Wilson D. The Making of British Bioethics. Manchester (UK): Manchester University Press; 2014.

Chapter 2 Ian Ramsey, theology and 'trans-disciplinary' medical ethics

During the 1960s and 1970s Anglican theologians increasingly endorsed 'trans-disciplinary' discussion of new procedures such as IVF in societies and journals dedicated to medical ethics.[1] Although theological engagement with medical ethics was by no means new, it increased from the 1960s thanks to a decline in religious belief. Figures such as Ian Ramsey, an Oxford theologian and later Bishop of Durham, endorsed greater engagement with social and moral issues to maintain the Church's relevance in the face of increasing secularisation. Ramsey and other theologians did not claim that interdisciplinary debates were necessary because procedures such as IVF raised unprecedented moral dilemmas. They instead believed that IVF touched on longstanding moral questions such as 'respect for life', but argued that collaboration was needed because these questions had become hard to resolve in secular societies that lacked 'a common morality'.[2]

Crucially, these theologians emulated their predecessors by positioning themselves as ancillaries to doctors. They did not criticise procedures such as IVF and did not seek to involve themselves in medical decision-making. They also believed that the new 'trans-disciplinary' societies and journals should be considered as medical bodies and should work to 'safeguard the doctor's role'.[3] This stance ensured that while discussion of medical ethics increasingly involved professions other than doctors, it was still undertaken primarily for their benefit. Interdisciplinary debates in Britain consequently differed from those that were termed 'bioethics' in the United States, where outsiders publicly questioned the expertise of doctors and scientists, and took an active role in determining professional conduct.

'Brave new medical world': IVF, ethics and 'the biological revolution'[4]

By the late 1960s clinical research was not the only procedure that aroused public concern or prompted calls for outside involvement with medicine and science. Research on DNA and the induction of genetic mutations, the creation of cross-species hybrid cells in tissue culture, advances in organ transplantation and work on IVF all contributed to media reports on a so-called 'biological revolution', in which researchers had acquired 'vast control of our physical environment' and were able to manipulate life on an unprecedented scale.[5] But in line with the 'backlash against professional society', this coverage was largely ambivalent and questioned the social and moral implications of research. As the playwright Dennis Potter claimed in *The Times*, it had become 'the taste of the times to look around the laboratory, then to look ahead and shudder'.[6]

Popular writers such as Gordon Rattray-Taylor warned of a 'biological time-bomb', whose dangers equalled those of nuclear weapons and threatened 'nothing less than the break-up of civilization as we know it'.[7] Broadsheet and tabloid newspapers also linked biological research to fears over nuclear weapons, claiming that biologists were 'taking over where the physicists left off' and questioning whether they could be trusted to 'handle the properties of life, death and destruction … as casually as if they were sunflower seeds'.[8] Television coverage was similarly foreboding. A BBC documentary screened as part of the *Towards Tomorrow* series, for example, presented cell fusion, genetic engineering and IVF as an 'Assault on Life' which raised 'grave legal, social, religious, philosophical and spiritual questions'. The documentary's narrator claimed that the public was right to distrust scientific claims that research posed no dangers, 'because Rutherford also said splitting the atom would serve no practical purpose'.[9]

These suspicions formed the central premise of the BBC drama *Doomwatch*, which was the brainchild of the writer and former scientist Kit Pedler. First screened in 1970, *Doomwatch* centred on the work of ex-scientists in a fictitious Department for the Observation and Measurement of Science, who protected society from human–animal hybrids, artificial viruses and genetically modified rats. Its largely negative portrayal of scientists offered a telling contrast to the 'new Elizabethans' who were celebrated in popular coverage during the 1950s. The scientists in *Doomwatch* consistently ignored or refused to consider the social implications of their research, often with disastrous consequences for the public and themselves. In the episode 'Tomorrow the Rat', for example, a scientist released a laboratory strain of intelligent and flesh-eating rats that proceeded to attack the public and eventually devoured their creator. Surveying these pessimistic attitudes for *The Times* in 1971, the Labour politician Shirley Williams claimed that programmes such as *Doomwatch* embodied 'a growing suspicion about scientists and their discoveries, and a widespread opinion that science and technology need to be brought under greater control'. It was clear, she argued, that 'for the scientists, the party is over'.[10]

IVF often featured in popular coverage throughout the 1960s, following its application in animals and false reports of human successes. But it became synonymous with the 'biological revolution' in February 1969 after the Cambridge physiologists Robert Edwards and Barry Bavister, and the Oldham obstetrician Robert Steptoe, announced the successful formation of seven pro-nuclear zygotes among thirty-four mature human oocytes fertilised *in vitro*.[11] An editorial in the edition of *Nature* that carried their paper attempted to forestall negative reports, claiming that Edwards, Bavister and Steptoe were 'not perverted men in white coats doing nasty experiments on human beings, but reasonable scientists carrying out perfectly justifiable research'.[12] As Jon Turney notes, 'the first responses in the press suggested that *Nature*'s argument might carry the day'.[13] Some reports were positive, claiming that IVF would shed crucial light on human development and might 'offer new hope for the childless'.[14]

Others, however, struck a more ambivalent tone. The *Guardian* aligned IVF with concerns over the 'biological time-bomb' in a cartoon that portrayed a scientist cultivating a baby in a test-tube, before it emerged, grew into a monster and imprisoned him.[15] Similar concerns appeared in the *Daily Mail*, which printed a cartoon that showed a 'Doctor Frankenstein' horrified to find that he had accidentally cloned the Prime Minister, Harold Wilson. *The Times*, meanwhile, highlighted the eugenic implications of IVF when it warned that politicians in totalitarian states might use it to 'concentrate on breeding a race of intellectual giants'.[16]

Although IVF did not feature in *Doomwatch*, Kit Pedler also claimed that it could allow despotic generals to 'mass produce' troops 'without the advent of a mother at all'.[17] Turning his attention away from clinical experiments, Maurice Pappworth similarly noted that IVF had 'eugenic' possibilities and could be used to 'produce a race of supermen free from physical and mental taints'.[18] Pappworth hinted at the possibility of external control over IVF when he questioned whether it was any longer 'acceptable' to let scientists claim that 'this is all pure science and pure research and if others put their findings to undesirable uses that is not their fault'.[19]

Others were more explicit and used reports on IVF to call for external control over biological research. In a piece for the *New Statesman*, the medical writer Donald Gould warned that researchers such as Robert Edwards tended to be 'single-minded enthusiasts, blind to the implications of their work'. Gould argued that *laissez-faire* forms of self-regulation were 'no longer enough … and is it time that society took a hand in deciding what is meet and what is not'.[20] In a series of columns for the *New Scientist* and a book titled *What is Science For?*, the journalist Bernard Dixon also outlined how discussion of 'potential social problems as malevolent exploitation of "test tube babies"' had reinforced 'public suspicions of the scientist as a sinister and irresponsible figure'.[21] Dixon claimed that public unease reflected a growing belief that 'experts *do not* always know best', which he endorsed by arguing that 'science can all too easily be out of touch with the needs, goals and aspirations of the society that nourishes it'.[22] Public confidence could no longer be assured by 'contentions that science is best left to scientists', he warned, 'and we need to try to create channels through which the pressure of the citizen can influence decisions more directly'.[23]

Dixon reassured scientists that he was not proposing 'communal *control* over science', since this would probably foster 'short-sightedness and a failure to understand the importance of speculative research as against the application of immediately useful techniques'. He instead endorsed 'more public *influence* – if only as a healthy corrective to the present autonomy and internal politicking of the scientific community'.[24] Dixon also sought to reassure scientists by dwelling on the possible benefits of 'greater democracy in decision-making about science and technology'.[25] He predicted that while 'some research projects would probably be killed, and rightly so', another consequence 'of a wider public debate might be to demand more science, not less'.[26] Dixon argued that exposing science to 'wider democratic influence' would increase public confidence by ensuring that the predominantly 'negative' stance adopted by anti-vivisectionists and other groups would be replaced by a scenario in which campaigners 'work more positively for funds to go into particular areas … such as better kidney machines, or money to build a new hospital'.[27]

Like Gould, Dixon did not specify how 'channels' might be created to increase public influence over science. But he acknowledged a clear debt to members of the recently established British Society for Social Responsibility in Science (BSSRS), whose work did outline how the public might influence scientific decisions. The BSSRS was established after a small group of radical scientists organised a 1968 conference to oppose the British government's support for research into chemical and biological weapons.[28] Participants at the meeting decided to form 'a continuing and more radical group' which became the BSSRS.[29] These founding members quickly showed their 'libertarian socialist tendencies' by admitting non-scientists such as the American philosopher and historian of science Jerry Ravetz.[30] At the same time, to heighten their profile within science and the wider public, they also admitted more senior and elite figures, including forty-four Fellows of the Royal Society.

The presence of these elite figures secured press coverage and allowed the BSSRS to hold its inaugural meeting at the Royal Society in April 1969. But it also ensured that this 'informal coalition of old Left, liberal, and more radical scientists' had differing views on what the BSSRS should achieve.[31] Letters inviting elite scientists, such as the cell biologist Dame Honor Fell, to join showed that senior members viewed the BSSRS as a means of countering 'the loss of esteem for science in the community at large'. Citing declining university admissions for science and fears over the 'biological time-bomb', they claimed that the 'future of science is threatened by the hostility now felt by young people', and argued that this could only be overcome by encouraging scientists to 'become more aware of the social and cultural role of science and play a more responsible role in society'.[32] This aim was made clear when the crystallographer Maurice Wilkins, the first president of the BSSRS, argued that it should help combat the widespread 'breakdown in confidence' among the public. In a long letter to *The Times* and a paper at a 1969 conference on 'The Social Impact of Modern Biology', Wilkins argued that BSSRS members should rebuild confidence in science by publicly discussing the benefits as well as the social and ethical aspects of their research.[33]

The younger and more radical members of the BSSRS, however, pursued a different and more politically engaged agenda. In addition to supporting 'self-education for scientists concerning the control and abuses of science', and opposing the use of CS gas in Northern Ireland, they also explored the possibility of a 'socialist science' in which laypeople would play a major role in developing scientific policies and guidelines.[34] In their 1969 book *Science and Society*, which Bernard Dixon cited extensively, Steven and Hilary Rose claimed that public suspicion of 'the men in white coats' could only be overcome by ensuring that 'decision-making processes [were] opened at all levels'.[35] Arguing that public involvement had become as important as 'the fostering of professional ethics among scientists', they claimed that lay representatives should be allowed to vote on the allocation of 'resources between disciplines and fields in the basic sciences', and should also be appointed to managerial positions 'at every research institute and university'.[36]

