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Faithful Judgements: Moral Pioneers Between Faith and Biomedicine
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This lecture is based on research that I have been carrying out, together with my colleagues Dr Jackie Haq from Newcastle University and Professor Sarah Banks and Dr Robert Song from Durham University, over the last 2 years. The "Faithful Judgements" project aimed to examine what it means to be a member of a faith group encountering novel medical technologies, and particularly how faith affects the moral sense that people make of them. On previous occasions when I've presented this project it's been to audiences of social scientists and clinicians, and I've stuck very consciously to "telling the data". Today I'm going to give myself a little more leeway to interpret the findings of the study, for an audience of healthcare chaplains, largely (though not solely) Christian chaplains, and point to some of its messages for healthcare chaplaincy in the 21st century.

When I first was asked to give this lecture, I had no hesitation in saying yes. For one thing, all of us on the research team have a strong committment to ensuring that research findings don't remain solely in the academic domain but are available and useful to inform the thinking and practice of the people most directly concerned, both professionally and otherwise. So I jumped at the chance to speak to a group of people who interact with those who are making 'faithful judgements' on a daily basis.

But the other reason I said yes without hesitation was that I hadn't looked at the website! Having done so it's with some trepidation that I'm standing here, and realizing I'm following a series ordained ministers (many of them bishops or archbishops) and theologians. I'm not a bishop. I'm not a theologian. I'm not even 100% Church of England; baptized Roman Catholic, I did choose to be confirmed into the C of E when I was 22, but have made my spiritual home among the Quakers, the Religious Society of Friends, for the last 27 years.

Professionally I'm a bioethicist, and since I've found that quite often people don't know what that is, I'll explain a little about what I do and why I do it. Bioethics is a discipline that looks at the ethical aspects, not just of medicine, but of the life sciences and biotechnology in general. Its remit is broad, and it is highly interdisciplinary. Many people who end up being labelled as bioethicists are migrants from other areas, like moral philosophy or law. I myself started as a biochemist and molecular biologist, researching mostly in neurobiology, until the mid-!990s when I helped found a bioethics unit at the university of Basel.

Bioethics has always been dominated by the professionals' opinions – the thinking of theologians, philosophers, medics and lawyers. My research over the last now nearly 20 years on the other hand has been directed towards the people most affected, the 'ordinary people' who have to use these new technologies: what they think of them ethically, and more broadly, how a society comes to create what Margaret Walker has called a 'moral understanding' around a new medical possibility. So that's not just how individuals decide whether or not personally to make use of it, but how unaffected people come to some kind of personal or collective opinion about them.

Back in 2002 I led a research project, funded by the Wellcome Trust, which was called 'Ordinary Ethics' and which was the first attempt to investigate how people who were not medical or philosophical professionals go about making bioethical evaluations. Part of that project involved what we called dialogue groups, where 4 to 8 people were given a fictional vignette or scenario involving an ethical dilemma around a new biomedical technology and were asked to explore, collectively, their thoughts about it. We were trying to get a better understanding of things like the background information people draw on, their reasoning processes, and the sorts of story, or metaphor, or analogy, or language, that people find helpful to working their way from a very unfamiliar area to some kind of moral understanding.

An observation I made then was that some people in the dialogue groups introduced their religious beliefs as factors influencing their thinking. But usually, because the discussion did not come billed as a 'religious' one, they then did not go take those comments any further. And because the project was not looking at the faith aspect I wasn't able to follow it up at the time. But I stored it

away in my heart, as the saying goes, with the aim of getting another project together to look at that in detail. Those of you who know about the vicissitudes of research funding these days will grasp why it took the best part of 6 years, but in the end the Economic and Social Research Council funded a two-year project with myself as principal investigator.

The central question we have been asking in Faithful Judgements was: Do religious faith and practice influence lay people's ethical evaluations of new reproductive and genetic technologies (NRGTs), and if so, how? By NRGTs I mean any medical technology developed since the late 1970s to diagnose or treat infertility of various kinds, and diagnose (treatment becomes a more contentious point here) various kinds of genetic diseases. We chose NRGTs for two reasons.

