

News

Are there more congenital abnormalities in children born from frozen embryos?

One topic with objective ethical implications is whether using embryos that have been frozen and thawed prior to their transfer can predispose children born after using this technique to have more health problems than those born after fresh embryo transfer. This could be important, as the use of frozen embryos is increasingly recommended due to the better implantation and pregnancy rates that are apparently achieved in comparison to fresh embryo transfer. A recent article (*Human Reproduction* 29; 1552-1557, 2014) evaluated this question.

The study analysed the results of 1,830 children born from frozen embryos, 2,492 children born

from fresh embryos and 31,243 born from natural pregnancies. The percentage of abnormalities in the group born after using frozen embryos was 4.2%, compared to 4.5% in the fresh embryo group and 3.2% in the group of naturally-conceived embryos.

In other words, there does not appear to be a higher risk of perinatal abnormalities in either group of children born through in-vitro fertilisation, whether using fresh or frozen embryos. In contrast however, a moderate increase in major congenital anomalies was found between children born through in-vitro fertilisation (combined groups) compared with those conceived naturally.

Should it be mandatory to have a doctor present at executions conducted by lethal injection?

A subject with major ethical undertones, widely debated in the United States, is to determine whether or not a physician or experienced medical personnel should be present at executions by lethal injection. This issue was discussed in a recent article published in *JAMA* (311; 2375-2376, 2014).

The article reported that a group of eminent legal professionals, known as the "Death Penalty Committee of the Constitution Project", has published an extensive document with 39 recommendations that tackle many of the issues that arise in executions by lethal injection. The latter recommendations refer to the need (or not) to have a physician or qualified medical personnel su-

pervise executions by lethal injection.

However, this recommendation runs contrary to the Ethical code of the North American Medical Association, which specifically prohibits doctors from being present at executions. This opinion is similar to that of many other medical and nursing associations. According to the study authors, no code of ethics in any country in the world approves participation by medical professionals in executions.

Others, however, believe that the participation of medical professionals in the execution is not contrary to medical ethics, and may even be obligatory.

In general, the authors consider that an execution



is deciding about someone else's life, an action that can never be considered as one of the aims of medical practice. Regardless of whether an execution is legally justified, it must never be considered as a medical procedure.

Be that as it may, the abovementioned document, "Constitution Project", states that, although doctors cannot be forced to violate their ethical principles,

medical staff should be present at executions, to take charge of all medically-related aspects of the procedure.

In summary, although some jurisdictions recommend the presence of a doctor at executions by lethal injection, physicians cannot be forced to do so, as this may run contrary to their professional and medical ethics.

Paediatric euthanasia in Belgium

We believe it interesting to refer to an article published in JAMA (311, 1963-1964, 2014) last May, which discussed various aspects of paediatric euthanasia in Belgium.



On 13 February 2014, the Belgian Parliament approved an amendment of the Act regulating euthanasia in Belgium, in order to legalise euthanasia in children with serious illnesses. The

amendment in question, supported by the majority of Belgians and recently signed into law by King Philippe, will allow euthanasia in children who are permanently in severe pain. As in all cases of euthanasia, parental consent will be required, and it will exclude children with intellectual disabilities or mental illnesses, and must be approved by a multi-disciplinary medical team, who will carefully assess the mental capacity of these children.

The approval of this law marks the culmination of the gradual acceptance of euthanasia in Belgium. To date, the Netherlands, Belgium and Luxemburg are the only countries in the European Union in which euthanasia is legal.

Euthanasia for adults has been legal in Belgium since May 2002, unlike paediatric euthanasia. A preliminary study examining the opinion of physicians on child euthanasia showed that 69% were in favour of legalising it.

In March 2005, recognising that euthanasia in children was rising, without the due legal protection, doctors from the University of Groningen in the Netherlands published practice guidelines for

euthanasia in severely disabled newborns. This document is in favour of the legalisation of active euthanasia in children "with a hopeless prognosis who experience [...] unbearable suffering". The protocol specifies that terminating the life of these children may be acceptable if four requirements are met: a) the presence of hopeless and unbearable suffering; b) the consent of both parents; c) consultation with physicians; and d) that the procedure for terminating the life of these children be in accordance with medical standards.