Their opposition to 'the present oligarchies' in science led some of these radical BSSRS members to undertake a series of interventions at the 1970 meeting of the British Association for the Advancement of Science, which was held in Durham.[37] In addition to holding a teach-in entitled 'science is not neutral', they handed out a leaflet that proclaimed that 'science is in crisis' and commissioned a theatre group to perform a 'nerve gas charade' outside Durham Cathedral, where the chemist Alexander Todd had just given his presidential address.[38] While many attendees criticised these tactics as 'unexpected and embarrassing', they were notably praised as 'significant' in a sermon by Ian Ramsey, the Bishop of Durham.[39]

This was a telling endorsement, for by 1970 Ian Ramsey was the most influential and high profile of the Anglican theologians who were increasingly engaged with the ethics of medicine and science. Ramsey and other religious figures believed that the answer to public unease over procedures such as IVF was to encourage 'professional cooperation' in the discussion of ethical issues. As we shall see, their calls for interdisciplinary debates reflected, and linked, social and religious concerns, demonstrating again how ethical debates are 'part of larger processes and larger histories, which shape and mutually influence each other'.[40]

'The way ahead for Christian thinking'[41]: Ian Ramsey, Anglican theology and 'trans-disciplinary' medical ethics

Ian Ramsey was born in Kersal, Lancashire, in 1915. He won a scholarship to Farnworth grammar school at the age of ten and another to Christ's College, Cambridge, at the age of eighteen.[42] During his time as an undergraduate he developed an interest in science, mathematics and philosophy, but decided to be ordained after a long spell in hospital with tuberculosis. After a curacy near Oxford, Ramsey returned to Christ's College in 1943, the same year that Charles Raven, the college master and regius professor of divinity, sought to reconcile scientific and theological world-views in his book *Science, Religion and the Future*. Ramsey was appointed lecturer in the philosophy of religion the following year, and although Raven's influence ensured that he was interested in the relations between science, medicine and religion, much of his early work engaged with linguistic philosophy and sought to refute A. J. Ayer's claim that religious assertions were 'not genuine propositions at all'.[43]

Ramsey moved to Oxford to take the Nolloth chair of philosophy in 1951, and it was here that he came to believe that 'his own job in life was to build bridges between Christian theology and modern problems'.[44] His work increasingly looked less at the properties of religious language and more at contemporary issues, 'particularly the frontiers between religion, medicine and law'.[45] This was evidenced by his membership of the CCH and of the Warneford and Park hospitals management committee, which he joined in 1954 and chaired between 1960 and 1966. Aware of his interest in practical issues, in 1956 the theologian Gordon Dunstan invited Ramsey to work with doctors, civil servants,

demographers and others in developing a Church of England report on the relation of contraception to marriage and population control.[46]

The committee's report on *The Family in Contemporary Society* was formally adopted by Anglican bishops at the 1958 Lambeth Conference, and its success encouraged Ramsey to play a major role in helping the Church of England's Board for Social Responsibility establish interdisciplinary groups on the morality of issues such as suicide, sterilisation, the artificial prolongation of life and abortion. Many of the proposals in their reports might be best described as 'cautiously liberal' and argued, for instance, that suicide should be decriminalised, that abortion might be justified to save a mother's life and that discontinuing treatment for unconscious patients with no hope of recovery need not conflict with Christian reverence for life.[47] These conclusions chimed with and helped shape the increasingly liberal climate in Britain, with the 1959 report on suicide acknowledged as influencing the government's decision to decriminalise suicide in the 1960 Suicide Act.[48]

Ramsey's involvement with these groups strengthened his conviction that theologians had a duty to confront what he called 'the uncertainties and anxieties of our own day'.[49] They also reaffirmed his belief that theology was not 'a subject apart', and that discussing ethical issues required a 'dialogue with other disciplines, and making possible their cross-fertilization … on teasing and stubborn problems of contemporary thought and behaviour'.[50] This, of course, was not a new conviction. Analysis of contemporary issues had been integral to Anglican moral theology throughout the twentieth century, as the work of William Temple and groups such as the FMG demonstrates. Ramsey acknowledged his debt to Temple, to whom he was often compared, and publicly praised 'the outstanding character of his Christian social concern'.[51] But he argued that theologians had an increasing duty to engage with practical issues, and especially 'medical moral problems', in the 1960s.[52]

Several linked factors underpinned Ramsey's call for greater engagement with medical ethics. One major factor was what Perkin and others identify as a profound 'decline in religious faith' during the 1960s.[53] While theologians had voiced concerns at the apparent secularisation of Britain throughout the early twentieth century, Callum Brown has shown that the 1940s and 1950s actually 'witnessed the greatest church growth that Britain had experienced since the mid nineteenth century'.[54] Church attendance, Sunday school enrolment and confirmations increased significantly, and huge crowds flocked to see the American evangelist Billy Graham tour football stadia in 1954 and 1956. In the 1960s, however, 'the institutional structures of cultural traditionalism started to crumble', thanks to the *Lady Chatterley* trial and the ending of moral censorship, the legalisation of abortion and homosexuality, the facilitation of easier divorce, the emergence of the women's liberation movement, the loss of domestic ideologies in youth culture and growing rebellion against traditional sources of authority.[55] Attendance at Protestant churches, Sunday schools and religious rites of passage fell away dramatically, and a young generation were less concerned with the ethics surrounding faith, God and the afterlife, and more with issues that many religious figures had traditionally ignored, such as the environment, gender and racial equality, nuclear weapons, political activism and, crucially, science and medicine.

Some Anglican figures, such as John Robinson, the Bishop of Woolwich, responded to the decline in religious faith by endorsing an 'agnostic theology' that rejected the idea of God as a supernatural being living 'up there', questioned the veracity of the virgin birth and the Holy Trinity, and encouraged their replacement with belief in a non-anthropomorphic life force.[56] But instead of making the Church of England appear more relevant, this led many to 'question the integrity of an endowed priesthood that did not believe in God'.[57] As a writer from *TIME* magazine claimed in a 1966 letter to Ramsey, the decline of traditional Christianity, both outside and within the Anglican Church, ensured that atheism had 'become a basic premise of a new generation' and 'the distinguishing feature of contemporary civilization is the almost universal loss of the sense of God'.[58]

In addition to proclaiming the 'death of God', religious figures responded to secularisation in a variety of ways. Traditionalists such as the vicar and poet R. S. Thomas blamed science and medicine for the decline in religious belief. Writing for the *Times Literary Supplement* in 1966, Thomas criticised the 'scientific age' as a 'mechanised and impersonal age', where 'under the hard gloss of affluence there can be detected the murmuring of the hard heart and the heavy spirit'.[59] But liberal theologians such as Ramsey argued that the only way to counter their weakening authority was by 'expressing continuing concern with problems that are of significance to everyone – believer and unbeliever unlike'.[60] It was only 'by wrestling with such problems in a co-operative venture of scholarship with other academic disciplines', he claimed, 'that theology may find a new prospect and new relevance'.[61]

Ramsey acknowledged that the Church of England reports he was involved with were accused of undermining religious authority and encouraging the 'permissive society', by adopting a liberal stance on ethical issues instead of 'holding fast to absolute rules and even stiffer authoritarianism'.[62] By refusing to argue that suicide 'should have been

said to be always wrong, abortion to be always forbidden, and artificial means never withdrawn from those who are being kept alive by them', he noted, 'those concerned with these reports have thus been blamed for the erosion in moral standards'.[63] But while Ramsey believed that engaging with practical issues increasingly provided theology with a 'secular task', he stressed that just 'because it might be called a secular theology does not mean it is an irreligious theology'. He argued that by working on practical issues with other disciplines, 'there can arise from the co-operative venture a common vision' that highlighted people's obligations to one another and encouraged 'a shared sense of the infinite wonder and grandeur of that which we are all endeavouring better to understand'.[64]

Ramsey also believed that theology's 'new task' gave it perhaps *the* vital role in the discussion of practical issues. He viewed theologians as the 'common link' who facilitated debates between 'experts in different disciplines and from different occupations'. This was especially the case for discussions of medical and biological research, which Ramsey considered to be the major source of 'frontier problems' in the 1960s and 1970s.[65] Throughout the 1960s this belief led Ramsey to extend his work with the Church of England reports and play a 'prominent part' in efforts to promote collaboration between doctors, scientists, the clergy and others in a range of settings.[66]

During 1962 and 1963, for instance, he was on a working party set up by the Archbishop of Canterbury, Michael Ramsey, which recommended the establishment of an Institute of Religion and Medicine (IRM) 'devoted to the study and advancement of mutual interest to clergy and doctors'.[67] The IRM was formally established in 1964 and sought to encourage cooperation between those professions involved in the 'promotion of health and the healing of the sick', which a brochure argued was 'not only the particular concern of doctors but is something which also concerns members of associated therapeutic professions and religious leaders'.[68] In regional and national meetings and its dedicated journal *Contact*, the IRM encouraged collaboration between doctors and clergymen on subjects such as 'decisions about life and death, the care of the dying, the role of religion in mental health, abortion, medical education, casework and counselling, ethical decision-making, counselling the bereaved, groups and teams in medicine and ministry'.[69]

Ramsey was also involved with the London Medical Group (LMG), which was one of the most significant examples of 'doctor clergy co-operation' in the 1960s.[70] The LMG originated in 1963, when the Student Christian Movement (SCM), the arm of the ecumenical movement concerned with higher education in Britain, commissioned the doctor and chaplain Andrew Mepham to survey the needs of medical school students. Mepham found that while theology students received lectures and seminars from visiting doctors, with some attending hospital courses on subjects such as mental health care, teaching hospitals made no systematic effort to allow medical students to receive lectures from theologians or other non-doctors on 'subjects such as the care of the dying patient'.[71] His report concluded that medical education undermined 'the care of the patient as a man' by focusing predominantly on scientific training and pathology to the neglect of social and ethical issues.[72]

The SCM responded to Mepham's report by commissioning Edward Shotter, a young university chaplain, to look into medical education in the twelve London teaching hospitals. With a budget of only forty pounds, later in 1963 Shotter organised four informal lectures during which medical and nursing students could discuss social and ethical issues with specialists from various professions.[73] Encouraged by attendance at these early lectures, he established a student council to select topics for a longer programme in 1964. This 'representative council' chose a wide range of topics in 1964 and 1965, including the management of pain and terminal illness, suicide, drug addiction, birth control, reforming the laws for homosexuality, patient confidentiality and marriage guidance.[74]

A 'consultative council' comprising senior doctors from the London teaching hospitals then liaised with Shotter to select appropriate speakers, which included doctors and prominent religious figures, as well as representatives from pressure groups and charities such as the Samaritans.[75] The LMG talks were free and open to the public, and attendances averaged one hundred people by the mid 1970s.[76] The LMG's success, and the student demand for lectures on social and ethical issues, also led to the establishment of medical groups elsewhere in Britain. In 1967 the ecumenical chaplain Kenneth Boyd and the religious philosopher Alastair Campbell established the Edinburgh Medical Group (EMG), while other groups were established in Newcastle, Sheffield, Glasgow, Birmingham, Bristol, Liverpool and Manchester during the late 1960s and early 1970s.[77]

