1971). Human health and planetary health are equally important. In this sense, bioethics is a humanistic biocentric vision of morality for the common good ensuring a habitable future for the biosphere.

Potter is equally sympathetic to the various religious and spiritual practices with deep-rooted ethical values at their core. This is very evident in most of the indigenous religious traditions. Thus, bioethics bridges science-technology with humanities and specifically religious traditions. This paper intends to discuss the moral voices of two major Christian traditions with regards to bioethics, focusing on the Assisted Reproductive Technologies.

### **Assisted reproductive technologies (Conceptions)**

Assisted Reproductive Technologies (ARTs) is a boon to infertile couples. But these technologies also are a contested terrain of biopolitics where intersections of gender, class, and subaltern concerns are at crossroads. Women face violence and atrocities from ‘womb to tomb,’ indicating that a woman experience gender-based exploitation and violence from birth to death. In India, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was enacted and brought into operation from 1<sup>st</sup> January, 1996, in order to check female foeticide (The Pre-natal Diagnostic Techniques Act, 1994). Even when amniocentesis for sex determination is made illegal in India, yet the male-female ratio in India is lopsided.

### ***In vitro fertilization: Contested terrane of biopolitics***

As a researcher, Aditya Bharadwaj focuses specially on assisted reproductive technologies and human embryonic stem cells. Through his research, he examines the emerging face of Indian engagement with biotechnologies in the local and global contexts.

This entails the mapping of transnational and national/local scientific contests, with connections linking patients, researchers, and clinics. His study interrogates moral and ethical debates cross-culturally and illustrates how biotechnology can be governed and regulated globally and locally.

Bharadwaj conceptualises conceptions when details the arena of Assisted Reproductive Technologies, and in particular, In Vitro Fertilization (IVF). In vitro refers to the Petry dish where the fusion and initial culture of gametes take place, in contrast to 'in utero' the normal place of fertilisation of germ cells. "While science aimed to control the whole body, it focused on what could be cultured, or nurtured, in metaphoric test tubes" (Bharadwaj, 2016). Petri dishes are replaced as crucibles for gestation. Bharadwaj details India's booming 'medical tourism' industry and mentions the parasitic nature of hosts and the parasites in assisted conception. "The parasite, both as biogenetic substance and social actor, thrives on the host," giving nothing in return. Biological reproduction is the quintessence of a parasitic relationship between a host ('mother'/ womb) and parasite ('child'/ foetus) (Bharadwaj, 2016). Bharadwaj details the connection between infertility and stigma as gender-based. In most cultures, barrenness is considered as a 'curse' and extended to be a matter of shame for a married woman than a man. In Indian context, barrenness is often interpreted as a female problem. Thus, the stigma attached to infertility particularly on women is severe. (Bharadwaj, 2016).

Annette Burfoot and Derya Güngör calls IVF as the 'externalisation of conception,' with attendant economic interests. They detail the "effects of IVF on women who undergo exposure to increasingly invasive hormonal protocols, repeated piercing of the vaginal and bladder walls and ovarian surfaces and multiple pregnancies resulting from implantation of several embryos at a time. Then there is the socio-psychological dimension of undergoing a procedure likely to fail; women are often left feeling responsible" (Burfoot & Güngör, 2021). The whole procedure is shrouded with commercial interests of the pharmaceutical companies.

Burfoot and Güngör underline the difficulty in legislating and

regulating science and technology, especially since the procedures involve microscopic manoeuvres. In the New Reproductive Technologies (NRTs) there is also the matter of “managing kinship as a result of NRTs, especially with gamete and embryo donation as well as with surrogacy where reproduction becomes contractual and unhooked from genetic lineage” (Burfoot & Güngör, 2021). Ever since NRTs emerged in the late 1970s, feminists, religious authorities and later gay rights activists responded with different positions on the issues at stake. “Some feminists adopted positions on NRTs through a lens focused on women’s reproductive rights and health, while most religious groups defended the dignity of the embryo and proper kinship arrangements”(Burfoot & Güngör, 2021). Queer activists took a position based on their reproductive rights. National and global socio-economic disparities are also at stake so as to broaden the responses on a scale of reproductive rights and justice.