In contrast to the Belgian law, the Groningen protocol represents a form of active, not voluntary euthanasia, in which the patient, the neonate, does not have the capacity to express their preferences.

In summary, the proposed legalisation of paediatric euthanasia in Belgium would be permissible only for "terminally-ill children, who are close to death, experiencing constant and unbearable suffering". This situation presents in certain circumstances, but



the solution, in the opinion of the authors of this article, should be medical and not euthanasia. They also state that all patients, including children, should have access to palliative care units which, while they are not always

the answer to every problem, may help to alleviate the suffering of patients and help them to die.

We also defend the latter position, since euthanasia, whether it be in adults or children, can never, in our opinion, find ethical support.

Report

The anthropological revolution of the Queer Theories

Introduction

The “bearded lady” has just won the 2014 Eurovision Song Contest. The person concerned is a fictional character called Conchita Wurst who is, to all appearances, female; in fact, the artist imitates a woman in dress and aesthetics, but confuses us by keeping a beard. Where does this character come from? Is it a one-off event, a media game or is there some academic theory to sustain it?

Before the appearance of Conchita Wurst, various queer theorists have written about this type of aesthetics that plays at confusing and mixing the typically masculine with the typically feminine, to which they awarded, furthermore, the category of identity. Beatriz Preciado, one of the most influential queer theorists at international level, tell us that “the politics of queer multitudes is not based on a natural identity [...] they are the drag-kings, the dykes, the bearded ladies [...]”. It would seem that these theories are a single occurrence of a philosophical group or school with no major repercussions beyond a certain academic field. However, that is not the reality. We found a number of news items that present masculinity and femininity overlapped, confused, blurred, i.e. perverted. Really striking cases, such as the option of choosing between 56 genders on your personal Facebook profile available to American users, the case of Australian Norrie May-Welby, who in April this year managed to be officially recognised as “non-specific” sex, or the case of “transgender” actor Laverne Cox, show that the queer theories are being put into practice, and that today they have a direct impact on our lives. Along this line, the New York Times is already talking about the Queer Generation: it is attempting to open the circle of the classic LGTB (lesbian, gay, transsexual and bisexual) and incorporate other identities, many others, comprised of the designations of “intersexual” and “asexual”, but especially with that of “queer”, which serves as an umbrella term for all types of “non-conventional” or “alternative” iden-

ties, the so-called LGTBQIA (lesbian, gay, transgender, bisexual, queer, intersex and asexual). With more repercussions still, UNESCO, hand in hand with GSLEN (Gay, Lesbian and Straight Education Network), the major LGTB organisation in education in the United States, and with the advice of 30 of the leaders of the largest global LGTB organisations, has worked on a queer agenda to bring to education and thus establish queer education from nursery school.

These, among others, are examples of the impact that the queer theories are having on our society. They generate a distorted conception of masculinity and femininity based on constructionism. In all the cases seen, the gender, even the sex, is presented as something that we ourselves create at any given time and in any given act. Today we are facing an unprecedented anthropological revolution, where the person disappears, neither male nor female.

Definition of the queer theories

The queer theories are the latest trend in gender ideology, but they go one step further. It is constructionism taken to the extreme, where sex is part of gender, is identified with it: “Perhaps this construct called ‘sex’ is as culturally constructed as gender; indeed, perhaps it was always gender, with the consequence that the distinction between sex and gender turns out to be no distinction at all”. Thus questions Judith Butler, another of the best known queer theorists at world level. What happens then, with the sex chromosomes? Do they not say anything? When asked this question, Beatriz Preciado, in an interview in Spanish newspaper *El País* answered: “they are a theoretical model that appeared in the twentieth century to try to understand a biological structure, full stop”. Constructionism is even brought to science. It is anti-essentialism, where it is not understood that human nature exists. An attempt is made to resolve the vacuum that remains after reducing sex to gender with the performativity