In addition to giving a paper at a 1967 symposium on 'Decisions about Life and Death', Ian Ramsey was involved with the LMG in several ways. As Gordon Dunstan acknowledged, his call for greater engagement with practical issues and collaboration across disciplines influenced Shotter, who 'began to fulfil what Ramsey knew ought to be done' when he established the LMG.[78] At the same time, Shotter emulated Ramsey's claim that theologians should act as a 'common link' between professions by acting as 'a "catalyst" who facilitated and helped coordinate dialogue'.[79]

Ramsey also had a more direct role as a member of the LMG's governing body, which was established in 1966 after financial constraints and the need to appear 'non-partisan' led Shotter to end links with the SCM and establish the LMG as an independent charity.[80] Gordon Dunstan advised Shotter to recruit senior doctors and theologians 'for counsel and repute', and in addition to Ramsey and Dunstan himself, the governing body included renowned clinicians such as Lord Basil Amulree and the surgical endocrinologist Ronald Welbourne.[81] The presence of respected doctors helped dispel suspicions that the LMG was a 'pincer movement on the profession … by its cadets and senators'.[82] Senior theologians such as Ramsey, meanwhile, helped secure money from religious bodies and discussed the possibility of establishing formal ties between the LMG and the IRM, although the governing body eventually rejected the proposal.[83]

Following his 1966 appointment as Bishop of Durham, Ramsey often had to apologise for 'being a very unprofitable servant' and missing LMG meetings due to commitments in his new diocese.[84] Yet despite his increased workload and responsibilities, he continued to encourage interdisciplinary debates on ethical issues. During 1967 and 1968, for instance, he organised and chaired a series of CIBA symposia on 'Personality and Science', where participants discussed the ethics of altering an individual's personality through surgery or new psychotropic drugs. Ramsey again displayed his preference for 'trans-disciplinary' work by assembling speakers from medicine, science, law, philosophy and theology. During the group's first meeting in May 1967, he admitted that their diverse backgrounds departed 'from the normal CIBA Foundation pattern' which relied heavily on medical and scientific expertise.[85]

In justifying this shift, Ramsey notably highlighted another factor that led Anglican figures to support interdisciplinary work on medical ethics during the 1960s and 1970s. His introductory talk outlined how understanding moral issues in secular and increasingly pluralist societies 'required the creative meeting of all the relevant disciplines which are needed for an adequate appraisal of such problems'.[86] Ramsey argued that the ethical issues that medicine and science raised were not novel, but now appeared 'more complex' in the absence of a common morality and obviously 'correct' answers. This ensured, he claimed, that it was 'a mark of immaturity for any discipline to think it has ready-made, copy-book answers – whether that discipline is psychology, or economics or sociology or philosophy or theology'.[87]

This stance was endorsed in a Church of England document that explained why Ramsey and Dunstan convened interdisciplinary groups to investigate ethical issues such as abortion, euthanasia and sterilisation. It acknowledged that 'inevitably, on some issues agreement remains difficult or impossible. An obvious example is abortion.'[88] But it continued that 'once the plunge is taken, agreement *is* possible over a very wide area'.[89] Agreement was only possible, however, if specialists from different fields worked together to 'ensure that the widest cross-section of informed opinion is brought to bear on moral questions'. This was essential, the document concluded, because '*modern pluralist societies depend for their life on such co-operation*'.[90]

By the early 1970s, Ramsey was considered an authority on medical ethics thanks to his work with various interdisciplinary groups and House of Lords speeches on subjects such as euthanasia.[91] This was clear in 1970, when the BMA invited him to give the opening address at its 1972 Annual Clinical Meeting, which was to be held in Nicosia, Cyprus. As a letter informed him, the opening address was a prestigious lecture given by 'an authority on some general subject affecting medicine', and BMA members viewed Ramsey as an expert on the 'moral problems facing the medical profession at the present time'.[92]

Ramsey's speech reiterated many of the claims he made throughout the 1960s and illustrated why theologians increasingly engaged with medical ethics. He began by arguing that issues such as the artificial prolongation of life and IVF did not cause public concern because they raised unprecedented ethical dilemmas. 'For instance', he stated, 'medical treatment to save and prolong life; the need and duty to ease pain; the conception and birth of a child – these are all situations which, overall and in outline, are the same as they have always been.'[93] Ramsey instead claimed that prolonging life and IVF touched on longstanding questions such as 'respect for life', but stressed that questions of how best to treat ventilated patients or *in vitro* embryos were now problematic because 'traditional moral absolutes are being questioned … and society lacks a common morality'.[94] 'In other words', Ramsey continued, 'the very contexts in which recent developments in medicine occur are those which make the solution of the associated moral problems all the more difficult.'[95]

To Ramsey, the 'multiplicity of explanations' in pluralist societies meant that 'the old rules for dealing with these situations are too large-scale to do justice to the new detail. It is as though we tried to catch sprats in the net of a trawler.'[96] In his BMA speech and a 1970 article on Christian ethics, he maintained that 'agreement on certain moral problems of the kind that perplex society' could no longer be found by simply evoking 'absolute rules or principles'.[97] In a passage that hinted at why he had praised the actions of some BSSRS members in Durham, Ramsey argued that

reliance on fixed principles evoked a 'reactionary authoritarianism' at odds with the contemporary 'morality of rebellion and revolution'.[98] He maintained that the only appropriate response to 'our new civilization' was to fashion 'creative moral decisions of a novel kind'. Ramsey closed his BMA speech by claiming that these 'creative decisions' required the formation of 'trans-disciplinary groups' in which members of various disciplines and professions did not apply principles 'in a rule-of-thumb fashion', but engaged in a 'deeper grappling with the empirical facts'.[99]

Ramsey's call for engagement with 'empirical facts' touched on a broader religious debate about situationist ethics. From the 1930s onwards, but with increasing frequency in the 1960s, theologians such as Paul Lehmann had endorsed a 'contextual' approach to morality and claimed that:

> Christians are to be obedient to the command of God. But the command of God is not given in formal, general ethics; it is not given in traditional rules of conduct. It is given by the living God in the concrete situation. It is a particular command addressed to a particular person in a particular sphere of activity.[100]

This belief was notably also shared by some of the theologians who 'presided over the birth of bioethics' in the United States.[101] In their writing on medicine and science, these figures echoed Ramsey's claims that awareness of empirical details was vital to reaching 'creative' moral decisions.

While other American theologians criticised the 'wastelands of relativism' and emphasised the value of binding principles, they nevertheless agreed that interdisciplinary collaboration was vital to understanding ethical dilemmas.[102] But these theologians, crucially, all held differing views to their British counterparts on the role of outsiders and their relation to medical expertise. This ensured that the 'trans-disciplinary' view of medical ethics that Ramsey promoted was significantly different from the emerging American field known as 'bioethics' – with profound consequences for the discussion and regulation of new procedures such as IVF and genetic engineering.

The scope and limits of outside involvement: differences between Britain and the United States in the 1960–70s

Joseph Fletcher, professor of Christian ethics at the Episcopal Theological School in Cambridge, Massachusetts, was one of first American theologians to look at scientific and medical ethics. His 1955 book *Morals and Medicine* discussed the moral aspects of contraception, euthanasia, artificial insemination, sterilisation and 'a patient's right to know the truth'. Although it is sometimes cited as a pioneering work in 'the new field' of bioethics, *Morals and Medicine* is best characterised more as 'a book that ends the past than one that opens the future'.[103] It was certainly more reminiscent of earlier books such as Jenkins's *The Doctor's Profession*, which Fletcher cited approvingly, than later work that called for outside involvement. This was clear in the preface, where Fletcher stated that:

> At no time have I ever meant to take the position, or to give any comfort to those who would like to assume, that the clergy or other moralists can or should settle problems *for* the doctors … Physicians have an *expertise* and competence without which all non-medical discussion of the rights and wrongs of medicine will be in danger of becoming only wool-gathering.[104]

But Fletcher did pre-empt a central tenet of bioethics when he emphasised that doctors must respect their patient's 'human rights (certain conditions being satisfied) to use contraceptives, to seek insemination anonymously from a donor, to be sterilized, and to receive a merciful death from a medically competent euthanasiast [*sic*]'.[105] In his discussion of each issue, he maintained that individual choice and responsibility were 'the heart of ethics and the *sine qua non* of a man's moral status'.[106] 'Without freedom to choose and know the truth', he argued, 'patients are only puppets. And there is no moral quality in a Punch and Judy show.'[107]

Fletcher believed that for doctors to fully respect their patients' rights in specific circumstances, 'the ethics of medical care have to change, to grow, and engage constantly in self-correction'.[108] This led him to promote a 'reflective and rational morality' that was 'subject to the rule of change', and to dismiss adherence to binding principles as evidence of a 'primitive personality' that accepted moral opinions 'without much reflection'.[109] While Fletcher did not expand on these claims in *Morals and Medicine*, they formed the central premise of his popular 1966 book *Situation Ethics*. Here, Fletcher endorsed an 'empirical, fact-minded, data conscious and inquiring' approach to morality over obedience to rules and principles.[110] 'Every man must decide for himself according to his own estimates of conditions and consequences', he argued, 'and no one can decide for him or impugn the decision to which he comes.'[111]

Fletcher believed the only norm or principle that was 'binding and unexceptionable, always right and good' in situation ethics was to promote actions that maximised '"love" – the *agape* of the summary commandment to love God and thy neighbour'.[112] He asserted that 'even the most revered principles may be cast aside if they conflict in any concrete case with love', and argued that this doctrine should be translated into its secular counterpart of utilitarian beneficence.[113] Although *Situation Ethics* was not concerned primarily with medicine or science, Fletcher applied his argument to medical ethics when he claimed that a woman had a right to demand an abortion after she had been raped and if continuing the pregnancy risked harming her mental health. 'The most loving thing possible (the right thing) in this case', he claimed, was to acceded to the woman's 'responsible decision to terminate the pregnancy' – even if her doctor believed that 'killing was wrong' and never performed abortions, or only did so if continuing a pregnancy endangered a patient's life.[114]

Fletcher's libertarian outlook in *Situation Ethics* drew on the civil rights campaigns that he had become increasingly involved with during the 1960s, when he often stood in picket lines, marched in protests and was occasionally 'the victim of brutal beatings'.[115] Ian Ramsey, who also publicly supported 'the morality of revolution and rebellion', albeit less directly than Fletcher, praised the book for its anti-authoritarian message and for highlighting the 'significance of the particular context or situation in which a moral decision is made'.[116] Ramsey convinced the Christian SCM Press to publish *Situation Ethics* in Britain, and wrote to Fletcher claiming that it was the 'best statement of a view which I grant appeals to me very much'.[117]

