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Life Issues

When Human Life Begins

ABSTRACT. The American College of Pediatricians concurs with the body of scientific evidence that human life begins at conception—fertilization. This definition has been expounded since prior to *Roe v. Wade*, but was not made available to the US Supreme Court in 1973. Scientific and medical discoveries over the past three decades have only verified and solidified this age-old truth. At the completion of the process of fertilization, the human creature emerges as a whole, genetically distinct, individuated zygotic living human organism, a member of the species *homo sapiens*, needing only the proper environment in order to grow and develop. The difference between the individual in its adult stage and in its zygotic stage is not one of personhood but of development. The Mission of the American College of Pediatricians is to enable all children to reach their optimal physical and emotional health and well-being from the moment of conception. This statement reviews some of the associated historical, ethical and philosophical issues.

For hundreds of years physicians have pondered on the origin of human life. Aristotle's work on embryos is considered as the "beginning of the turning of man's mind away from superstition and conjecture, toward observation."¹ Even though Aristotle is generally regarded as the founder of the science of embryology, his work was actually preceded by that of Hippocrates in his writings about the development of the chick embryo. In the 15th century, Leonardo da Vinci published observations of embryonic and fetal development. In the following century, Marcello Malpighi, aided by the invention of the microscope, erroneously put forth the preformation theory of human development arising from the homunculus. It was the cell theory developed by Schleiden and Schwann in 1839 which recognized that a spermatozoon fuses with an oocyte and forms a zygote, the conception of a new human life.

For over thirty years pediatricians have been advocates for the child from conception.² Likewise, for over twenty years pediatricians have demanded the full recognition of the rights of the child before birth including "the right to be accepted by family and society, the right to be loved and cared for, and the right to grow and develop without environmental hazards or aggressions."³

Pediatricians assert the "inherent worth of all children," considering them as "our most enduring and vulnerable legacy,"⁴ and they affirm as their mission "to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents and young adults."⁵ For generations pediatricians have regarded the term "children" as inclusive of life from conception.⁶

In 1996, the American Academy of Pediatrics established as policy that it "supports diversity and equal opportunity and encourages the teaching of acceptance of diversity to children, it is opposed to discrimination in the care of any patient based on the race, ancestry, national origin, religion, gender, marital status, sexual orientation, age [underlined for emphasis], or disability of either the patient or the patient's parents or guardians."⁷ This pediatric organization encourages its members to follow this guideline consistently in the management of all patients. The definition of age, much like the use of the term "children," had already been specifically addressed and affirmed in 1971.⁸ Therefore by logical inference, the policy of nondiscrimination extends to the unborn from conception.

In addition, it has been established as pediatric policy that a physician may consider "opposing the woman's refusal of a recommended [fetal therapy] intervention" if "there is reasonable certainty that the fetus will suffer irrevocable and substantial harm without intervention" (as long as the intervention has been shown to be effective and the risk to the health and well-being of the pregnant woman is negligible).⁹

Approximately thirteen months following development of pediatric policy advocating responsibility for the child from conception, United States Supreme Court Justice Harry Blackmun, apparently unaware of these efforts, set in motion the legal challenge to unborn life by writing the majority opinion in *Roe v. Wade*.¹⁰ He wrote: “We need not resolve the difficult question of when life begins.” He referred to the “disciplines of medicine, philosophy and theology” as being “unable to arrive at any consensus.”¹¹ As, Professor Emeritus of Human Embryology of the University of Arizona School of Medicine, Dr. C. Ward Kischer stated: “Since 1973, when *Roe v. Wade* was adjudicated, there have been many socio-legal issues involving the human embryo. Abortion, partial-birth abortion, in vitro fertilization, fetal tissue research, human embryo research, [embryonic] stem cell research, cloning and genetic engineering are core issues of human embryology. Every one of these issues has been reduced to a question of when human life begins. And that question is as prominent in the public media today as it was when first posed in 1973.”¹²