There is an intersectional nature to the debates on AST. At stake is the intersection of gender, caste, class, religion, and ethnicity. Intersectional ‘cultural conceptions’ operate here. Intersectionality is one of the most popular theoretical paradigms in gender studies and feminist theory today. Initially developed to explore how gender and race interact in the experiences of US women of colour, it has since been taken up in different disciplines and national contexts, where it is used to investigate a wide range of intersecting social identities and experiences of exclusion and subordination.

### ***Surrogacy: Commodifying motherhood***

Biopolitics of surrogacy is to be viewed in the larger context of accelerating commodification of part or whole of human bodies. The ‘body’ is mostly treated as an object and as “a ‘commodity’ that can be bartered, sold or stolen in divisible and alienable parts.” The concept of commodification is a disturbing ethical problem. It encompasses “all capitalized economic relations between humans in which human bodies are the token of economic exchanges that are often masked as something else —love, altruism, pleasure, kindness” (Scheper-Hughes, <sup>2002</sup>). Commodification of reproductive

technologies is best illustrated by the various aspects of human reproduction, including that of fertility treatments, gamete donation, and surrogacy treated as commodities available as goods and services having commercial value. Of these, surrogacy involves the body treated as a commodity product.

The story of Sara and Hagar is often cited as an example of surrogacy. Surrogacy has become defined as a feminist issue as well. In terms of patriarchal exploitation of woman's body, and the women who undergo this medical treatment are portrayed as victims of medical power and the false ideology of motherhood, the surrogate mother is seen as a victim of commercialization and its seemingly unavoidable counterpart, exploitation (Zipper & Sevenhuijsen, 1987). Legal tangles follow suit where the right of the surrogate mother and that of the beneficiary are in conflict. The psychological bond that a surrogate mother develops with the embryo adds to the trauma.

What becomes a moral problematic is that of stigma and blame game to which women become the primary victims. Women are blamed for being barren or men (more rarely) for being sterile, stigma can attach itself to a married body. Infertile women are considered as bad omen. 'Dart of barrenness' is mostly thrown upon women. (Sterile men do not face the same kind of ostracization as infertile women). They do not lose their social status, though they face humiliation. Narratives are intimately shaped by experiences of infertility, social stigma, financial drain and emotional exhaustion. The difficult question is "what is the gender of infertility, when a man can choose to walk out of a 'barren marriage' with his dignity intact, an option unavailable to a great majority of women?" (Bharadwaj, 2016).

The question of commercialization or commodification looms large in the case of surrogacy. The ethical question revolves around the private/commercial character of infertility clinics in relation to the wider public/private sector interaction, aiming to understand the broader biomedical politics of managing infertility clinics as successful private enterprises. India's emerging role as the pivot of transnational surrogacy arrangements is to be taken into con-

sideration. The presence of clinically managed infertility in India surprises some. With more than one billion people, India is considered 'overpopulated' and is pursuing an aggressive state-sponsored policy of population control. India is also plagued by poverty and by growth pains typically associated with transitional economies. (Bharadwaj, 2016).

Another moral tangle is regarding the changing contours of kinship in the context of increasing surrogacy cases in India. In 1997, long before India gained notoriety as a commercial surrogacy destination, Nirmala, a thirty-year-old woman from Punjab, was ready to rent out her womb for 50,000 rupees to an infertile couple. She rendered her situation visible that which should have (ideally) remained private. (Bharadwaj, 2016). The visibility of such a case sparked off controversy and debates.