theory. The term “performativity” comes from the word “performance”. As its meaning indicates, the performativity theory considers that the identity is performative, because it plays a role, it is an act. i.e. that since identity cannot be based on fixed aspects, as are the natural ones - sex, male and female - it is movable, changing, with respect to the time and act. So, if a male has relations with another male he constructs his identity within same-sex attraction; if he immediately dresses as a woman but keeps his beard, his identity changes in turn, reproducing, for example, that of the bearded lady. The same applies if he has relations with animals or children, as identity



only depends on the act, with no morality or natural restraints. Thus, for the queer theorists, all identity is focused on the gender, which is, therefore, an act:

“There is neither an “essence” that gender expresses or externalises nor an objective ideal to which it aspires, and because gender is not a fact, the various acts of gender create the idea of gender, and without those acts, there would be no gender at all”.

Therefore, I will be insofar as I act and that act is what I am, nothing more. The theory of performativity starts from the Nietzschean statement that there is no doer behind the deed, that the deed is all there is. This is one of the main problems facing the queer theorists: how is any act possible without a subject or gender without a subject, since they deny the pre-existence of any subject prior to the social construct, i.e. they deny any natural subject. However, they themselves talk of sexual practices or acts, but who is behind these acts? The absence of subject is taken as a postulate, rather than a strictly argumentative statement. Due to the vacuum that remains after reducing sex to gender, the identity of the person is understood only as a construct. Thus, masculinity and femininity, as an expression of the gender, will also be constructs. Nevertheless, the queer theorists have a peculiar way of explaining this (supposed) construct of gender and identity: they often direct their studies towards masculinity, since, as Beatriz Preciado points out, suspicion about the real existence of the category ‘woman’ “did not know its counterpart: ‘does man exist?’” . Thus, they start from the idea that gender studies have only been aimed at femininity (women’s rights, demands, so-

cial and employment equality, etc.) leaving aside the characteristic of the male, masculinity. In this sense, feminism would have explained the social construct that femininity implies; but it would have forgotten, and therefore left intact, masculinity. Hence, it

would have generated a view of naturalness in masculinity compared to femininity, even when both (not only femininity) are roles and, therefore, constructs. “If de Beauvoir’s slogan ‘One is not born, but rather becomes, a woman’ has dominated the evolution of feminism in the twentieth century, up to the post-feminist about-face of the nineties, no-one will venture to their masculine declension, “man is not born”. Judith

Halberstam has developed the queer critique to the idea of a natural masculinity through her concept of female masculinity. In her most important book entitled “Female masculinity”, she presents masculinity through different identities that do not correspond with the male: “tomboys, butch, masculine heterosexual women, saphists, nineteenth century tribades, inverts, transgenders, stone butch and soft butch, drag-kings, cyberbutch, athletes, bearded ladies, and the list does not stop there”. She considers that thus, the social construct is made clear: if we all - including women - have access to masculinity, it will be because it is not peculiar to or natural to males. Thus, Halberstam proposes: “What is “masculinity”? [...] If masculinity is not the social and cultural and indeed political expression of maleness, then what is it? I do not claim to have any definitive answer to this question, but I do have a few proposals about why masculinity must not and cannot and should not reduce down to the male body and its effects”.

The queer revolution goes against what its theorists have called heteronormativity. Heteronormativity refers to a mandatory system for a number of mechanisms (education, religion, legislation, sports, advertising) identified mainly with the Western system, which is built on fictitious dualities, such as natural/artificial, normal/abnormal, good/bad, truth/lie...but also on the distinction masculine/feminine, homosexual/heterosexual, and finally on male/female, the ultimate duality. This system would positively value one part of the dichotomies, in this case the part referring to the male, the heterosexual, the