The Supreme Court, in *Roe v. Wade*, denied personhood to the fetus due to its lack of “independent viability.” As stated by the Court: “With respect to the State’s important and legitimate interest in potential life, the ‘compelling’ point is at viability. This is so because the fetus then presumably has the capability of meaningful life outside the mother’s womb. State regulation protective of fetal life after viability thus has both logical and biological justifications. If the State is interested in protecting fetal life after viability, it may go so far as to proscribe abortion during that period, except when it is necessary to preserve the life or health of the mother.”¹³

The impetus behind the attempts to define human life based on viability was addressed by University of Wisconsin-Madison Professor of Ethics and Pediatrics Dr. Norm Fost, et al., in 1980. He stated, “Most attempts to define fetal viability are motivated by the need to predict the survival of the fetus in order to set policy in matters such as abortion, resuscitation, and intensive care.”¹⁴ An acceptance of a viability standard would imply one would cease to perform “the fetal therapies that have now emerged in the medical, surgical, and genetic fields offering hope of saving the lives of those suffering from pathologies which are either incurable or very difficult to treat after birth.”¹⁵ And as Dr. Fost further states, “If we define viability in light of what the most skillful physicians have been able to do, the time of viability will slip back inexorably toward conception.”¹⁶ In 1973, the presumed limit on viability was estimated at 28 weeks, an occasional infant surviving at 24 weeks. With the current technological advances, neonatologists report infants are surviving with few or any evident sequelae, as early as 22 weeks. Adjudication of personhood based on viability raises the additional concern regarding sentience (state of elementary or undifferentiated consciousness). As Dr. Francis J. Beckwith, Associate Professor of Philosophy, Culture, and Law at Trinity International University, points out, “If sentience is the criterion for full humanness, then the reversibly comatose, the momentarily unconscious, and the sleeping would have to be declared non-persons.”¹⁷

All human persons are dependent on other persons and their environment (i.e., oxygen, food, warmth) for survival to varying degrees throughout the continuum of life – from fertilization until natural death. If one accepts viability (independent survival) as the standard, would not the physical dependence of the disabled or aged on family and/or society make for lives unworthy of life (Echoing the words *untersmenschen*; *Lebens unwertenleben* suggested in the 1930s in Nazi Germany¹⁸)?

In the words of the ethicist Renée Mirkes: “At the completion of the process of fertilization when the male and female pronuclei of the human progenitors’ sperm and ovum are indistinguishable and lose their nuclear envelopes, the human creature emerges as a whole, genetically distinct, individuated zygotic human organism. This individuated human organism actually has the natural capacity for the person-defining activities of reasoning, willing, desiring, and relating to others. The human individual also possesses the actual, natural capacity to develop continuously into the mature (maximally differentiated) organism of a functional adult human being, the organic structural development of which is under the control of a sequence of primordial centers which begin with nuclear DNA or the genome, and eventually develops into the central nervous system, especially the fully developed brain with its cerebral cortex...The new zygote, a member of the species *homo sapiens*, with its particular (that is, genome-specific) bodily “matter” unified and organized, that is, formed or enlivened by means of its life principle—the soul and all of its person-defining natural powers—is a whole, living, human person. The difference between the individual in her adult stage and in her zygotic stage is not one of personhood but of development.”¹⁹

Dr. Dennis M. Sullivan, Associate Professor of Biology at Cedarville University, concluded, “There are many forces driving a desire to redefine humanity. There are many apparent goods to be obtained, from the elimination of genetic defects to the cure of a whole host of diseases through embryonic stem cell manipulation. However, in all of our discussion about human nature, we must never succumb to the objectification or commodification of persons. We cannot allow the cold calculus of utilitarianism [to] influence our inherent, intrinsic understanding of who and what we are...This age of moral confusion cries out for a reaffirmation of that which makes human beings unique and worthy. Such ‘metaphysical pretensions’ are not preposterous, as Ayn Rand would have us believe, but are the only basis for human dignity.”²⁰