But while Ramsey and Fletcher both endorsed a similar approach, there were also telling differences between Britain and the United States. Catholic theologians in the United States, for example, played a greater role in interdisciplinary debates and adopted a different ethical stance to their British colleagues. Young American priests such as Warren Reich and Albert Jonsen began to work on medical and scientific ethics thanks largely to 'upheavals in the 1960s that took place in Roman Catholicism'.[118] They were enthused by the civil rights emphasis on individual autonomy and became disillusioned with the Church's conservative position on issues such as euthanasia and birth control, which upheld the absolute sanctity of life in all circumstances.[119] Their work on biology and medicine expressed these growing religious doubts, re-examining traditional Catholic doctrines, showing a willingness to engage with different groups and endorsing a similarly contextual approach to Fletcher and Ramsey.[120] In Britain, by contrast, Catholic theologians were largely unaffected by civil rights campaigns and did not question the Vatican's position on medical ethics. They also enjoyed a more secure position than their Anglican counterparts, with church attendances growing thanks to immigration from Ireland and Catholic schools representing 'a seductive alternative for parents distrustful of ordinary state education'.[121] These factors meant that Catholic theologians in Britain reaffirmed traditional principles when they discussed issues such as abortion or euthanasia, irrespective of context, and felt little need to engage with non-denominational audiences throughout the 1960s and 1970s.[122]

But the most significant difference undoubtedly lay in the fact that American theologians believed that they and other 'outsiders' should play an active role in regulating medical and scientific practices. This was most evident in the work of Paul Ramsey, a Methodist professor of religion at Princeton University, who Ian Ramsey also recommended to British publishers as 'someone good and certainly worth approaching'.[123] Paul Ramsey took a different approach to ethics than Fletcher and his British namesake. While he shared Fletcher's belief that the goal of Christian ethics was to promote *agape*, Ramsey argued that it could only be achieved through obedience to binding rules and principles. By the mid 1960s, thanks to his work on rules in Christian ethics and the morality of war, Ramsey was well known as the principal opponent of 'situation ethics' and for arguing that actions should be guided by 'standards of conduct which invariably can and must be applied to all people in every situation'.[124]

Ramsey was provoked to write on science and medicine towards the end of the 1960s by Fletcher's work, which he considered to be overly secular and uncritical of the 'liberal progressivism which sustains any science-based ethics today'.[125] In his 1970 books *Fabricated Man* and *The Patient as Person*, he claimed that Fletcher and others ignored the binding norms that should underpin medical or scientific practices and simply dwelt on the 'wholly unique situations' where they believed these norms ought to be discarded.[126] Ramsey instead stressed that doctors and scientists should adhere to 'exceptionless rules', irrespective of circumstances or consequences.[127] He believed that the overriding rule for medicine and science was to 'respect the uniqueness and dignity of the human individual', which led him to claim that medical research could only ever be justified with the full consent of the patient or experimental subject.[128] He acknowledged that this meant prohibiting research on children, mentally ill adults and others 'who cannot give a mature and informed consent', but refuted utilitarian appeals to the common good and argued that 'we may have to accept the fact that some limits exist to our search for knowledge'.[129]

Despite his dismissal of 'situation ethics', Paul Ramsey shared Joseph Fletcher and Ian Ramsey's belief that discussion of ethical issues should be a 'joint venture' between doctors, theologians and other professions.[130] He also believed that the need for collaboration resulted from 'the moral pluralism of our society', which had given 'all of mankind reason to ask how much longer we can go on assuming that what can be done has to be done or should be, without uncovering the ethical principles we mean to abide by'.[131] In his preface to *The Patient as Person*, Ramsey argued that all sides benefited from interdisciplinary dialogue 'about the urgent moral issues arising in medical practice'.[132] He claimed that doctors and scientists could educate theologians 'about the technical problems' associated with particular issues, while theologians and philosophers could help 'explain some of the things that need to be asked of the science and of the ethics'.[133]

But while this appeared similar to the collaboration that British theologians endorsed, Paul Ramsey believed that 'outsiders' should do more than simply discuss ethical issues. In *The Patient as Person* and later work, he argued that they should also play an active role in determining the conduct of doctors and scientists. Ramsey was by no means the first or the most high-profile American figure to endorse outside involvement. During 1968, for instance, the senator and former vice-president Walter Mondale responded to public discussion of organ transplants and genetic research by calling for a national Commission on Health and Society, which would act as a forum where laypeople and representatives of several professions could debate 'the fundamental ethical and legal questions' raised by biomedical research.[134]

Mondale argued that external oversight was necessary because the public were consumers with a stake in federally funded research, and were therefore entitled to know its potential risks and implications. His proposals received support from theologians who appeared as witnesses at congressional hearings, such as Kenneth Vaux and Jerald Brauer, who called for a 'fresh look' at scientific regulation and supported a commission that was 'very broad in makeup'.[135] Despite this support, Mondale's proposal failed after prominent doctors claimed that outside influence would impede research, and that the public continued to be best served by leaving decisions to 'conscionable people in the profession who are struggling to advance medicine'.[136] The esteemed surgeon Owen Wangansteen encapsulated this view when he told Congress that: 'If you are thinking of theologians, lawyers, philosophers and others to give some direction … I cannot see how they could help'. To Wangansteen, like other doctors, 'the fellow who holds the apple can peel it best'.[137]

Although Mondale's proposals were defeated, calls for external scrutiny and involvement nevertheless grew during the early 1970s thanks to scholars in the burgeoning field of 'bioethics'. Foremost among these was Paul Ramsey, who argued in *The Patient as Person* that 'the problems of medical ethics that are especially urgent in the present day are by no means technical problems on which the expert (in this case, the physician) can have an opinion'.[138] 'The doctor makes decisions as an expert but also as a man among men', he continued, and 'I hold that medical ethics is consonant with the ethics of a wider human community.' Here and throughout the 1970s, Ramsey asserted that:

> My view is that we, the people, are the final authority within constitutional limits in determining how in future we mean to be healed – when the means is human experimentation. The technical expertise of the medical research community cannot be the sole or chief arbiter in this matter, which is a question of morality and public policy.[139]

The Yale psychiatrist Jay Katz also argued that fundamental questions needed to be asked about 'the nature of authority assigned to physicians'.[140] In several articles and his 1972 book *Experimentation with Human Beings*, which ran to over a thousand pages, Katz claimed that doctors possessed no unique expertise that justified making them sole arbiters of medical ethics and asked: 'Who is to keep guard over the guardians themselves?'[141] Like Walter Mondale and Paul Ramsey, his solution was to endorse 'more active participation of non-scientists in research decisions'.[142]

Calls for outside involvement were strengthened considerably in 1972, when newspapers reported that researchers investigating the 'natural history' of syphilis had intentionally withheld treatment from 400 African Americans in Tuskegee, Alabama, since 1932.[143] These revelations 'appeared at a time of heightened concern and anger about racial discrimination and of heightened sensitivity to abuse of the poor and powerless', and seriously undermined support for self-regulation.[144] Newspapers, civil rights groups and an official inquiry, whose nine members included Jay Katz, called for federal regulation of medical research and argued that external oversight was vital to safeguard the interests of patients and experimental subjects.

In 1974 President Nixon responded to the Tuskegee study by establishing the National Commission for Protection of Human Subjects in Biomedical and Behavioral Research.[145] Politicians stipulated that philosophers, theologians, lawyers and others should play a major role in shaping policies for research, and the majority of the Commission's

members were non-doctors and scientists. Their growing policy influence was evident when philosophers on the Commission, including Tom Beauchamp and the British-born Stephen Toulmin, played a major role in drafting guidelines for medical research. The guidelines, known as the *Belmont Report*, stated that research on human subjects should adhere to the principles of respect for persons, beneficence and justice, and became public law governing the activities of federally funded scientists in 1978.[146]

Heightened concern for the subjects of biomedical research was also evident in the American discussion of IVF. This led Paul Ramsey to condemn the procedure in a 1971 conference on 'Fabricated Children', which Edwards and Steptoe likened to 'a denunciation of our work as if from a nineteenth century pulpit'.[147] In this conference and a 1972 article for the *Journal of the American Medical Association*, Ramsey stated that since the risks of IVF were unknown and embryos could not provide consent, 'it constitutes unethical medical experimentation on possible future human beings, and therefore is subject to absolute moral prohibition'.[148] He claimed that these factors justified a permanent ban on IVF and argued that it 'should not be allowed by medical or public policy in the United States – not now or ever'.[149]

At the same time, well-funded and influential pro-life groups targeted research on human embryos and foetuses as part of their campaign against the 1973 *Roe* v. *Wade* case, in which the Supreme Court ruled that a woman's constitutional right to privacy included the right to have an abortion in the early stages of pregnancy.[150] They argued that research on foetuses or embryos fostered acceptance of abortion among doctors and the general public, and called for the prosecution of anyone who performed this work. In the face of this sustained criticism, and as part of its 1974 National Research Act, Congress imposed a moratorium on federal funding for research that involved human foetuses and embryos.[151]

The situation in Britain, however, differed markedly. In contrast to the United States, the theologians who discussed medical ethics here saw no real problem with IVF. This was clear in December 1971 when Ian Ramsey received a letter from several bishops expressing concern at news that Edwards and Steptoe were planning to 'implant in a human uterus an embryo fertilised in the laboratory'. The bishops claimed that this was 'unethical medical experimentation, contrary to the known laws of God and man', and vowed to pass a resolution urging Edwards and Steptoe to 'devote their scientific skills towards life-saving and disease curing projects'.[152] But Ramsey, tellingly, did not support their position and replied that his 'immediate and off-the-cuff reaction is not to be too fussed about it'.[153]

Gordon Dunstan, too, considered IVF to be unproblematic. In his 1974 book *The Artifice of Ethics*, he argued that the overriding ethical priority in IVF involved ensuring that sperm and egg were brought together responsibly *in vitro*, but claimed that this should also underpin reproduction through artificial insemination by donor (AID) as well as the actions of couples looking to conceive naturally. Dunstan also saw no problem with experiments on *in vitro* embryos, which was by far the most contentious aspect of IVF in the United States. He argued that embryo experiments were vital 'for research into recesses otherwise inaccessible … to study embryonic growth, for instance, with a view to detecting the origin of disorders and to find, perhaps, the means to correct or prevent them'.[154]

