monitoring of the health status of the fetus and treatment or early delivery when needed. Since birth does not constitute a sharp dividing line between those with and those without a social role, there does not appear to be a morally relevant difference between infants and fetuses of sufficient degree to justify the view that infants have moral standing while fetuses near term do not.

According to our view, the less the degree to which the fetus can be said to be part of a social matrix, the weaker is the argument for regarding her/him as having the same moral status as persons. Near the borderline of viability (currently around the end of the second trimester) the fetus might be regarded as part of a social network to a lesser degree than at term. If so, the degree of weight that should be given to the fetus's interests varies, being stronger at term but relatively weaker when viability is questionable.

The view Dr Gillon describes has implications at odds with the above considerations. It implies that killing a fetus near term is permissible if it produces a benefit, even a minor one, for persons. Thus it would seem to condone killing a near-term fetus because the mother decided that she does not want to have an offspring after all. According to widely-held moral intuitions, however, this would not be acceptable. Depending on when personhood is deemed to begin, this view might even tolerate killing infants for similar reasons.

In addition, it is not at all clear that our view has the unacceptable implications stated by Dr Gillon. Assuming that the fetus should be regarded as having the same moral status as persons, it does not seem to follow that it is never justifiable to kill the fetus. To see this, let us consider an argument based on self-defence. We begin with the uncontroversial premise that killing an attacker in self-defence is sometimes morally permissible. Why, then, should it not be permissible to kill a fetus when doing so is necessary to save the pregnant woman's life? Although there is an apparent disanalogy since the fetus lacks intent to harm the woman, one can respond with examples like the one given by Professor Jane English:

'Suppose a mad scientist, for instance, hypnotised innocent people to jump out of the bushes and attack innocent passers-by with knives. If you are so attacked, we agree you have a right to kill the attacker in self-defence, if killing him is the only way to protect your life or to save yourself from serious injury. It does not seem to matter here that the attacker is not malicious but himself an innocent pawn, for your killing of him is not done in a spirit of retribution but only in self-defence' (4).

Although the fetus's lack of intent (or agency) does not seem material (5), it might be argued that self-defence is itself irrelevant. Even if it justified killing of the fetus by the woman, it would not justify killing by a third party such as the physician. However, there is a reply to this objection as well:

'But suppose you are a frail senior citizen who wishes to avoid being knifed by one of these innocent hypnotics, so you have hired a bodyguard to accompany you. If you are attacked, it is clear we believe that the bodyguard, acting as your agent, has a right to kill the attacker to save you from a serious beating. Your rights of self-defence are transferred to your agent. I suggest that we should similarly view the doctor as the pregnant woman's agent in carrying out a defence she is physically incapable of accomplishing herself' (4).

Perhaps it will be asked why the physician should be the woman's agent rather than the fetus's. The answer, we suggest, is that normally there are closer ties between the physician and woman than between the physician and fetus (6). Since the agreement to provide care is made with the woman, the physician is directly her agent. Moreover, the fact of widespread moral intuitions favouring the woman's life suggests that normal expectations are that, in such rare and tragic circumstances, the physician will save the woman. Thus, although these matters usually are not explicitly discussed, it can be argued that it is implicit in the agreement between physician and pregnant woman that her life takes precedence. Even if the fetus is regarded as having the same status as persons, it is preferable for the physician to act as the woman's agent.

For these reasons, we believe that the view we put forward is defensible.

Carson Strong PhD is Associate Professor, Department of Human Values and Ethics, University of Tennessee, Memphis. Dr Garland Anderson is Chief of Maternal-fetal Medicine, Department of Obstetrics and Gynecology, University of Tennessee, Memphis.

References

(1) Anderson G, Strong C. The premature breech: caesarean section or trial of labour? *Journal of medical ethics* 1988; 14:18–24.
(2) Gillon R. Pregnancy, obstetrics, and the moral status of the fetus. *Journal of medical ethics* 1988; 14:3–4.
(3) Lomasky L E. Being a person – does it matter? In: Feinberg J, ed. *The problem of abortion*. (2nd ed). Belmont: Wadsworth Publishing Co, 1984; 161–172.
(4) English J. Abortion and the concept of a person. *Canadian journal of philosophy* 1975; 5:233–243.
(5) Davis N. Abortion and self-defence. *Philosophy and public affairs* 1984; 13:175–207.
(6) Devine P E. *The ethics of homicide*. Ithaca: Cornell University Press, 1978: 153.

Editor's reply

There is of course an enormous literature on the moral status of the embryo/fetus/neonate which it would be inappropriate and indeed presumptuous to try to

summarise in this brief response to a response to a response to the original paper by Anderson and Strong. Suffice it to assert that each substantive view about that moral status is associated with *some* uncomfortably counter-intuitive implications, so far as its critics are concerned. I had understood the original paper to be arguing for a viability criterion of personhood but the current response seems to transmute this to, or add to it, a social standing criterion of personhood.

The counter-intuitive implication of viability (stipulating some such account of that vague concept as 'ability to survive independently of the mother') is its indeterminacy, totally dependent as it is on the technology of the times. In principle any fetus and indeed any embryo is viable given only technology to replace the natural support system provided by the mother's uterine-placental 'incubator'. For those who reject a 'moment of conception' criterion for personhood it is counter-intuitive to accept a viability criterion that in principle can collapse into a moment of conception criterion, given only the requisite technology.

The counter-intuitive implication of the social criterion – 'participation in a social matrix' – is its arbitrariness. It leaves personhood and its associated moral implications including such right to life as is ascribed to persons, entirely to the vagaries of social attitudes. Should a socially isolated and unloved hermit *not* be granted the status and moral rights of a person because of his lack of interaction in 'a social matrix'? (It would beg the question to reply that societies *ought* to regard isolated unloved hermits as part of the social matrix even though they have no social interactions, for the 'ought' here is by hypothesis supposed to derive from the fact of social interaction.) And at the other end of the developmental spectrum, if viable fetuses in their third trimester 'might be regarded as part of a social network' then why not the embryo at conception?

However, the main thrust of my editorial was to demonstrate that even if one believed that fetuses do *not* have the same moral status as people, and that they thus do not have such right to life as people have, this was entirely compatible with the claim that parents and doctors still have their normal moral obligations to the people those fetuses are likely to become, *if* it is intended that they should continue their development and become people.

RAANAN GILLON