In 1975 The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research recommended that: the fetus, a human subject, is deserving of care and respect; that moral concern should extend to all who share human genetic heritage; and that the fetus, regardless of life prospects, should be treated respectfully and with dignity.²¹ As Dr. Kischer notes: “Virtually every human embryologist and every major textbook of human embryology states that fertilization marks the beginning of the life of the new individual human being.”²²

The American College of Pediatricians concurs with the body of scientific evidence that human life begins at conception -- fertilization. This definition has been expounded since prior to *Roe v. Wade*, but was not made available to the US Supreme Court in 1973. Scientific and medical discoveries over the past three decades have only verified and solidified this age-old truth.

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¹ Patten BM. *Embryology—Its Scope, Objectives, and Methods. Foundations of Embryology.* Chapter 1. McGraw-Hill (1964); p. 3.

² Age Limits of Pediatrics. American Academy of Pediatrics. *PEDIATRICS* 1972;49(3):463. Revised 5/88 (note reference # 6 below). Reaffirmed 9/92, 1/97 and 3/02.

³ Preferred Images of the Future: Challenges for Planning the Future of the American Academy of Pediatrics. Reference No. 14. January 1981. Available from the AAP’s Division of Library and Archival Services.

⁴ Core Values, Vision, and Mission Statement. *American Academy of Pediatrics* 2004.

⁵ Ibid.

⁶ Age Limits of Pediatrics. American Academy of Pediatrics, *PEDIATRICS* 1988;81(5):736. Reaffirmed 9/92, 1/97 and 3/02.

⁷ Nondiscrimination in the Care of Pediatric Patients. American Academy of Pediatrics, *PEDIATRICS* 1996;97(4):595.

⁸ Council on Child Health Revises Definition of Pediatrics as a Specialty. American Academy of Pediatrics. *Newsletter* 1971;22(18):5. Available from the AAP’s Division of Library and Archival Services.

⁹ Fetal Therapy – Ethical Considerations. American Academy of Pediatrics. *PEDIATRICS* 1999;103(5):1061-1063.

¹⁰ Syllabus: *Roe v. Wade*, District Attorney of Dallas County. Supreme Court of the United States, No. 70-18. Decided January 22, 1973 in Kischer CW, *Linacre Quarterly* 2004, p. 331.

- ¹¹ Ibid, p. 331.
- ¹² Kischer CW. When Does Human Life Begin? The Final Answer. *Linacre Quarterly* 2004;70(4):326-339.
- ¹³ *Roe v. Wade*, 410 V.S. 113 (1973).
- ¹⁴ Fost N, Chudwin D, Wikler D. *The Limited Moral Significance of Fetal Viability*. *Hasting Cent Rep* 1980;10(6):10-13.
- ¹⁵ Fetus as a Patient. *Discourse to the International Congress*. Pope John Paul II. April 3, 2000.
- ¹⁶ Fost N, et al. Ibid, p.13.
- ¹⁷ Beckwith FJ. *Arguments from Decisive Moments and Gradualism, In Politically Correct Death: Answering the Arguments for Abortion Rights*. Grand Rapids: Baker (1993); p. 103 in Sullivan DM. *Ethics & Medicine* 2003; p. 25.
- ¹⁸ Kischer CW. Ibid, p. 333.
- ¹⁹ Mirkes R. NBAC and Embryo Ethics. *The National Catholic Bioethics Quarterly* 2001;1(2):163-187.
- ²⁰ Sullivan DM. The Conception View of Personhood: A Review. *Ethics & Medicine* 2003;19(1):11-33.
- ²¹ Report and Recommendations. Research on the Fetus. The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. US Dept of Health, Education, and Welfare Publication No. (OS) 76-127. 1975.
- ²² Kischer CW. Ibid, p. 328.

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