Assisted conception creates the 'biological parent as a separate category.' The connections between the natural and the social aspects of kinship are therefore rendered variable, with assisted conception offering different ways of configuring biological kinship, that is, of other ways of 'doing' kinship that configure the mixture of nature and culture differently. The twentieth-century 'natural parent' – one who embodied the genetic and social 'kin' credentials – is dispersed either by enabling fertilization outside the body or by involving donated 'third party' gametes. The practice of *niyoga*, or conception by proxy was a form of surrogacy with a surrogate male appointed (Bharadwaj, 2016). One can see here a similar dispensation with Jewish levirate marriages.

The notion of the surrogate carries many meanings; "substitution, replacement, proxy and stand-in." It signals the role of kinship in achieving conception through substitution or proxy. (Bharadwaj, 2016). Derrida invokes supplementation. 'Supplement' harbours two important cohabiting significations: "The supplement adds itself, it is a surplus, a plenitude enriching another plenitude, the fullest measure of presence. It cumulates and accumulates presence" (Derrida, 1998). The surrogate becomes a mother by supplementing. Now we will look into the multiple and fragmented moral voices in the secular and religious discourses in Bioethics.

### **Ethical dilemmas: Reproductive technologies and commodification of human body**

Human body and tissues are considered as commodities with the emergence of assisted reproductive technologies. Theological and ethical questions abound when they touch on issues related to human dignity, sanctity of life, informed consent, human rights, justice concerns, and the moral implications of manipulating the natural processes of reproduction.

To the question of origin of life, Psalm 139 refers to a continuity of personal identity from conception to maturity. "You created every part of me; your put me together in my mother's womb. ... When my bones were being formed, carefully put together in my mother's womb, when I was growing there in secret, you knew that I was there- you saw me before I was born."

As sites offering medical resolution to the biological inability to reproduce, IVF clinics in India revolve around the very epicentre of moral, social and medical dilemmas, as well as the ensuing conflicts. The doctor/patient relationship as a result sometimes stands transformed. What is role of the State here, absent or surrogate? Does India provide life tissues as commodities freely available to the affluent nations? Do the poverty and material circumstances of some women in India turn their reproductive vitality – otherwise going to waste – into a commercially viable proposition? Questions of ethics and morality in this respect become commercial decisions where ethical deliberation only facilitates the recycling of entities made available in abundance. Secular and religious moral voices in Bioethics attempt and help to answer such questions.

### **Secular voices: Principles of biomedical ethics**

Tom L. Beauchamp and James F. Childress describes application of four prima facie principles in Bioethics from a secular perspective. In order to present a complete and comprehensible framework for biomedical ethics, they propose four principles of respect for autonomy, nonmaleficence, beneficence, and justice, to particular cases of medical decision-making or policy formation (Beauchamp & Childress, 1989).

To state these principles in a nutshell: Autonomy requires being free to make decisions involving one's own or a family member's health and well-being. Non-maleficence is about doing no harm; acting with no harmful or selfish motives toward another person or society. Beneficence means doing the right thing; providing or promoting well-being and preventing harm. Morality requires not only to treat persons autonomously and refrain from doing harm but seek their welfare. And Justice, the fourth principle means being fair. Beauchamp and Childress narrow down the scope of their enquiry by defining the term 'distributive justice' referring to "just distribution in society structured by various moral, legal, and cultural rules and principles that form the terms of cooperation in that society" (Beauchamp & Childress, 1989). Ideally, these ethical principles operate in harmony. In real life, they can clash dramatically. Experts say they struggle with such cases.

When principles conflict, a counsellor may try to balance and weigh each obligation. Sometimes that process reveals a clear course of action. Other times, the moral waters remain murky. Unlike other disciplines, where data may point to a definitive answer, a tricky case of ethics can become mired in conflicting values, emotions, and legal issues. Even the experts say there are cases in which there is no "right" answer.

When genetic defects are detected in a growing foetus, then the issue comes down to a choice of abortion or pregnancy, the choice is solely the woman's and is intensely personal. The primary function of informed consent is about "protecting and enabling individual autonomous choice" (Beauchamp & Childress, 1989). If the foetus is healthy, abortion cannot be justified morally. Then the counsellors should respect their clients' beliefs and feelings and allow them to make independent decisions, a crucial aspect of nondirective counselling. Only informed decisions are ethical.