Ramsey and Dunstan's attitude to IVF encapsulated their broader views on medical expertise. While Anglican theologians endorsed 'trans-disciplinary' debates on ethical issues in Britain, they did not criticise scientists or doctors and stressed that they were not seeking to involve themselves in professional decision-making. At the CIBA symposium on 'Personality and Science', for instance, Ramsey argued that they simply wanted to 'encourage a wider public to face important moral problems arising from contemporary developments in medicine and also to facilitate responsible debate on these topics'.[155] The role of 'mixed advisory groups', in this view, was not to challenge or replace medical authority, but was to 'safeguard the doctor's role as the advocate of his patient's interests'.[156]

Ramsey reiterated this position in his 1972 address to the BMA. He stressed that trans-disciplinary groups were not designed to 'compromise the physician's or the surgeon's responsibility' and maintained that 'the decision in the end must be taken by the person who is to carry out the action'. The involvement of theologians and other non-doctors, he concluded, 'does not in any way compromise the surgeon's or the physician's responsibility for making decisions', and it was the job of trans-disciplinary groups simply to enable 'that decision to be better informed, and therefore more responsible'.[157]

While he supported the involvement of other professions in discussing ethics, then, Ramsey still believed that it should be aimed at and primarily undertaken for the benefit of scientists and doctors. This was again clear when Shotter wrote to him in 1971 and claimed that 'a logical progression in the development' of the student medical groups was to establish 'some sort of organization concerned with medical ethics, which junior doctors could join'.[158] Ramsey supported the formation of this 'Society for the Study of Medical Ethics' (SSME), but was clear that 'it has to be seen as a medical society from the start'.[159]

Although Ramsey died from a heart attack in October 1972, his outlook continued to influence the work of theologians who engaged with medical ethics. When the SSME published a *Journal of Medical Ethics* from 1975, members decided it should focus primarily on clinical issues and initially wanted a senior doctor as editor.[160] After struggling to find a suitable candidate, they approached the religious philosopher Alastair Campbell, who was secretary of the EMG and had recently published a book on *Moral Dilemmas in Medicine*. Unlike Jay Katz or Paul Ramsey, Campbell's book did not question medical authority and sought to improve professional conduct by providing 'a rational framework for understanding the complexities of moral judgement'.[161] The SSME considered him an ideal editor because he was seen as sympathetic to doctors and 'able to communicate in a way that was intelligible to medics'.[162] While the *Journal of Medical Ethics* contained articles by doctors, theologians, lawyers and philosophers, Campbell used an early editorial to outline that its aim was to help doctors 'make more informed decisions'. Like Ian Ramsey, he stressed that 'the final decisions remain medical ones and the responsibility remains with that profession'.[163]

Perhaps unsurprisingly, doctors and scientists endorsed this stance. As one early letter to the *Journal of Medical Ethics* argued, 'if the study of moral issues does not lead to a practical outcome which helps the individual doctor – what is the point of all the discussion?'[164] The report of a British Association study group on science and ethics, which had been commissioned following events at the 1970 Durham conference, also claimed that theologians, philosophers and others had an important role to play in discussing ethical issues, but should stop short of influencing professional conduct. 'Whilst guidance to scientists in ethical matters is obviously desirable', the report argued, 'there is no substitute for sensitivity and awareness on the part of individual scientists. They are the ones who make the decisions, they are the ones who must be able to grasp the issues involved.'[165]

Robert Edwards, meanwhile, used talks, publications and symposia on IVF to reject external involvement with decision-making. In a 1974 article for the *Quarterly Review of Biology*, he outlined how some claimed that the seemingly 'formidable' ethical and legal implications of IVF meant that 'external controls should be imposed on scientists'.[166] Yet despite the fact that the MRC had refused to fund research on IVF in 1971, forcing him and Steptoe to seek private funds, Edwards claimed that 'responsibility for applying new research methods' should continue to rest with the medical profession.[167] He argued that allowing theologians, philosophers and others to make 'committee decisions' would delay the clinical application of IVF, since different professions had diverse views on issues such as how to treat embryos, and 'the chance of a united moral and ethical stance on such questions seems remote'.[168] Edwards warned that any delay would harm the 'right of couples to have their own children', which he claimed was the overriding ethical priority in IVF and outweighed the 'irrelevant' misgivings of critics such as Paul Ramsey.[169] 'Patients have the right to benefit from research', Edwards concluded, 'and there is no reason to believe that ethical advice from outsiders about their condition is sounder than their own judgement of it.'[170]

Edwards had the chance to air these views as a member of another British Association working party on the ethics of 'breakthroughs' such as IVF and genetic screening, which was chaired by the biologist Walter Bodmer and also included Gordon Dunstan, the Labour politicians Shirley Williams and David Owen, the science journalist John Maddox and the biologist Anne McLaren.[171] This group toed a now familiar line when they considered the role of outsiders. Their 1974 report agreed that 'lawyers, theologians and Members of Parliament need to be closely involved with scientists in discussions of the implications of scientific research', but again maintained that decision-making should continue to rest solely 'with the experimenter, his profession, and the local ethical committee which has to approve any line of research'.[172] The report also echoed Edwards's publications when it claimed there was 'no objection' to the development of IVF, provided that it was used by married couples and 'that only the husband's sperm will be used for fertilization of the ova removed from the wife's ovaries'.[173] Members of a CIBA symposium on reproductive medicine, which included Edwards and Steptoe, reached similar conclusions when they agreed that IVF posed fewer ethical and legal problems than AID because it did not involve a third party and did not undermine marriage by raising questions over paternity.[174]

These factors ensured that there was no sustained critique of IVF in Britain by the mid 1970s. In contrast to American figures such as Paul Ramsey, high-profile theologians such as Ian Ramsey and Gordon Dunstan voiced no concerns and claimed that decisions should be left to doctors or scientists. Their 'hands-off' stance allowed scientists such as Robert Edwards to dominate ethical debates, and in line with his presentation of IVF as a cure for infertility 'that does not pose any moral problems', ambivalent newspaper articles gave way to positive reports that claimed that it offered hope to thousands of childless couples.[175] The absence of any major criticism also stemmed from the fact that pro-life groups such as the Society for the Protection of Unborn Children (SPUC) lacked the profile and influence of their American counterparts throughout the 1970s, and did not target biomedical research as part of their campaigns against abortion.[176] Indeed, politicians who opposed the 1967 Abortion Act, such as the Conservative Norman St John Stevas,

publicly supported IVF provided it was used by married couples, where a woman's ovum was fertilised by her husband's sperm *in vitro* and it was 'impossible for her to have a child in any other way'.[177]

In their discussion of IVF, politicians also continued to argue that scientists and doctors should be free to determine the course of research. Despite ambivalent newspaper reports in the late 1960s, they showed no enthusiasm for a public inquiry and were content to leave decisions to professional bodies such as the MRC and the BMA.[178] Later in the 1970s, Shirley Williams and David Owen agreed with the rest of Walter Bodmer's working party that 'the experimenter and his profession' should continue to determine the course of research. Williams, in particular, had long believed that external control of science was 'terribly dangerous' after travelling to the Soviet Union and seeing how political efforts to promote Lysenko had devastated agriculture and genetics.[179] When she responded to fears over the 'biological time-bomb' by calling for new regulatory machinery in *The Times*, Williams argued that this should consist of a committee that was not composed of politicians and other outsiders, but of 'scientific advisers, representing the various sciences and responsible to the Cabinet Office'.[180]

But the political attitude to outside involvement appeared to change later in the decade, when the Labour government established a National Consumer Council in 1975 and began to argue that the views of different stakeholders, not just professionals, should be heard in the formulation of policy for public services.[181] The Prime Minister James Callaghan promoted widened participation in a 1976 speech on the future of education, when he called for a 'great debate on the subject, conducted in every region of the country, to which representatives of industry, trade unions, parents and local authorities should be invited'.[182] Crucially, the government was also keen to hear from different interest groups in its assessment of new scientific procedures. This was made clear when Fred Mulley, the Secretary of State for Education and Science, appointed a working party on the regulation of genetic manipulation techniques in August 1975.[183] This group, which consisted solely of doctors and scientists and was chaired by the bacteriologist Sir Robert Williams, recommended the establishment of an advisory body to provide ministers with guidance on potential hazards and containment risks. At their initial meetings, they argued that this should be a non-statutory body composed of eminent scientists with expertise in genetic manipulation techniques.[184] But while ministers agreed that the proposed 'Genetic Manipulation Advisory Group' (GMAG) should not have the statutory power to forbid experiments, they believed that it should include non-scientific members to assuage public fears about the risks of genetically modified micro-organisms. Following this advice, the final report of Williams's working party proposed that: 'The membership of GMAG should include not only scientists with knowledge both of the techniques in question and of relevant safety and precaution measures but also individuals able to take account of the interests of employees and the general public.'[185]

Shirley Williams became Secretary of State for Education and Science following a Cabinet reshuffle in September 1976, and one of her first jobs was to select the members of GMAG and determine its remit 'following consultation with other Ministers concerned'.[186] GMAG's terms of reference were to advise scientists involved in genetic manipulation, undertake continuing assessment of risks and precautions, maintain contacts with the relevant government departments, keep records of containment facilities, make available advice on matters concerning genetic manipulation, including staff training, and issue annual reports.[187] In what was credited as 'a novel organizational response to fears about genetic manipulation', these tasks were to be performed not only by practising scientists and trade union representatives, many of whom were scientists themselves, but also by non-scientists whose job was to 'represent the public interest'.[188]

Shirley Williams selected four individuals to represent the public interest on GMAG: Marie Jahoda, a sociologist from the University of Sussex; Jean Lawrie, from the Women's Doctors Federation; John Maddox, the science journalist and director of the charitable Nuffield Foundation; and Jerome Ravetz, a former member of the BSSRS and author of a 1973 book on *Scientific Knowledge and Its Social Problems*.[189] The inclusion of lay members with no ties to science and industry was designed to safeguard public trust in GMAG, by showing it was not simply a vehicle for professional interests.[190] It also seemed to represent a break from the *laissez-faire* belief that scientists or doctors were the best guardians of the professional and the public interest, which had long underpinned political support for club regulation in Britain.