normal, etc., while the other (the female, the homosexual, the abnormal) is negative. This system maintains the dominant/dominated relationship in all the dichotomous categories. They are based on the proposal by Michel Foucault, who understood society as a web of power relations in which there is room for nothing but resistance, since any relationship necessarily involves power, there is no alternative. Thus, the ultimate embodiment of the domination game occurs, according to the queer theorists, in the male/female relationship, which would be the most widespread of all the other domination pairs. Nevertheless, for the queer theorists, the categories male and female remain fictions. This context affects man in his own essence, since it deprives him of aspects as fundamental as the truth of his own being: who he is essentially, as essentially man and essentially woman. “Man, therefore, is dead”, Forment will say, citing Foucault. “In our day”, said Foucault, “it is not so much the absence or the death of God that is affirmed as the death of man [...]; it becomes apparent, then, that the death of God and the last man are engaged in a contest with more than one round: is it not the last man who announces that he has killed God, thus situating his language, his thought, his laughter in the space of that already dead God, yet positing himself also as he who has killed God and whose existence includes the freedom and decision of that murder? Thus, the last man is at the same time older and yet younger than the death of God; since he has killed God, it is he himself who must answer for his own finitude; but since it is in the death of God that he speaks, thinks, and exists, his murder itself is doomed to die; new gods, the same gods, are already swelling the future Ocean; Man will disappear”.

Impact of the queer theories

There is already a queer agenda that encompasses various fields, from the media (an important cog wheel in the transmission of this new anthropology) to politics and academia, via, of course, education. This latter is worth mentioning, because it is working in favour of the queer theories in universities and schools, and aims to do so in nursery schools. Al-

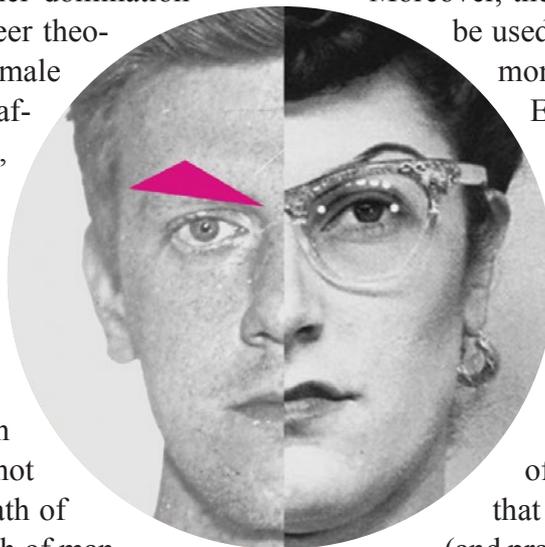
though Conchita Wurst, Facebook and others, such as Laverne Cox or Norrie May-Welby have a very large impact, the assimilation of the queer theories by society is happening, or will happen, from education. In this respect, the most powerful American LGTB organisation in education, the Gay, Lesbian and Straight Education Network (GLSEN), together with UNESCO, has drawn up a document entitled *Fostering a Global Dialogue about LGTB Youth and Schools*. This is a novel educational proposal, a plan aimed at education based on queer approaches.

Moreover, the promotion of queer manuals to be used in schools is increasingly common. This is the case of *Queering Elementary Education: Advancing the Dialogue about Sexualities and Schooling*, which has a many implications and furthermore, has a prologue written by the ex-director of the GLSEN, Kevin Jennings, who was an assistant deputy secretary in the U.S. Department of Education. The Trojan horse that is allowing queer anthropology (and practices) to enter schools and nursery schools is anti-homophobic and anti-bullying policies. On precisely this point it agrees with Christian thinking, since the Church has always positioned itself against any type of “unjust discrimination” and in promoting that young people with same-sex attraction be “accepted with respect, compassion and sensitivity”.

In contrast, the queer theorists believe that anti-homophobic policies must go hand-in-hand with the promotion of their theories and practices (sexual, political). In this respect, Jennings claims that “being finished [with our work] might some day mean that most straight people, when they would hear that someone was promoting homosexuality, would say “Yeah, who cares? ”... That is our mission from this day forward”.