### **Christian moral voices in bioethics**

Theological bioethics represents a variety of alternate discourses and practices from a bottom-up approach in contrast to secu-

lar bioethics begins the discussions mostly from top-down policy making. Roman Catholic bioethicist Lisa Sowle Cahill proposes an alternative understanding of public theological bioethics as *participatory*. Participatory theological bioethics can swing between “either conservative or progressive, right or left, prolife or pro-choice, market oriented or social-welfare oriented, or some combination of any of these” (Cahill, 2005). That means, a plurality of ethical positions is part of such discussions in a public space including that of interreligious discourse.

### **Roman Catholic moral voices: Solidarity (Shared moral values)**

Papal Encyclicals represent the official pronouncements of the Roman Catholic Church. In general, the Encyclicals endorse the primary intention of any sexual act as procreation. God promises offspring. But there is a distinction between the promise of procreation and command to procreate (Gen. 1:28). Pius XII condemned the involvement of third party in human procreation: Artificial insemination in marriage, with the use of an active element from a third person is equally immoral and as such is to be rejected totally.” Only the marriage partners have mutual rights (exclusive and non-transferable) over their bodies for procreation. Pius XII declares that every attempt in the performance of the conjugal act or in the development of its natural consequences which “aims at depriving it of its inherent force and hinders the procreation of new life” as immoral (Pius XII, 1951). The document calls for a correlation of natural law in conformity with the divine law and a healthy Christian conscience.

Pope Paul VI’s encyclical *Humane Vitae* (1968) is based primarily on Natural Law tradition. Natural Law is not derived from a special revelation from God. God’s laws are set in nature as can be understood in natural law, which is universally acceptable and inter-religious. *Humanae Vitae* defends the sanctity of married life and the holiness of conjugal relations. It contains the teaching of responsible parenthood and the transmission of life understood within the Christian vocation. (Paul VI, 1968).

*Donum Vitae* is an instruction published by the Catholic Church's Congregation for the Doctrine of the Faith (CDF) that deals with the moral and ethical implications of biomedical technologies. It affirms the sanctity of life from conception and dignity of procreation within heterosexual marriage. It considers IVF and experimentations with embryos unacceptable since they intervene in the natural processes of procreation. The document acknowledges that science and technology are valuable resources, yet they must be at the service of the human person with an "unconditional respect for the fundamental criteria of the moral law" (The Congregation for the Doctrine of the Faith, 1987). Science without conscience can only lead human to ruin. It further states: "Recourse to the conscience of each individual and to the self-regulation of researchers cannot be sufficient for ensuring respect for personal rights and public order." The statement is emphatic about the moral status of an embryo, that "they must be respected just like any other human person; experimentation on embryos which is not directly therapeutic is illicit." The Church's teaching called for scientists to adhere to morals and definitions as understood by the Catholic Church, which include the following: "Every being is unique; every being is the creation of God; and a human being or person begins at the moment of conception/fertilization and thus an embryo must be treated as a person" (Burfoot & Güngör, 2021). *Donum Vitae* also condemns Artificial Insemination by Donor.

*Donum Vitae* considers surrogacy as illicit since it is "contrary to the unity of marriage and to the dignity of the procreation of the human person. Surrogate motherhood represents an objective failure to meet the obligations of maternal love, of conjugal fidelity and of responsible motherhood; it offends the dignity and the right of the child to be conceived, carried in the womb" (*Donum Vitae*, 1987).

*Evangelium Vitae* (1995), makes an ardent plea to "respect, protect, love and serve life, every human life" In order to "find justice, development, true freedom, peace and happiness" (Paul II, 1995). John Paul II upheld family as the "sanctuary of life" and *church as the people of life and for life* [emphasis in the original]. In this con-

nection, the Pope emphasized how essential he felt it was to ensure that “in theological faculties, seminaries and Catholic institutions sound doctrine is taught, explained and more fully investigated” (Paul II, 1995).