But this was not quite the case. GMAG was certainly not comparable to American bodies such as the National Commission for Protection of Human Subjects and the later President's Commission for the Study of Ethical Problems in Medicine, which was established by President Jimmy Carter in 1978.[191] This was clear when civil servants stressed that 'working scientists must be the backbone' of GMAG.[192] Secondly, and in a more telling contrast, the lay representatives were the least influential members of GMAG and had little say in its decision-making.[193] Most of the issues GMAG considered were highly technical, and debates were consequently led and decided by the scientific

members. With the exception of John Maddox, who was competent enough in risk analysis to play some part in debates on containment, 'the public interest representatives had but limited success in mainly peripheral matters'.[194]

It was also never made clear just how the lay members were supposed to represent the 'public interest', other than by voicing possible misgivings and refereeing clashes between scientists and trade union members.[195] What was more, while the meetings of American groups were recorded and open to the public, GMAG meetings were conducted behind closed doors and bound by the Official Secrets Act.[196] This meant that the lay members were unable to publicly voice any concerns they may have held, or were censured if they did. Jerome Ravetz, for instance, was removed from GMAG after he expressed his frustrations in a conference talk and described the inclusion of lay members as nothing more than 'a cosmetic exercise'.[197]

Ravetz, a former colleague of Stephen Toulmin, was well aware of the emergence of bioethics in the United States and was frustrated at the ancillary role that British outsiders played in the oversight of science and medicine.[198] In committees such as GMAG, as elsewhere, they were viewed as useful in the discussion of ethical issues but marginal to decision-making and policy formation. Yet few people voiced any dissatisfaction at this situation, and critics such as Ravetz were firmly in the minority by the late 1970s. This was not lost on Walter Bodmer's working party, which noted that Britain lacked 'calls for research to be controlled from outside the scientific field'.[199] While calls for outside participation did emerge from the BSSRS, these declined markedly after its radical members left in 1972 because they viewed it as an 'insufficiently socialist' organisation.[200] Elite members also left the BSSRS during this period to form a more moderate Council for Science and Society, which focused more on improving public confidence than on demanding outside participation.

In contrast to American figures such as Katz and Paul Ramsey, the most influential 'outsiders' who discussed medical research in Britain, such as Ian Ramsey and Gordon Dunstan, also offered no challenge to club regulation. Perhaps unsurprisingly, then, criticism of the lack of outside involvement in Britain tended to come from elsewhere. American bioethicists such as Edmund Pellegrino claimed that the CIBA symposia needed 'wider representation', while the radical philosopher Ivan Illich told Alastair Campbell that he regarded groups such as the LMG as little more than 'medical masturbation'.[201] Casting a glance across the Atlantic in a 1978 report on IVF, and detailing how theologians such as Paul Ramsey influenced federal policies, the *British Medical Journal* rightly noted that bioethics was 'an American trend'.[202] But this was to change dramatically in the 1980s, as growing numbers of British outsiders called for external involvement with decision-making, and the policies of a new Conservative government led doctors to acknowledge that 'the era which required paternalism is past'.[203]

Conclusion

During the late 1960s and 1970s, increasing numbers of non-doctors and scientists began to discuss the ethics of new procedures such as genetic research and IVF. In Britain, as in the United States, these 'trans-disciplinary' debates were encouraged by theologians such as Ian Ramsey and Gordon Dunstan. We should not presume, as some do, that religious figures engaged with issues such as IVF simply because they raised unprecedented moral dilemmas. Ramsey and Dunstan, among others, instead claimed that IVF touched on longstanding moral questions, but argued that new approaches were needed because these questions had become hard to answer in pluralist and increasingly secular societies. Informed debates and 'more responsible decisions' could only be reached, they argued, by seeking the views of different professions. This was also the case in the United States, where Tristram Engelhardt Jr claims that 'the wide plurality of beliefs' led theologians such as Paul Ramsey to discuss medical research, and to encourage lawyers, philosophers and others to do likewise.[204] Viewing the decline in religious belief as a significant influence on these 'trans-disciplinary' debates, rather than focusing on the inherently controversial nature of new procedures, helps link the activities of these theologians to their broader social context. This is evident in the 'situational' approach that Ian Ramsey and Joseph Fletcher endorsed, which they viewed both as a response to and a cause of the increasingly 'spontaneous' climate in the 1960s and 1970s.[205]

But while links certainly existed between Britain and the United States, we must also be aware of the significant differences. The growing involvement of theologians and other outsiders in 'trans-disciplinary' debates does not mean that both countries witnessed what Richard Ashcroft identifies as a shift 'from medical ethics to bioethics'. Bioethics, Ashcroft argues, differs from medical ethics because theologians, lawyers and philosophers play a more active role in decision-making, and the issues under consideration 'move from being internal concerns of the professions to matters of public, political debate'.[206] Theologians clearly led a 'shift from medical ethics to bioethics' in the United States during the 1970s, portraying issues such as IVF as public concerns and successfully demanding a role in decision-making. But this was not the case in Britain. The theologians who discussed medical ethics there believed that ethical

issues were largely professional concerns, positioned themselves as ancillaries to doctors, and did not look to shape professional conduct. In direct contrast to their American counterparts, they argued that 'responsibility for making decisions' should continue to rest with doctors and scientists.[207]

Footnotes

1 Ramsey Ian. Moral Problems acing the Medical Profession at the Present Time. Inaugural Address to the Annual BMA Clinical Meeting; April 1972; Nicosia, Cyprus. Ramsey archives.

2 Ibid. See also Ramsey Ian. A New Prospect in Theological Studies. Theology. 1964;Vol. 67:527–535.

3 Ramsey Ian T, Porter Ruth, editors. Personality and Science: An Interdisciplinary Discussion. Edinburgh and London: Churchill Livingstone; 1971. p. 143.

4 Anon. Brave New Medical World. Progress in Medical Ethics. 1968;(no. 1):1–2. *Progress in Medical Ethics* was a periodical published by the London Medical Group between 1968 and 1972.

5 Robert Sinsheimer, quoted in Wilson, *Tissue Culture in Science and Society*, p. 75. See also Turney Jon. Frankenstein's Footsteps. New Haven, CT: Yale University Press; 1998.

6 Potter Dennis. Biological Revolution: But What Else? The Times. 1968 April 27;:18.

7 Rattray-Taylor Gordon. The Biological Time-Bomb. London: Thames and Hudson; 1968. p. 21.

8 McKnight Gerald. Breakthrough for Boffins Trying to Answer the Puzzle "Can Life Be Created?" Tit-Bits. 1967 June 24;:24.

9 *Towards Tomorrow, Biology: Assault on Life* (BBC 1, screened 7 December 1967). For more on this documentary, see Wilson. Tissue Culture in Science and Society. :78–80.

10 Williams MP Shirley. The Responsibility of Science. The Times Saturday Review. 1971 February 27;:15.

11 Edwards Robert G, Bavister Barry D, Steptoe Patrick C. Early Stages of Fertilization *in vitro* of Human Oocytres Matured *in vitro*. Nature. 1969;Vol. 221:632–635. [PubMed: 4886881] For background to research on IVF, including its origins in animal physiology, see Turney. Frankenstein's Footsteps. :161–165.

12 Anon. What Comes After Fertilization? Nature. 1969;Vol. 221:613. [PubMed: 5813198] See also Turney. Frankenstein's Footsteps. :167.

13 Turney. Frankenstein's Footsteps. :167.

14 Ibid.

15 Tucker Anthony. Conception in the Lab. Guardian. 1969 February 15;:9.

16 Ibid. Earlier reports also highlighted the eugenic implications of IVF. See Tucker Anthony. A New Breed of Men? Guardian. 1966 February 22;:6.

17 Kit Pedler, cited in Turney. Frankenstein's Footsteps. :172.

18 Maurice Pappworth, 'Experimental Work on Early Human Embryos' (undated manuscript). Wellcome archives, Maurice Pappworth papers: PP/MHP/C/5.

19 Ibid.

20 Gould Donald. Guinea Pig Code. New Statesman. 1971 November 12;:26.

21 Dixon Bernard. What is Science For? London: Collins; 1973. p. 14.

22 Ibid, pp. 53, 213. Emphasis in original. See also Dixon Bernard. Science and the Silent Citizen. New Scientist. 1970 August 27;:410–412.

23 Dixon. What is Science For? :214.

24 Ibid. Emphasis in original.

25 Ibid, p. 223.

26 Ibid, p. 217.

27 Ibid.

28 Ibid, p. 191. See also Werskey. The Marxist Critique of Capitalist Science. :431–432.

29 Rose Steven, Rose Hilary. The Radicalization of Science. In: Steven, Rose Hilary, editors. The Radicalization of Science. London: MacMillan Press; 1976. pp. 1–32. (p. 19).

30 Ibid, p. 20.

31 Werskey. The Marxist Critique of Capitalist Science. :431.

32 R. Smith to Honor B. Fell, 19 February 1969. Wellcome archives, Strangeways Research Laboratory Papers: SA/SRL/G.46.

33 Wilkins Maurice. Science, Technology and Human Values. In: Fuller Watson, editor. The Social Impact of Modern Biology. London: Routledge and Kegan Paul; 1971. pp. 5–10. (p. 5). See also, Wilkins Maurice. Making Science More Socially Responsible. The Times. 1970 November 26;:26.

34 Rose, Rose Radicalization of Science. :19–22. [PubMed: 4070356]

35 Hilary, Rose Steven. Science and Society. London: Pelican; 1969. p. 268.

36 Ibid, pp. 269, 271.

37 Ibid, p. 269.

38 Dixon. Science and the Silent Citizen. :193–194.

39 Ibid.

40 Whong-Barr Michael. Clinical Ethics Teaching in Britain: A History of the London Medical Group. New Review of Bioethics. 2003;Vol. 1(no. 1):73–84. [PubMed: 15706670] (p. 81).

41 Ramsey Ian. The Way Ahead for Christian Thinking. Point Magazine. 1968;(No. 3):57–62.

42 Edwards David L. Ramsey, Ian Thomas (1915–1972). Oxford Dictionary of National Biography. , http://www.oxforddnb.com/view/article/31583 (accessed 7 February 2014).

43 Ayer. Language, Truth and Logic. :103.

44 Edwards David L. Ian Ramsey, Bishop of Durham: A Memoir. London: Oxford University Press; 1973. p. 3.

45 Edwards. Ramsey, Ian Thomas.

46 Dunstan Gordon. The Authority of a Moral Claim: Ian Ramsey and the Practice of Medicine. Journal of Medical Ethics. 1987;Vol. 13:189–194. [PMC free article: PMC1375495] [PubMed: 3320370] (p. 189).

47 Church Assembly Board for Social Responsibility, Abortion: An Ethical Discussion. London: Church Information Office; 1965. Church Assembly Board for Social Responsibility, Decisions About Life and Death: A Problem in Modern Medicine. London: Church Information Office; 1965. Church Assembly Board for Social Responsibility, Sterilization: An Ethical Inquiry. London: Church Information Office; 1962. Church Assembly Board for Social Responsibility, Ought Suicide to be a Crime? London: Church Information Office; 1959. For background to these committees' recommendations, see Ramsey Ian. Christian Ethics in the 1960s and 1970s. The Church Quarterly. 1970;Vol. 2:221–227. Not all the reports were liberal, however, and the report on sterilisation has been described as 'more hesitant about its use in limiting the population than liberal opinion was tending to be'. See Edwards. Ian Ramsey. :59.