One is that they take us into uncharted and sometimes unexpected social and ethical territory. In many cases we are no longer talking about *alleviating suffering*, but of offering complex and difficult *choices*, shifting *responsibilities*, and generating new forms of *social relationship*. For example: infertility isn't new, and there are long established ways of addressing it -- adoption and surrogacy, even sperm donation, are pretty familiar. But egg donation isn't. Nor is freezing ovarian tissue to preserve fertility until well past a woman's natural fertile years, is, or to preserve fertility during cancer treatment. Artificial wombs – we haven't had them before.

And similarly, the pain, suffering, disability and early death due to genetic disease aren't new. There are theological, pastoral, and community resources to help people experiencing them. But genetic tests that are cheap, rapid, and available online, or perhaps over the counter – that's new. So is preimplantation genetic diagnosis (PGD), whereby embryos made in vitro are generated and tested for genetic disease, and the 'right' ones transferred to the uterus – avoiding the obvious moral quagmire of abortion, but in doing so producing other, less familiar, questions around the selection of human beings and just what characteristics it is right to select for or against. And then there are things like mitochondrial donation – some of us may not have heard of it until the government consultation on it last year, but if developed appropriately it's likely that this technology could become clinically available quite soon. This would then be the first instance, not of a child having 3 parents, but of a child being

genetically related to 3 separate people, and the first instance of a person whose genetic lineage has been deliberately altered prior to birth. How many chaplains would really have an instant answer for a couple who presented saying, mitochondrial donation – can we do that? Is that ok? What are the implications for us a Christian couple, as a Muslim family?

As a society overall, we don't yet have well established narratives in which these situations can be part of a biography or a social identity. We do have a shared moral understanding that having children is a good thing, and therefore treatment that enables you to have children if you want them but can't have them is on the whole a good thing, and that, if you want to put it in that language, God would probably approve. What we don't have is background agreement on whether egg donation is a good thing, for example; whether it's a good thing is unless it's paid for; whether being an egg donor is something to go public or keep quiet about; how a woman goes about being a 'good' egg donor? And so on. Gradually, we are evolving consensus around those points; but the pace of biomedical innovation means that just as we get comfortable with one new way of making babies or diagnosing disease, a new way with its own promises and troubles is opened up. And that pace of innovation is unlikely to change in the near future.

Precisely because these technologies are new, the surrounding moral, spiritual and pastoral terrain is only sketchily charted. This means that the people faced now with making those judgements are not merely doing their own moral work; they are what the anthropologist Rayna Rapp described as 'moral pioneers' who are at the forefront of the processes that knit together our collective moral understandings.

The second reason we chose to look at NRGTs and faith is because of the *kind* of moral difficulties they raise. They aren't superficial or trivial or of purely academic interest. They are to do with important things like the meaning of families, the balance between accepting or trying to control events, whether there are natural limits to human intervention, the responsibilities of individuals to families and families to the wider community, how to think about global justice against a background of immense local privilege; you can't get much more fundamental than issues like these.

Within the broad theme of faith, we were asking several questions within that, such as:

- how far do people of faith draw on official teaching of the religion, accepted practices of their religious group, their own experience, or resources?
  - what processes of reasoning and forms of language do they use?
  - do they experience particular difficulties in making use of NRGTs?
- do they perceive conflicts between the requirements of their faith group and the wider secular consensus reflected in law and policy, and if so how do they respond?
- do participants want or feel able to introduce their religion into public consultations and debates on NRGTs that may influence legislation?

To answer these questions we decided that the primary focus would be on people with direct, firsthand experience of making these decisions and going through these hoops. At the same time we'd also run the dialogue groups as in the Ordinary Ethics project, with people without firsthand experience, who can only speak hypothetically but sometimes also more objectively.

From the outset we were very clear that this was a scoping project. We were not going to attempt a comprehensive survey across even one single denomination within 2 years. We felt it would be of more interest, and likely to be of more practical utility as well, to look for commonalities that come from being a person of faith (however defined) encountering these life experiences in a society in which the traditional structures of belief are no longer taken for granted, where personal faith as traditionally understood is no longer the norm, and where the role of religion in public and political life is highly contested; and moreover where the policy framework that surrounds these highly regulated technologies necessarily reflects this context.