Pope Benedict XVI urged infertile couples to shun artificial ways like insemination and IVF as they are expressions of ‘arrogance.’ He raised voice against donors and experts not to “play God.” He argues that “human freedom is authentic only when it responds to the fascination of technology with decisions that are the fruit of moral responsibility.” Benedict XVI insists that both professional competence and moral consistency are necessary in which an ethically responsible use of technology becomes inevitable. He further clarifies: “A particularly crucial battleground in today’s cultural struggle between the supremacy of technology and human moral responsibility is the field of bioethics, where the very possibility of integral human development is radically called into question.” The question is not just life is conceived but how it is manipulated in biotechnology, especially in cases of “In vitro fertilization, embryo research, the possibility of manufacturing clones and human hybrids” (Benedict XVI, 2009).

Many within the Roman Catholic Church support the commitment of revisionist moral theologians who, at risk to their standing within the Church and to their academic appointments in Catholic institutions, continue courageously to wrestle as Catholic moralists with issues of moral perplexity. Others revere an authoritative ecclesiastical hierarchy.

Charles Curran accepts IVF under certain circumstances. Discards and losses are minimized as much as possible. Assurance must be made that the danger of harm to the child-to-be is about the same as normal conception. The procedure is limited to an established heterosexual couple. Revisionist theologians like Curran argue that even though ARTs frequently may not involve sexual activity for reproduction, they can occasionally satisfy the procreative role of marriage at an interpersonal level (Salzman & Lawler, 2021). Curran chose to be a spokesperson for theologians who dissented from the teaching of *Humanae Vitae* that artificial contraception is

always evil. This cost him much as he was officially removed by the church from a teaching position. Roman Catholic theologian Lisa Sowle Cahill calls Charles Curren's position of theological creativity on discussions of Catholic bioethics as a "faithful dissent" with his lifetime theological vocation to inspire coming generations of Catholic theologians (Cahill, 2020).

Reformed ethicist James Gustafson identifies four types of bioethical discourses: ethical, policy, narrative, and prophetic. Cahill suggests a fifth type; *participatory* discourse, making possible to understand public theological ethics as participatory in a multiplicity of social movements and networks from the grassroots (from below) to the global practices in a context of increased globalization. "Participatory theological bioethics can mediate between a Christian worldview emphasising a transcendent horizon of meaning, solidarity, and special attention to the most vulnerable," providing practical initiatives to "respect, serve, and empower" the vulnerable in every population, local and global. (Cahill, 2005).

### **Orthodox moral voices: Sacredness and sanctity of human life (covenant)**

Orthodox Christianity lives in an understanding of morality unaffected by Scholasticism, the Renaissance, the Protestant Reformation, and the Enlightenment. The age of the Early Teachers of faith is coterminous with the unbroken presence of the Holy Spirit. Scriptures are the major source of revelation which is appropriated by church, the body of Christ through the illuminating presence of the Holy Spirit. In other words, even when the Scripture is silent about some of the modern bioethical questions, the Holy Spirit will lead the faithful into all the truth (John 16.13). Orthodox Christianity contrasts with both Roman Catholicism and most Protestant faiths in rejecting a notion of moral dogmatic progress. The tradition of the church is as important as the Scriptural tradition. The age of the Teachers of faith has not ended, for all of theology is always fully available to all who, embedded within right worship (Liturgy), experience God. Orthodoxy is often depicted as "right faith." It correlates with "orthopraxis" meaning "right practice." Stanley

S. Harakas defines Orthodoxia as “correct belief” (as the Greek *orthon* means ‘correct or right’) indicating that Orthodox Church “has maintained the original, true and correct understanding of the teachings of Christ and the Apostles for the twenty centuries of its existence.” He mentions an interrelated meaning of the term to indicate “the true worshipping Church” as *doxa* in Greek also means “praise or worship” (Harakas, 1982). Orthodox reflections do not provide a set of guiding moral rules and principles that can be followed in isolation from an Orthodox way of life.