48 Edwards. Ian Ramsey. :59.

49 Ramsey. A New Prospect in Theological Studies. :530.

50 Ibid.

51 Ian Ramsey, cited in Edwards, *Ian Ramsey*, p. 4.

52 Ramsey. Christian Ethics in the 1960s and 1970s. :227.

53 Perkin. The Rise of Professional Society. :477–478.

54 Brown Callum G. The Death of Christian Britain: Understanding Secularisation, 1800–2000. London and New York: Routledge; 2001. p. 170.

55 Ibid, p. 176.

56 Robinson John AT. Honest To God. London: SCM Press; 1963. For more on the background and reception to Robinson’s book, see Sandbrook. White Heat. :434–436.

57 Perkin. The Rise of Professional Society. :477.

58 Horace Judson to Ian T. Ramsey, 7 March 1966. Ramsey archives.

59 Thomas RS. A Frame for Poetry. Times Literary Supplement. 1966 March 3;:169.

60 Ramsey. A New Prospect in Theological Studies. :531.

61 Ibid, p. 532.

62 Ramsey. Christian Ethics in the 1960s and 1970s. :223–224.

63 Ibid, p. 224.

64 Ramsey. A New Prospect in Theological Studies. :533.

65 Ibid, p. 532.

66 G. E. Harding, CCH, to Ian T. Ramsey, 15 August 1963. Ramsey archives.

67 Anon. Report of Working Party on Clergy-Doctor Co-operation. London: 1963. p. 4. Ramsey archives.

68 Institute of Religion of Medicine. London: 1970. p. 2. See also Gillie Annis, Weatherhead Leslie D. The Institute of Religion and Medicine. Journal of the Royal College of General Practitioners. 1968;Vol. 15:226.

69 Institute of Religion and Medicine. :3.

70 G. E. Harding, CCH, to Ian T. Ramsey, 15 August 1963. Ramsey archives. For more on the LMG, see Whong-Barr. Clinical Ethics Teaching in Britain.

71 Anon. Report of the Working Party on Doctor-Clergy Co-operation. :4.

72 Andrew Mepham, cited in Boyd, ‘The Discourses of Bioethics’, p. 487. For more background on Mepham’s report, see Reynolds LA, Tansey EM, editors. Medical Ethics Education in Britain, 1963–1993. London: Wellcome Trust Centre for the History of Medicine; 2007. pp. 76–77.

73 For a first-hand account of the origins and early years of the LMG, see Shotter Edward. Appendix One: A Retrospective Study and Personal Reflection on the Influence of the Medical Groups. In: Reynolds, Tansey, editors. Medical Ethics Education in Britain. pp. 71–121. See also Whong-Barr. Clinical Ethics Teaching in Britain. :75–76.

74 The list of lecture topics is held at the LMG files at the Wellcome Library: GC/253/A/31/8. Shotter also organised annual LMG conferences from 1964 onwards. The first, a ‘Conference for Medical and Theological Students’, was held in February 1964 and consisted of seminars on medical ethics, human relations, preparing for death, and neurosis and Christian belief. ‘Conference for Medical and Theological Students’ (February 1964). Wellcome archives GC/253/A/31/8. Subsequent annual conferences looked at the welfare state (1965), aspects of guilt (1966), the prolongation of life (1967), the pattern of medical care (1969) and the new poor (1970).

75 LMG lecture lists for 1963/64 and 1964/65. Wellcome archives GC/253/A/31/8.

76 Whong-Barr. Clinical Ethics Teaching in Britain. :76. Whong-Barr notes that to ensure topics were openly discussed, and in order to maintain confidentiality, clinicians never spoke at hospitals where they worked.

77 Shotter Edward. Twenty-Five Years of Medical Ethics: A Report on the Development of the Institute of Medical Ethics. London: Institute of Medical Ethics; 1988. pp. 6–7.

78 Dunstan. Authority of a Moral Claim. :192. [PMC free article: PMC1375495] [PubMed: 3320370]

79 Whong-Barr. Clinical Ethics Teaching in Britain. :77.

80 Shotter. Retrospective Study and Personal Reflection on the Influence of the Medical Groups. :85.

81 Dunstan. Authority of a Moral Claim. :192. [PMC free article: PMC1375495] [PubMed: 3320370]

82 Whong-Barr. Clinical Ethics Teaching in Britain. :76.

83 Edward F. Shotter to Ian T. Ramsey, 9 May 1968. See also Reynolds, Tansey, editors. Medical Ethics Education in Britain. pp. 197–198.

84 Ian T. Ramsey to Edward F. Shotter, 24 August 1966. Ramsey offered to resign from the LMG governing body after missing several meetings in 1969, but his resignation was rejected. Ian T. Ramsey to Edward F. Shotter, 18 February 1969. Ramsey archives.

85 Ian Ramsey (chair), 'First Meeting of a Group Convened Under the Provisional Title "Science and Personality" at the CIBA Foundation', 12 May 1967. Ramsey archives. The CIBA Foundation's preference for technical expertise was evident in its 1963 symposium on 'Man and His Future', where the vast majority of participants were doctors or scientists. It was also evident in the 1966 symposium on 'Ethics in Medical Progress, with Special Reference to Transplantation', which included greater numbers of 'outsiders' and was chaired by a lawyer, but was still dominated by doctors and medical scientists.

86 Ian Ramsey, 'Introduction', typescript notes (1968). Ramsey archives. See also Ramsey Ian T. Ramsey, Porter, editors. Introduction. Personality and Science. :1–5.

87 Ramsey. A New Prospect for Theological Studies. :530.

88 Church of England Social Morality Council, 'Moral Education Project' (1968).

89 Ibid. Emphasis in original.

90 Ibid. Emphasis in original.

91 Ramsey was one of twenty-six bishops with seats in the House of Lords, and often used this position to 'take the lead in expressing the Church of England's reactions to moral problems of the day'. See Edwards. Ramsey, Ian Thomas.

92 Walter Hedgecoe, Secretary BMA Board of Science and Education, to Ian T. Ramsey, 30 October 1970. Ramsey archives.

93 Ramsey. Moral Problems Facing the Medical Profession.

94 Ibid.

95 Ibid.

96 Ibid. For more on how moral pluralism necessitated new modes of debate, see also Ramsey Ian. Biology and Personality: Some Philosophical Reflections. In: Ramsey Ian T, editor. Biology and Personality: Frontier Problems in Science, Philosophy and Religion. Oxford: Basil Blackwell; 1965. pp. 174–195.

97 Ramsey. Christian Ethics in the 1960s and 1970s. :224.

98 Ibid, p. 226.

99 Ramsey, 'Moral Problems Facing the Medical Profession'. See also Ramsey. Christian Ethics in the 1960s and 1970s. :221.

100 Gustafson James M. Context Versus Principles: A Misplaced Debate in Christian Ethics. Harvard Theological Review. 1965;Vol. 58:171–202. (p. 177). Gustafson was not endorsing a 'contextual' approach here, but was paraphrasing supporters such as Lehmann.

101 Jonsen. The Birth of Bioethics. :41. See also Ramsey. Christian Ethics in the 1960s and 1970s. :224.

102 One major example was Paul Ramsey. For an overview of Ramsey's critique of 'situational ethics', see Gustafson. Context Versus Principles. :189–190.

103 Jonsen. The Birth of Bioethics. :43.

104 Fletcher Joseph. Morals and Medicine. London: Victor Gollancz; 1955. p. xii. Emphasis in original.

105 Fletcher. Morals and Medicine. :25.

106 Ibid, p. 10. Emphasis in original.

107 Ibid, p. 33.

108 Ibid, p. 26.

109 Ibid, p. 28.

110 Fletcher Joseph. Situation Ethics: The New Morality. London: SCM Press; 1966. p. 29.

111 Ibid, p. 37.

112 Ibid, p. 30.

113 Ibid, p. 33.

114 Ibid, p. 39.

115 Jonsen. The Birth of Bioethics. :42. Fletcher also acknowledged his debt to the work of theologians such as Paul Lehmann and the pragmatist philosophy of John Dewey, who argued that the morality of a specific issue hinged on the circumstances in which it arose, and that ethics was ‘not a catalog of acts or set of rules to be applied like drugstore prescriptions or cook-book recipes’. See Dewey John. Reconstruction in Philosophy. London: University of London Press; 1920. pp. 169–170. See also Fletcher. Situation Ethics. :14–15. 40–42.

116 Ramsey. Christian Ethics in the 1960s and 1970s. :224.

117 Ian T. Ramsey to Joseph Fletcher, 22 November 1965. Joseph Francis Fletcher papers, University of Virginia Historical Collections, File number 006:054. Ian T. Ramsey to Revd David L. Edwards, SCM Press, 16 June 1966. Ramsey archives.

118 Fox, Swazey Observing Bioethics. :65.

119 Ibid.

120 See, for example, Jonsen. The Birth of Bioethics. :36–39.

121 Sandbrooke. White Heat. :438.

122 For a full discussion of Catholic attitudes to medical ethics, see Wilson John. PhD thesis, University of Durham, 2010. Abortion, Reproductive Technology and Euthanasia: Post-Conciliar Responses from within the Roman Catholic Church in England and Wales, 1965–2000. Available online at http://etheses.dur.ac.uk/3076 (accessed 7 February 2014).

123 Ian T. Ramsey to J. D. Newth, Messrs. A & C. Black Ltd, 2 February 1966. Ramsey archives.

124 Ramsey Paul. Lehmann’s Contextual Ethics and the Problem of Truth-Telling. Theology Today. 1965;Vol. 21:466–476. (p. 473). See also Ramsey Paul. The Just War: Force and Political Responsibility. New York: Scribner’s; 1968. Deeds and Rules in Christian Ethics. New York: Scribner’s; 1967.

125 Ramsey Paul. Fabricated Man: The Ethics of Genetic Control. New Haven, CT, and London: Yale University Press; 1970. pp. 17–18. See also Evans John H. The History and Future of Bioethics: A Sociological View. Oxford: Oxford University Press; 2012. pp. 17–18.

126 Ramsey Paul. The Patient as Person: Explorations in Medical Ethics. New Haven, CT, and London: Yale University Press; 1970. p. 4.

127 Ramsey. Fabricated Man. :19. See also Jonsen Albert. The Structure of an Ethical Revolution: Paul Ramsey, the Beecher Lectures and the Birth of Bioethics. In: Ramsey Paul, editor. The Patient as Person: Explorations in Medical Ethics. 2nd edn. New Haven, CT, and London: Yale University Press; 2002. pp. xvi–xxix.

128 Ramsey. Fabricated Man. :18.

129 Ramsey. The Patient as Person. :xiv, 11–12. See also Ramsey Paul. The Ethics of Fetal Research. New Haven, CT: Yale University Press; 1975.