Over the next 2 years, we conducted 20 interviews with people who had had direct experience of some kind of NRGT, conducted 18 dialogue groups, and also spoke with 16 faith group leaders. We were talking with people drawn from Christian and Muslim populations. There were reasons why those two, which I won't go into now; and I won't go into the details of how we did the recruitment either. The material is hugely rich, and our analysis is still ongoing, with a lot of

fascinating and sometimes unexpected themes emerging. Today I'm only touching on some areas I think most likely to be of interest to you:

- The impact of infertility or genetic disease, and/or the NRGT, on faith
- Sources of faith guidance/information
- How faith is treated by healthcare providers
- How the church deals (or fails to deal) with pioneer territory like this.

The quotes I'll be using are drawn largely from our Christian respondents, but bear in mind that the findings apply more generally to both Christian and Muslim participants – with some exceptions that I'll highlight when we get to them.

## The impact on faith.

Those who took part self-identified as 'a person of faith' or someone for whom their religion is an important part of their lives. They expressed this in different ways, often that their faith was an indissoluble part of their identity:

It's who I am, my faith, I can't separate it from who I am, it's the most important part about me. So any decision, hopefully, well, y'know, not which coffee to have, that's pretty boring, but what to do with my money, what to do with my time, all of these things, I give to God. So, things like how are we going to have our family, definitely, God's got to be in the middle of that. (Woman member of Evangelical church)

The experiences of infertility or familial disease, or of deciding on treatment, has a profound impact on people's lives. That is as true of nonbelievers as it is of people of faith. But for most of our interviewees there were additional emotional and ethical issues associated with their beliefs; and given the importance of those beliefs to them, the difficulty can be intense. Often, these are the very well known questions of theodicy, suddenly made immediate and personal: why is God putting me through this? Is it even meaningful to say

that God is putting me through this? Why doesn't God answer my prayers for a child, or for the genetic test to be negative?

It's been difficult because I think it really takes you back to the core of what is faith all about because if you believe in an all-powerful, all-loving God, and you're faced with this crisis...before, those were things that I just believed and I took for granted. But now when I most need that shoulder to cry on, and it is God who I need to talk to, because I, yeah, because I am angry with him, you know. Where are you? And why haven't you been here for us? (Woman member of Evangelical church)

Now these are moments of human pain and questioning with which chaplains of all flavours are familiar, trained, and experienced in supporting people going through that. What is new – and this was very clear from interviews with faith group leaders too -- is that the possibility of effective interventions, real and concrete acts that can allow infertility or familial disease to be overcome or sidestepped, aren't just happy things, but themselves present new ethical questions and, to the believer, the task of working out on perhaps several possibilities with which they are presented, but also their own relationship to the guidance provided by their faith group – if any.

That last point I'll come back to. But the take home message for now is that, although for some of our participants their faith was a comfort or support in time of trouble, it also presented them with 'hard questions the secular need not face'. And as a result we heard things like:

Nothing had shaken [my faith] this much. Where's God in this? Why is this happening? Um, nothing had ever got to the heart of me in the same way as fertility treatment had. (Woman member of Anglican church)

Some people we spoke to were still the middle of this turmoil. Others, however, had come through to a new place in their faith. And some were able to say that the process that they had had to undergo had strengthened their belief (and it's important to point out here that this response wasn't restricted to the

people where treatment had worked, eg they'd come out with a baby, but sometimes when it had failed):

So it was totally devastating, and it was definitely the moment that my faith took on a different level, I think. It went from being quite simplistic black and white, this is right, this is wrong, to lots of shades of grey. My fundamental faith is absolutely the same and in fact stronger through this, much stronger, much more real, but I think life's just not as simplistic. And that's—I really am actually very grateful for that. That whole experience. (Woman member of Evangelical church)

Through this process obviously [I experienced] erm levels of stress, uncertainty, and loss of identity almost. What am I doing here? am I good enough? and all those ideas. It was existential ideas really, [they] stirred my heart and my mind I suppose and I suppose [my husband's] mind as well, and I think that in a way set us on the path of stronger faith. So rather than faith guiding us to do this, it's more it's set us on the path of faith [laughs] (Sunni Muslim woman)