The situation in education is critical, such that the Cardinal Van Thuân International Observatory has classified it as an “education alarm”, where “the new fact is the eruption of gender ideology into education”. Pope Francis has also echoed the situation, and faced with the education alarm warned that “there is no messing around when it comes to children”, and then:

“we must reaffirm that children have the right to



grow in a family with a father and a mother capable of creating a suitable environment for the child's development and emotional maturity. Continuing to grow up and mature in a correct relationship represented by the masculinity and femininity of a father and a mother and thus preparing for affective maturity [...]The horrors of the manipulation of education that we experienced in the great genocidal dictatorships of the 20th century have not disappeared; they have retained a current relevance under various guises and proposals and, with the pretence of mo-

dernity, push children and young people to walk on the dictatorial path of "only one form of thought".

"It is now becoming clear that the very notion of being - of what being human really means - is being called into question" within an "anthropological revolution" that has still not halted its march today. The current cog of gender ideology places us in denial of human nature in its own essence, as male and as female: we are facing the Queer Theories.

Pedro Agulló

In Brief

01 Catecholaminergic polymorphic ventricular tachycardia is a hereditary disease that can cause ventricular tachyarrhythmias, and may be fatal in up to 50% of patients by 20 years of age. Its cause is well known to be due to abnormalities in two proteins in the cardiomyocytes that regulate calcium metabolism. A study has now been published in *Circulation* (2014; 129,2673-2681), evaluating the possibility of modifying the abnormal proteins by gene therapy in rodents. However, as the authors state, extensive studies will still be required before its use in human medicine.

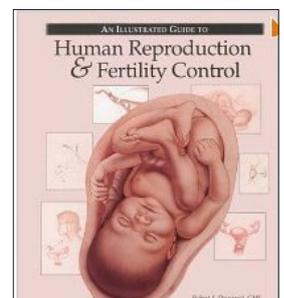


02 A frequent debate in assisted procreation is whether it is better to transfer one or several embryos to obtain better results, as regards pregnancy and birth rates, with minimal risk for mothers and children. This issue was debated in *Human Reproduction* (28; 2599-2607, 2013), referring especially to the higher risks involved in multiple pregnancies, particularly twin pregnancies due to their frequency. It concluded that the risks for mothers, and especially for children, are substantially greater in twin pregnancies compared to singleton pregnancies, so single-embryo transfer is preferred.

03 Severe systemic sclerosis is a disease that causes generalised skin sclerosis and abnormalities in the internal organs. It has a mortality rate of between 30% and 50% in the first five years of the disease. It can be treated with immunosup-

pressant drugs, but the results are uncertain. Now, the first results of a trial conducted in 29 European centres using autologous adult stem cells in 156 patients with this severe disease now been presented (*JAMA* 311; 2490-8, 2014). These have been encouragingly positive, as they improve clinical symptoms and lengthen survival. From an ethical point of view, this treatment does not present any difficulties, as it uses adult stem cells.

04 The treatment of infertility by assisted reproduction techniques is associated with a small but significant increase in the risk of adverse outcomes. The causes are not well known. It is now thought that they may be due, among other reasons, to epigenetic biological causes, as it is well known that the time prior to birth, and even before fertilisation, is characterised by intense epigenetic activity, fundamentally linked to methylation and demethylation processes. Some experts think that if this could be demonstrated, some of the negative medical effects that accompany assisted procreation could be treated prior to birth (*Human Reproduction* 29; 1452-1458, 2014).



05 One of the problems of in-vitro fertilisation is that it can increase the risk of thrombotic problems after the birth of the child. A recent study (*Human Reproduction* 29; 611-617, 2014) appears to confirm this, since the incidence of thrombosis was 27.9 per 10,000 pregnancies in the case of in-vitro fertilisation and 17.5 per 10,000 in the con-

trol group. The risk of suffering a thromboembolic event during pregnancy was also greater in multiple pregnancies compared with singleton pregnancies.

This study shows that there are more post-partum thromboembolic events after in-vitro fertilisation.