130 Ramsey. The Patient as Person. :xviii.

131 Ibid, p. xvi.

132 Ibid, p. xviii.

133 Ibid, p. xvii.

134 Walter Mondale, cited in Rothman. Strangers at the Bedside. :169.

135 Jerald Brauer, cited in Jonsen. The Birth of Bioethics. :92.

136 Owen Wangansteen, cited in Rothman. Strangers at the Bedside. :173.

137 Owen Wangansteen, cited in Jonsen. The Birth of Bioethics. :93.

138 Ramsey. The Patient as Person. :xi.

139 Ramsey. Ethics of Fetal Research. :xxi.

140 Katz Jay. Experimentation with Human Beings. New York: Russell Sage Foundation; 1972. p. 606.

141 Katz Jay. Who is to Keep Guard over the Guardians Themselves? Fertility and Sterility. 1972;Vol. 23:604–609. [PubMed: 5045662]

142 Katz. Experimentation with Human Beings. :1.

143 For more on this controversy, see Reverby Susan, editor. Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study. Chapel Hill, NC: University of North Carolina Press; 2000. Jones James L. Bad Blood: The Tuskegee Syphilis Study. New York: The Free Press; 1992. Brandt Allan M. Racism and Research: The Case of the Tuskegee Syphilis Study. The Hastings Center Report. 1978;Vol. 8(no. 6):21–29. [PubMed: 721302]

144 Jonsen. The Birth of Bioethics. :148.

145 On American discussion of foetal research in this period, see Wilson. Tissue Culture in Science and Society. :93–99.

146 Fox, Swazey Observing Bioethics. :128–145. Jonsen. The Birth of Bioethics. :102–104.

147 Edwards Robert, Steptoe Patrick. A Matter of Life: The Story of IVF – A Medical Breakthrough. 2nd edn. London: Finestride & Crownchime; 2011. p. 113.

148 Ramsey Paul. Shall We "Reproduce"? The Ethics of In Vitro Fertilization I. Journal of the American Medical Association. 1972;Vol. 220(no. 10):1346–1350. [PubMed: 5067324] (p. 1346).

149 Culliton, Waterfall Flowering of American Bioethics. :1270. [PMC free article: PMC1608567] [PubMed: 709314] See also Ramsey Paul. Manufacturing Our Offspring: Weighing the Risks. Hastings Center Report. 1978;Vol. 8:7–9. [PubMed: 721441]

150 See Wilson. Tissue Culture in Science and Society. :94–95. Turney. Frankenstein's Footsteps. :180–181.

151 Culliton Barbara. National Research Act: Restores Training, Bans Fetal Research. Science. 1974;Vol. 185:426–427. [PubMed: 17743076]

152 L. W. Fussell, E. A. Barton, F. H. Stevens, Jack Ramsey, A. B. Dawes, F. Nickalls, C. Lawson-Tancred, W. R. Ford and D. Rodgers to Ian Ramsey, 22 December 1971. Ramsey archives.

153 Ian Ramsey to Edwin Barker, 14 January 1972. Ramsey archives.

154 Dunstan Gordon. The Artifice of Ethics. London: SCM Press; 1974. p. 67.

155 Ramsey. Introduction. :3.

156 Anon. General Discussion. In: Ramsey, Porter, editors. Personality and Science. pp. 133–143. (p. 143).

157 Ramsey. Moral Problems Facing the Medical Profession.

158 Edward F. Shotter to Ian T. Ramsey, 18 May 1971. Ramsey archives.

159 Ian T. Ramsey to Edward F. Shotter, 28 June 1971. Ramsey archives.

160 Alastair Campbell, telephone interview with the author (May 2009). See also Reynolds, Tansey, editors. Medical Ethics Education in Britain. pp. 64–65.

161 Campbell Alastair. Moral Dilemmas in Medicine. Edinburgh and London: Churchill Livingstone; 1972. p. 7.

162 Campbell, interview with the author (2009).

163 Campbell Alastair. Philosophy and Medical Ethics. Journal of Medical Ethics. 1976;Vol. 2:1–2. (p. 2).

164 Gordon C, Scorer, Hill Douglas. Continuing the Debate: The Role of the Medical Ethicist. Journal of Medical Ethics. 1978;Vol. 4:157. [PMC free article: PMC1154671] [PubMed: 691022]

165 Morley David. The Sensitive Scientist: Report of a British Association Study Group. London: SCM Press; 1978. p. 128.

166 Edwards Robert G. Fertilization of Human Eggs *In Vitro*: Morals, Ethics and the Law. Quarterly Review of Biology. 1974;Vol. 49:3–26. [PubMed: 4598817] (p. 15). See also Edwards Robert G. Aspects of Human Reproduction. In: Fuller, editor. The Social Impact of Modern Biology. pp. 108–122.

167 Edwards. Fertilization of Human Eggs *In Vitro*. :19.

168 Ibid, p. 19. The MRC mainly refused to fund Edwards and Steptoe because they had not undertaken work on primates, which raised fears about potential developmental abnormalities in humans. For more on this decision, see Johnson Martin H, Franklin Sarah B,

Cottingham Matthew, Hopwood Nick. Why the MRC Refused Robert Edwards and Patrick Steptoe Support for Research on Human Conception in 1971. Human Reproduction. 2010;Vol. 25:2157–2174. [PMC free article: PMC2922998] [PubMed: 20657027]

169 Edwards rejected Paul Ramsey's claim that IVF was unethical because embryos could not provide informed consent beforehand. 'Every medical treatment', he argued, 'from eating aspirin to open-heart surgery, carries a risk for each patient, and foetuses are not asked beforehand about their own conception or even their abortion.' See Edwards. Fertilization of Human Eggs *In Vitro*. :14, 16.

170 Ibid, p. 11.

171 Baroness Shirley Williams, interview with the author (Millbank House, London, September 2010).

172 Jones Alun, Bodmer Walter. Our Future Inheritance: Choice or Chance? A Study by a British Association Working Party. Oxford: Oxford University Press; 1974. p. 40.p. 132.

173 Ibid, p. 41.

174 Wolstenholme Gordon, Fitzsimmons David W, editors. The Law and Ethics of AID and Embryo Transfer. London and New York: Elsevier; 1973.

175 On positive coverage of IVF in the 1970s, see Goold Imogen. Regulating Reproduction in the United Kingdom: Doctor's Voices, 1978–1985. In: Goold Imogen, Kelly Catherine, editors. Lawyers' Medicine: The Legislature, the Courts and Medical Practice, 1760–2000. Oxford: Hart Publishing; 2009. pp. 167–195.pp. 168–175.

176 Tucker Anthony. The Brave New World of Test Tube Babies. Guardian. 1978 July 27;:11.

177 Edwards, Steptoe A Matter of Life. :105.

178 Goold. Regulating Reproduction in the United Kingdom.

179 Williams Shirley. interview with the author. 2010

180 Williams. Responsibility of Science.

181 Mold. Patient Groups and the Construction of the Patient-Consumer. :510. [PMC free article: PMC2925204] [PubMed: 20798768]

182 Williams Shirley. Climbing the Bookshelves: The Autobiography. London: Virago; 2009. p. 234.

183 This working party was established following the recommendations of an earlier review of the potential risks and benefits of genetic manipulation, which was chaired by the botanist Lord Ashby. For more detail, see Bennett David, Glasner Peter, Travis David. The Politics of Uncertainty: Regulating Recombinant DNA Research in Britain. London: Routledge and Kegan Paul; 1986.

184 Ibid, p. 49.

185 Sir Robert Williams (chair), Report of the Working Party on the Practice of Genetic Manipulation. London: HMSO; 1976. p. 13. Most participants in the working party and GMAG attribute this change to Shirley Williams, although Bennett, Glasner and Travis note that she was not yet Secretary of State for Science and Education when the Williams report was published. See Bennett, et al. The Politics of Uncertainty. :57–58.

186 Anon. GMAG Source of Authority and Terms of Reference. 1977 National Archives, Kew Gardens, London (henceforth National Archives). Medical Research Council files: File number FD7/2523. See also Bennett, et al. The Politics of Uncertainty. :73–77. 185.

187 Anon. GMAG Source of Authority and Terms of Reference. 1977

188 Bennett, et al. The Politics of Uncertainty. :71. Two of the four trade union representatives were scientists with a direct interest in genetic manipulation.

189 Anon. Present Status of Genetic Manipulations in Your Country: Composition of GMAG. 1977 National Archives: FD7/2523.

190 Jerome Ravetz, interview with the author (Oxford, August 2010); Bennett, et al. The Politics of Uncertainty. :164.

191 For more on the President's Commission, see Fox, Swazey Observing Bioethics. :133–134.

192 Dr Vickers, Medical Research Council, 'Background Note for Item 5 – Safeguards Against Genetic Manipulation' (February 1977). National Archives: FD7/2523.

193 Anonymous lay member of GMAG, cited in Bennett et al., *The Politics of Uncertainty*, p. 166; Ravetz, interview with the author (2010).

194 Bennett, et al. The Politics of Uncertainty. :169.

195 Ravetz, interview with the author (2010).

196 Bennet, et al. The Politics of Uncertainty. :169. On the public nature of American committees, see Capron Alexander. Looking Back at the President’s Commission. The Hastings Center Report. 1983;Vol. 13(no. 5):7–10. [PubMed: 6580285]

197 Ravetz, interview with the author (2010).

198 Ibid.

199 Jones, Bodmer Our Future Inheritance. :117.

200 Ravetz, interview with the author (2010); Werskey, ‘The Marxist Critique of Capitalist Science’, p. 431.

201 Campbell, interview with the author (2009). Illich made his remarks to Campbell after an LMG talk, which was reprinted in the *Journal of Medical Ethics*. See Illich Ivan. The Medicalization of Life. Journal of Medical Ethics. 1975;Vol. 1:73–77. [PMC free article: PMC1154458] [PubMed: 809583] See also Pellegrino Edmund. Book Review: *Ethics in Medical Progress: With Special Reference to Transplantation*. Quarterly Review of Biology. 1968;Vol 43(no. 4):478–479. (p. 479). Pellegrino argued that in contrast to similar meetings in the United States, ‘social scientists, philosophers and theologians’ were absent from the CIBA symposia, and ‘the philosophical substratum for the recommendations and actions of the participants are touched on only tangentially’.

202 Culliton, Waterfall Flowering of American Bioethics. :1270. [PMC free article: PMC1608567] [PubMed: 709314]

203 Black Douglas. Both Sides of a Public Face. British Medical Journal. 1981;Vol. 282:2044–2045. (p. 2044).

204 Engelhardt H Tristram Jr. The Foundations of Bioethics. New York and Oxford: Oxford University Press; 1986. p. ix.

205 Ramsey. Christian Ethics in the 1960s and 1970s. :224.

206 Ashcroft Richard. Emphasis Has Shifted from Medical Ethics to Bioethics. British Medical Journal. 2001;Vol. 332:302. [PMC free article: PMC1119542] [PubMed: 11271610]

207 Ramsey. Moral Problems Facing the Medical Profession.

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