### Sources of faith information and guidance

So, when faced with these extreme experiences, what do people of faith need and where to they go to find it? Most people said that what they lacked was knowledge of their faith group's position on NRGTs. First of all, they needed basic information about whether for example sperm donation or egg donation or PGD was something fully endorsed by their church, or on the other hand rejected by it, or permitted but with reservations, and so on. Not even knowing this could be unsettling in itself:

...it was probably the first time I had no idea, like no feeling for is this right, is this not? Usually you know, even if you ask an imam or whatever ...But here, no idea. Not me, not J. And for both of us it like the first time for that and it felt really we had suddenly stepped into a dark room. (Shia Muslim woman)

If they don't know, they try to find out. Some sought specific information produced by faith groups; on the whole either there isn't much, or people don't

know where to find it. In fact it was our Catholic respondents were most likely to have success here, because the position of the Roman Catholic church on assisted conception is readily available in print and online. Some looked to the Bible or Qur'an, though it's important to emphasise here that they knew very well that they weren't going to find there a scriptural statement on genetic testing, for example, but rather guiding principles.

But once they *have* information, very often those directly affected still have some kind of decision to make. The nature of that decision, and how it is made, was where we actually found the greatest differences between Catholics, other Christians, and Muslims. Since for Roman Catholics the official position of the church on forms of assisted conception, and on PGD, is rather clear, the decision is whether to follow that, and if not, to come to terms with what that means for their relationship to the church as a whole and their immediate faith community. Our Muslim participants were more likely to say that on a matter like this they would expect there to be a diversity of opinion within Islam, and that their responsibility was to seek out information and to decide which scholarly opinion they would follow.

As you'd probably anticipate, the C of E's position is liberal, nuanced, pastorally compassionate – and I have to say, it's experienced as resoundly unhelpful by many of our interviewees. That's something else I'll come back to.

We asked people where they turned for help in this discernment process, and for support with whatever choices they made. Prayer was important, especially for Christian interviewees:

If I had gone to the next step [of genetic testing] I'd have prayed about it a lot. I don't know that I would have expected praying about it to give me a kind of steer one way or the other about what the right thing to do was...it would have felt like putting it in a context where I could have been clear about what mattered. I would have asked for help seeing it clearly from God...particularly if I'd found that I couldn't bear to do what I thought was the right thing to do, then I'd have needed forgiving for having done the wrong thing because I simply didn't feel strong enough to do the right thing. (Anglican man)

I just thought, I need this comfort, I need to pray, and I did, I went in and prayed every day. I think it was from the day that they thawed [the embryos], I actually went into church every single day and lit a candle...I could see the irony of going and praying for something the Catholic church doesn't actually agree with, but it was my choice and it was what I believed and you know, I was searching for that support [from prayer] and I believed I would get it. (Catholic woman)

But although prayer can be a support it can also be problematic when it seems unanswered:

Why, when the whole of our church is praying for [us to conceive] and we've seen healing before in our church, are you not healing him? (Anglican woman)

Or when the faith community is such that unanswered prayer prompts judgement:

There's no doubt though within the [Evangelical] church groups there's this way of thinking that if you pray and it doesn't happen then either that's because you've got some kind of sin in your life, or there's something blocking the blessing coming through. (Woman member of Evangelical church)

This brings me to the next observation: from what people said, their immediate faith community isn't the support they had expected, or hoped. For the majority of Christian and Muslim interviewees, issues of fertility and familial disease were not shared with other members of the community; they are usually considered too private, sensitive, sometimes a source of shame; and where they were shared, the response of the faith community could be ill informed or inadequate:

You kind of look to your faith community for support through all of this...You probably expect more from people that are in the church, than outside the church, and people generally are just not that well equipped. (Man member of Evangelical church)

So there is something that might need looking at here in terms of raising awareness within the faith community about these issues and about the specific difficulties some of its members are encountering.

And finally -- what about faith group leaders – ministers, imams, priests – or indeed chaplains? These are after all the people who mediate the official teaching, who support and guide and counsel, and who you would imagine might be the first port of call. This is one of the key findings of the study: often, they are the first port of call, but that people of faith who turn to them for information and/or help in discerning the right thing to do, generally aren't getting it.

