

# Response to Open Peer Commentaries on “The Scourge: Moral Implications of Natural Embryo Loss”

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Many of the commentaries have made similar points regarding the nature of full moral status, so I shall begin by addressing these together. They argue that my representation of the Claim is stronger than many proponents of full moral status would accept (Ord 2008). Robert Card (2008) says that I assume that it is equally bad to lose human life at all stages. Russell DiSilvestro (2008) says that I assume a flawed principle that he calls (M). Marianne Burda (2008) says that I assume that life must be saved or prolonged at all costs. Christopher Dodsworth and colleagues (2008) say that I assume embryos have as much to lose as adults.

I assume none of these things. The argument I put forward works just as well for more subdued claims about the moral status of the embryo. All that is required is to find the badness of embryo death to be at least roughly comparable to the badness of adult death, so that when a proponent of full moral status hears that 30 times more of our moral equals die of spontaneous abortion than die of cancer, their views would require urgent action if such action is possible. The comparison between the badness of adult death and of fetal or embryonic death is made routinely in the literature in support of restrictions upon abortion, in vitro fertilization (IVF) and stem cell research, and it appears to be a mainstream view worthy of serious attention.<sup>1</sup> If a large proportion of those who claim that the embryo has full moral status are none-the-less quite sure that each embryo death is *much* less bad than an adult death, then they owe it to their readers to be more clear about this.

Let us now consider the other points of each commentary in turn.

## SCOURING THE SCOURGE: SPONTANEOUS ABORTION AND MORALITY (ROBERT F. CARD)

Card (2008) points out that the Conclusion would be much easier to accept if it did not require such a large program to stop spontaneous abortion. He suggests that this may be the case because we can make some progress through the relatively straightforward approach of changing some of our sexual behavior. He provides the example of abandoning

the rhythm method as it has been shown to increase spontaneous abortion rates.

While there are indeed some relatively easy things that can be done, they only help a small amount. At best, a worldwide campaign that eliminated use of the rhythm method (which would cost many millions to achieve) might succeed in eliminating 1% of spontaneous abortions, bringing the annual total down from 226 million deaths to 223 million deaths. However, this is but a drop in the ocean. It is the equivalent of suggesting that we might be able to deal with cancer by wearing sunscreen. That will be part of a complete solution, but on its own would only solve a tiny fraction of the problem.

## PRECISELY WHICH CLAIM MAKES SPONTANEOUS ABORTION A SCOURGE? (RUSSELL DISILVESTRO)

DiSilvestro's commentary focuses entirely on my assumptions regarding full moral status. As I have argued in my introduction, the Conclusion does not require a principle as strong as his (M), but merely that the badness of an embryo's death is at least roughly comparable to that of an adult's death. Thus the fact that spontaneous abortion causes more human death than all other causes combined would make it a pressing issue, even if this death toll is born entirely by embryos.

## LETTING NATURE TAKE ITS COURSE (MARIANNE BURDA)

Burda (2008) points to a distinction in Catholic moral theology between ordinary and extraordinary treatment. She points to current preventative measures for spontaneous abortion and states that these would count as extraordinary treatment: so excessively expensive, painful or burdensome that they can be reasonably turned down on behalf of the embryos. Even granting such a distinction, this does not affect my argument. Burda is referring only to the current treatment options. These may indeed be burdensome, but this is all the more reason to develop new and better techniques.

1. Dodsworth and colleagues (2008) make a very emotive comparison of this type in the final paragraph of their own commentary. Address correspondence to Toby Ord, Oxford Uehiro Centre for Practical Ethics, Littlegate House, St. Ebbes Street, Oxford, OX1 1PT, United Kingdom. E-mail: toby.ord@philosophy.ox.ac.uk

For proponents of the Claim, the situation should be like that of the early days of cancer treatment. Back then, treatments were all 'extraordinary', but this did not lessen the immense need for more medical research to develop the newer, cheaper, more effective, and less invasive techniques that followed. I have never claimed that the obligations inherent in the Conclusion were to rest on the shoulders of women considering pregnancy. Instead the need would be to radically change our priorities on a national and international scale, redirecting funding for medical research, or increasing the tax burden to raise the required funds.

Burda offers support for a weakened version of the Conclusion, saying that we should allocate modest resources to research and treatment for early pregnancy loss because it is important, but at the same time there are "many diseases competing for research dollars" (2008, 23). There *are* many other diseases, but spontaneous abortion causes far more deaths than all other diseases combined. Unless embryo deaths are relatively unimportant, the funding would need to be dramatically increased to reflect this scale.