Orthodox Christianity affirms the sacredness and sanctity of human life as it is “a *gift*, freely bestowed by the God of love” (Breck, 2000). John Breck marks a distinction between ‘Christian ethics’ as a Western category whereas, “Eastern” Orthodoxy traditionally focuses on “moral theology,” “which is basically traditional ascetic theology: exposition of the interior struggle toward sanctification through the grace and transfiguring power of the indwelling Holy Spirit” (Breck, 2000). Abortion is proscribed because it involves taking the life of what should become a human person. Independently of whether the foetus is yet a person, Orthodox Christianity treats any individual as killing a vulnerable living entity. Orthodox priests, bishops, and churches have responded by placing contemporary biomedical issues within the thought and framework of the Apostles and the Teachers of faith. Contemporary reflections and those of the Teachers are united in the liturgical now of Orthodox Christian prayer, which is the source of all its theology. Because the history of Orthodox Christian medical ethics is that of a struggle against error and heresy to maintain Orthodox faith.

Regarding the basic questions of morality of reproductive procedures, the question of when does life begin is fundamental. Harakas affirms the sacramental character of Christian marriage and warns against any third-party interventions in the act of procreation and that the Church has a moral responsibility “to protect mental and spiritual welfare of the unborn child” (Harakas, 1982). Orthodox conviction is clear about the affirmation that “human life begins with conception, meaning fertilization.” The question about the morality of medically assisted procreation begins with that basic

premise which “demands full respect” (Breck, 2000). Considering the fact that procreative technologies have advantages and potential blessings, yet the dangers of abuse are even greater. Breck also reckons the fact that to honour the “sacredness” of life requires that the transmission of life be accomplished by the “one flesh” relationship of two persons joined in a “monogamous, heterosexual, blessed conjugal union” (Breck, 2000). Breck exhorts the church to “act as the *conscience* of society through evangelization and moral persuasion” (Breck, 2000). Regarding the question of manipulation of human embryos, John Breck and Lyn Breck describes the moral responsibility of the church: “Human life—from fertilization until biological death—is a sacred gift, destined for a greater and more glorious existence than our minds and hearts can imagine. Our moral responsibility, before God and before each other, is to acknowledge that sacredness by preserving and protecting human life at each and every stage of its existence” (Breck & Breck, 2005).

### **Conclusion**

Roger A. Shinn offers a clear direction: “A creative ethic usually comes from people who live out of, yet continuously renew and revise, a tradition. An ethic for today and tomorrow must combine heritage and expectation, courage and caution, fidelity and innovation. It must relate commitment to tough-minded factuality, imagination to hard evidence, vision to reality” (Shinn, 1991). This entails what Roger A. Shinn calls as “forced options” in ethics. Speaking about the importance of dialogues on biomedical decision-making, especially between the secular and religious voices, Harakas encourages everyone to participate in such discourses, from which no one should be excluded (Harakas, 1999). This is what Cahill calls as ‘participatory’ discourses in bioethics.

Both Roman Catholic and Orthodox bioethics endorse the sacredness of the divine gift of life. Roman Catholic moral position is centred on Natural Law ethics. It brings out a system of shared values like virtues and is mostly based on Papal instructions through encyclicals. Orthodox perspectives rely on the teachings of the early Teachers of faith and make sacredness of life as integral to its litur-

gical life illumined by the Holy Spirit. The modern ethical voices incorporate the contextual realities from a situational perspective to face the perplexing ethical issues in Bioethics. Participatory ethical discourses and informed decisions are ethically sound initiatives in Bioethics. A conversation between concepts of solidarity (shared moral values), sacredness of life (covenant), and human dignity, can foster a harmony of ethical voices.

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