My faith group leader gave me some very wise things to think through but also, bless him, he was kind of out of his depth. (Woman member of Evangelical church)

You know, I understand the general consensus Islamically is that it's ok to do IVF but do they know exactly what's involved? [laughs] I don't know. (Sunni Muslim man)

There's a sense of disappointment and frustration here, a feeling that the faith group leaders who have pastoral contact with people in these situations are all too often just overwhelmed: they don't have the information to hand, they are (understandably) challenged to keep up with the pace of innovation, they don't know themselves where to go to find out more, and they don't yet have much practical experience in accompanying their faith group members through these events.

# How the church deals (or fails to deal) with pioneering territory like this.

What we're being told by both members and leaders we interviewed is that churches are not (yet) engaging effectively with the reality of NRGTs, or their use by faith group members. Of course, many religious bodies give input to the consultations run by bodies like the Human Fertilisation and Embryology Authority or the Department of Health that seek to identify public opinion on new technologies. And of course bishops can take part in the House of Lords debates about them. But certainly for the non-Catholic Christians, and most Muslims, there isn't much dissemination of the faith groups' position, or positions, or sometimes indeterminacy of position. Nor is there a strong sense among the people that the leadership, that is the kind of people who sit on the committees who set out the faith group position in consultations, are taking the realities seriously.

It's not an area the church has really thought through very much...I think a lot of churches are assuming Christians don't do that kind of thing, um, when actually Christians are starting to do this kind of thing because that's their best option. (Woman member of Evangelical church)

# How faith is treated by healthcare providers

Here are people of faith, confronted with these existentially seismic situations – I may never have the family I assumed I'd have; my children may inherit a devastating disease from me – are struggling to place that situation within a faith context. And what they are getting from their faith group leaders or their communities is, on the whole, not meeting those needs.

One other place where those needs might be met is the clinic itself. But while most interviewees spoke very positively of the *clinical* aspects of their NRGT experiences, when it came to faith issues they felt that, far from this being an alternative source of the information and support they needed, within the healthcare setting as a whole faith issues are sidelined or perceived as a problem:

Just when you're filling in consent forms. That's the only time faith's ever mentioned. (Catholic woman)

I was this problem, this spanner in the works that were running so smoothly before. (Shia Muslim woman)

Over and over again, interviewees told us how difficult they found it, within a clinical encounter where they are worried and scared and out of their depth anyway, to be the one to raise 'religious' issues; to say, hang on, I want to talk about this before we go any further. At the same time they do recognize that for healthcare professionals to raise matters of faith can be tricky:

...religion though is such a touchy subject and I can understand doctors or healthcare people in general, even if they are sympathetic, thinking 'Er, just don't go there' if they're afraid of getting it wrong or touching a nerve. You can see questions about religion being taken the wrong way easily. (Shia Muslim woman)

I think it's worth noting that these comments on the difficulty of talking about religion in the clinical setting, were very often linked to more general comments about the marginalisation of religion today – felt by different faith groups in different ways:

But I think, today, in society in general.... I don't know if I'm right in this, but it seems Christians more than other faith backgrounds are seen as a little bit, slightly quirky, bit oddball, yeah I mean, 'We've moved past all that, we're done with that'. Where, y'know, Muslims probably get a whole load of bigotry and a whole– in another way, but I think Christians are just seen as a bit silly. (Woman member of Evangelical church).

And that also has some ramifications for the ability to include faith perspectives in public bioethical debate. One Shia Muslim interviewee spoke about speaking in public as a member of a particular faith group, and in general as a person of faith. When I asked, *If you were taking part in a public discussion or a consultation event or something like that, would you want to or would you feel happy to identify yourself as Muslim? Or to er introduce let's say a faith perspective into the debate?* 

Maryam answered:

It would depend you know on the setting and and context. But mostly probably not..... It just causes too much trouble. People are – [sighs] there are just so many stereotypes and prejudices and as soon as you say that, you are identified or you identify yourself as Muslim, and you can see people's attitude towards you changing. [She goes on to talk about the importance of her Muslim identity]: So [the importance of that identity] means that if I were to be taking part in a debate or discussion or in public, I would sort of feel almost dishonest not outing myself..... On the other hand, I would be afraid of that change in people's attitudes, yes. Even if it's not hostility there is also the dismissive side. Oh she believes this stuff, she must be mad or stupid. So your views have less weight.