#### **THE SUBJECT OF THE SCOURGE: QUESTIONING IMPLICATIONS FROM NATURAL EMBRYO LOSS (CHARLES C. CAMOSY)**

I agree with much of Camosy's (2008) commentary. Regarding the morality of induced abortion, he points out that people could consistently remain against abortion while dropping the Claim if they say that full moral status begins at some time after conception. Regarding the morality of IVF and stem cell research, he suggests that these might be immoral even if the embryo had merely a partial moral status. To a significant extent, I agree with both these points. My article concerned full moral status from the moment of conception. This is a very common claim and I wished to explain its full implications. I did not explicitly argue against the weaker claims of partial moral status or full status from a later time. I think that they have their own difficulties, which are beyond the scope of this article, but they do avoid the Conclusion and so I would welcome a shift in the debate towards these weaker positions.

#### **NATURAL EMBRYO LOSS—A MISSED OPPORTUNITY (THOMAS A MARINO)**

Marino (2008) begins by criticizing the use of emotional language within the article. The main danger of emotional language is that it smuggles in the author's presuppositions. However, this danger is avoided in the present case, as the only emotional language is hypothetical—I do not believe that embryo loss is a terrible scourge, just that others are forced to see it this way.

He then provides a number of good examples of research on preventing spontaneous abortion. As he shows, there are several promising approaches for reducing its incidence. This only strengthens my point that supporters of

the Claim who wish to avoid the Conclusion cannot simply assert that there is no way in which to avoid spontaneous abortion: there are currently many ways to make small gains and the potential for much larger gains in the future, with new technologies and approaches.

Marino concludes by arguing against the use of scientific evidence in moral arguments. He would have us present the scientific claims in a neutral context and let the readers draw their own conclusions without any guidance. Thus an article such as mine, which shows how a matter of fact combines with a widely held ethical view to produce new and striking practical conclusions, is to be considered somehow illicit and no such arguments are to be made in the journals. I agree with Marino regarding that ethical conclusions cannot be generated from scientific evidence *alone*, but clearly ethical conclusions can be generated from scientific evidence in conjunction with ethical premises and, because these conclusions can be both important and non-obvious, practical ethics does a service by pointing them out.

#### **NATURAL EMBRYO LOSS AND THE MORAL STATUS OF THE HUMAN FETUS (SARAH-VAUGHAN BRAKMAN)**

Brakman (2008) suggests that there are two ways in which the Conclusion is too strong. First, she argues that, although spontaneous abortion would be a problem, it would not be a moral problem as it is not a deliberate harm. However, I think that there are exceptions to this principle when our failure to act is sufficiently serious. For example, a vast number of people die of poverty-related causes each day. The richer countries have the power to prevent a lot of this death and suffering, but they choose not to. To me and many others, this makes the persistence of world poverty a moral problem.

Similarly, the fact that we stand by and devote very few resources to fight the world's most prominent cause of death would also be a moral problem for believers in the Claim. In both cases, a privileged group could make a modest sacrifice to greatly help another group, and yet do surprisingly little. However, even if someone does not accept that this is a moral problem, it makes no great difference to the argument: just delete the word *moral* from the statement of the Conclusion.

Brakman then suggests that while we would be required to do our utmost to investigate ways of preventing this death, we would *not* be required to do so if it was to the detriment of other pressing issues. Such prioritization, she claims, would not follow unless one is committed to a utilitarian moral theory. This is untrue. We are in a world of scarce resources and we cannot adequately deal with all the problems confronting us. When we increase funding for cancer research, we either decrease funding to other areas or increase the tax burden. Utilitarians are the most likely to bring up the topic of prioritization, but we all have to address it. The money for research has to come from somewhere.

**FOR WHAT WE DO, AND FAIL TO DO (CHRISTOPHER DODSWORTH, TIHAMER TOT-HFEJEL, AND ZACH STANGEBYE)**

Dodsworth and colleagues (2008) state that the Conclusion requires that we divert resources towards avoiding spontaneous abortion “to the point of reducing ourselves to subsistence level” (29) and that this requires “Peter Singer-style assumptions” (29). However, I suggest nothing of the sort. According to adherents of the Claim, 220 million of our moral equals are being killed each year by a natural scourge. The Conclusion is merely that we take this at least as seriously as we take cancer, other diseases and natural disasters since these cause significantly fewer deaths. This does not require any Singer-style assumptions, just moral consistency.

Dodsworth and colleagues also state that I have ignored the distinction between doing evil and failing to do good. This is not so. I am well aware of this distinction and legitimately sidestep it by comparing our reaction to spontaneous abortion with our reaction to other natural diseases and disaster, where both are cases of doing (or failing) to do good.

**CONCLUSION**

For proponents of the Claim, there are more deaths from spontaneous abortion than cancer and all other diseases put together. If it were killing adults rather than embryos, if two in three people were dying at its hands, we would obviously

redirect a lot of money from other important areas to fight it. Indeed, it would clearly be the most pressing concern in the world. The onus is on proponents of the Claim to say why they do not treat it as such, when they hold that embryos are as deserving of protection as adults. ■

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