I: Do you think that's a general attitude towards religion, not just Islam but other religions, today?

M: Yeah, that's my impression.

Before we go on it's worth pointing out that, aside from the immediate faith group community or the clinic, another possible route to information and guidance is the internet. So it is not surprising that many participants go online, with the attendant risks: we heard, "I googled what the Catholic church had to say", for example. This approach was particularly common for Muslims who are used to accessing online fatwa banks. Some also found mutual support especially in blogs and through Twitter. Others were more hesitant:

Yeah, I'm just not 100% comfortable with that because I know people do it, people in the community who do it, but it does seem to me you lay yourself open to, erh, I just mean you don't know where this advice on the internet is coming from. It could be anyone and sometimes they are, you know, really whacky and you can tell that immediately but maybe you can't always tell that straight off. (Shia Muslim woman)

# So what's going on here?

Here we have a situation in which people of faith confronted with difficult knowledge about infertility or genetic disease, who need to operate within the moral framework of their faith, tell us that they feel they had had no opportunity in either the faith group context or the clinic to think through their stance from a faith perspective. What comes across then in these interviews with people who've been at the sharp end of these choices, is the sense of lostness, frustration and disappointment with and, at its worst, abandonment by the faith group.

It was getting us involved into an area where there was not a consensus from the scholarship and again, dealing with the advanced technology which a lot of scholars are not up on [laughs]. Er and so it was left to our own conscience really. (Sunni Muslim man)

Sometimes these people are so much the moral pioneers that Rayna Rapp described that they find that *they* find they have unwittingly become a resource for the church:

Um, and there again, they didn't wanna touch—in fact when I started asking the questions they said, it sounds like you've done a lot of thinking, do you mind if I put other couples in touch with you. Um, ((laugh)) it was, you can all find an answer together almost. (Man, member of Evangelical church)

A point I think needs emphasising here is that when people talked about needing help or guidance it wasn't about wanting or needing to be told what to do. I emphasise this because I think that's often how discourse of guidance from the faith group is interpreted from the outside.

I would take advice from the leaders, I would speak to them about things.

But I think on the day-to-day kind [level] you have to be making these decisions on your own. And so, I think, on a day-to-day level and working these things through,

it was much more about what my husband and I felt was right before God, I guess. (Woman, member of Evangelical church)

Our interviewees don't usually want to abdicate responsibility for making a moral decision by handing it over to the faith group. The kinds of metaphors that we heard them using were of needing resources to help them draw a map, that would provide a framework, that would accompany them, provide an echo of their own thoughts.

They do want there to be someone who can explain their faith group's position (if it has one!) – and explain why it doesn't, or has more than one, if that's the case – and who is sufficiently up to date with dazzingly fast moving developments that the patient doesn't find him or herself in the position of having to explain something like mitochondrial donation to their priest.

They also need someone who recognizes that having ethical or spiritual difficulties because of their beliefs, and wanting to talk these through, does not automatically mean a rejection of the NRGT. It's possible to question and to be ambivalent, even remain ambivalent, without rejecting. And this may sometimes be hard to understand for those outside the FG, and unfamiliar with the often complex ways that people can negotiate a relationship with their church's teaching and their own moral identities:

I was chatting to one of the embryologists about how many [embryos] to thaw and I said morally, I really struggle with this decision. And even though I have to say she was so nice, effectively she was saying if that's what you struggle with you're probably sitting in the wrong clinic doing the wrong thing. So I just backed down and I didn't say any more about it....[But] it doesn't mean we don't want to be there and it doesn't mean we don't want to do it. It just means it's adding another dimension to it. (Catholic woman)

#### Our interviewees need

.... somebody to help process it. On this particular angle in the ethical dimension, that was somewhere where was trying to get some input, some sort of

objective input. Because you almost feel there is a scientific aspect and there's a faith aspect that needs to be processed and, for any individual who's coming along, they have an element of both. But if you come in with a faith aspect and [the clinician] totally disregards that and just says, this is what you have to do because this is the protocol...you still have to go away yourself and process that. This is what I've been told, but how do I integrate that with my faith?

(Anglican man)

To be clear: what this is about is more than the lack of information on any faith group's position on an NRGT, although as we have seen that is an important area where members of different faith groups face different challenges. This is why a page on a website about faith group positions, although it would be a help, won't solve all the problems. And it's even more than making a decision. It's also about people having a space in which to incorporate the situation face into the ongoing narratives of their lives and their 'faith journey'. This has to be a space in which they can comfortably use the religious language and concepts they find familiar and meaningful. There is it seems a lack of such space.

I said earlier that as a society we don't yet have consensual moral understandings of these practices, roles and identities. Faith groups, churches, share that general societal difficulty. On top of that, they also need to place, for example, new forms of family within evolving models of what Christian or Muslim or whatever families are expected to be like; or how to cope with a family story of illness that we now understand as genetic. And that takes us into deeper, less contingent, often more abstract theological issues, in particular the question of placing limits to human power and agency. More than anything else, I think, NRGTs (those that exist, and the ones coming over the horizon) are about the possibilities of changing a situation and choosing a different kind of futures, but where (at least at the moment), knowledge is inadequate and the outcomes are probabilities rather than certainties. In our dialogue groups in particular (and remember the DGs had the luxury of being able to look at these questions from a more abstract perspective), there was some discussion of whether the use of these technologies constitutes an illegitimate interference into what God

might plan for our lives. It's interesting that only a few think that technology was usurping God's territory: many more saw the knowledge and the technical developments as products of human ingenuity and as such, God given, particularly when they are being used to ameliorate the human suffering of disease or childlessness. And yet in both dialogue groups and interviews people also acknowledged ambivalence towards having the responsibility to choose not just to have a child, or when to have it, but of being able to select at least some of that child's characteristics ahead of time – as with PGD and similar selective technologies. They, along with many nonbelievers, question whether we as a species have enough knowledge to do that; but they are also asking whether this is, possibly, another instance in human history where we can, perhaps should, act as co-creators with God.

As more than one interviewee said, clinics and churches alike are well aware that when people are confronted by the life or death issues of terminal illness, bereavement, miscarriage – these are occasions when people of faith, and not just them, look for some kind of spiritual comfort and try to make some kind of meaning out of individual or family sorrow. What has been neglected so far are these other situations, the ones that don't appear to be necessarily about life or death, but that nevertheless present hard questions of existence and meaning that at least some people clearly need to place within their faith lives.

This neglect is also revealed in one quite concrete example: the absence of prayers, liturgies or hymns for these experiences. I'm not an expert in this area (Quakers aren't big on liturgy) but as a result of the research I spent some time investigating what is available; and it does seem that while there are numerous collections of prayers, hymns and rituals for wholeness and healing, for facing death or living with illness, there is nothing really that addresses the uncertainties and puzzles and new responsibilities of this very unknown territory.

One of the dialogue groups was held in the context of a residential weekend on hymns and liturgies for healing. As a result of our discussion, the group produced some words for morning prayer, some of which included:

We come with our sense of the world's pain

Longing for God to bring healing.
We come with our helplessness and confusion
Asking God to give us courage for the struggle.
We come with our anger at oppression
Crying out to God to bring justice.
We come with our doubts and our hopes
In faith that God can work through us and with us

As far as this goes, these are fairly standard words about pain and healing. But the group then went on to write these words:

In our ever-expanding knowledge with concepts and jargon that excite and scare us **God of wisdom, help us.** 

to being healing to our broken world.

In the broadening array of choices that claim to empower, but often bewilder us **God of mercy, help us.** 

In the untried roles and identities where we step into unknown expectations **God of creation, help us.** 

In the unmarked transitions where we need to construct rites for new passages, **God of change, help us.** 

In the decisions that confront us, where human choice is partnered by law and regulation, **God of justice, help us.** Amen.

And this is what I would like to end with. This prayer is an articulation of the work of these moral pioneers, the people of some kind of faith struggling at the sharp edge through to a moral and spiritual understanding of the biomedical country ahead. For me it's been an enormous learning experience and a privilege to share a little of that work with them; and it's been a pleasure to be able to tell you about some of it today.

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