Advances for Life

I am honoured and privileged to have been invited to deliver the 5th Tan Tock Seng Hospital (TTSH) Oration at the Opening of your 9th Annual Scientific Meeting. When I was invited, I hesitated for a moment as I have not been in active practice for quite a while, and I am grossly out of touch with recent advances especially in the biomedical field. But my hesitation was soon over-powered by a happy compulsion of being part of the TTSH family. I understand that I could choose to speak on anything, and that you are even prepared to take the risk of hearing a sermon! Thank you for your readiness to listen. Originally, I thought I was to give the lighter dinner talk with licence to ruminate on the past, but now I find myself in the more solemn Opening Ceremony. Anyway, I am delighted to be here with you, and to see the wonderful progress TTSH has made over the years, having come from the pre-electronic and pre-genomic era.

In a technology-driven age, any tendency to dwell in the past is rapidly overtaken by anxious glimpses into the future. With the wild clamour to get on board the express train of applied biomedical research, such as with stem cells because of the economic potential, life will never be the same again. In the flurry of living and working in such a rapidly changing world, our bottom-line question is: How can we secure a better life for future generations? The irony of contrasting events of the last 3 weeks — namely, the horror of sudden destruction of lives at the World Trade Centre in New York, on one hand, and the challenges and opportunities in the Post Genomic Era put forth at BioMedical Asia 2001, on the other hand — must drive us to think and act outside the framework of traditional medical and commercial mindsets. We need to reaffirm the basic principles and philosophy of life itself on which we hope to build and bid for Advances for Life. Ethical and legal limits will be stretched and modified, but is there a limit which we cannot cross or trespass? But, alas! the rapidly advancing technologies have left ethical and legal considerations pathetically far behind to be of significance or relevance. For example, Singapore is already in a position to be a supplier of embryonic stem cells before a full debate on the relevant issues was possible, and the Law will simply flow in to regularise whatever we have decided to do. Perhaps, from now on, the Law will be more concerned with genetic property, in addition to the current concern about intellectual property. While many of us may cringe or frown upon the idea of selling our body parts for money, patenting our special genetic materials, if we have them, and then selling our patent rights to realise our fortunes, may become a new way of life and business. Would donation of embryos for research remain free in future?

Quite unlike the ordinary metropolis that we know, we are now building a Biopolis with stated intentions by various people to make Singapore a centre of biological discovery, of genomic discovery, of breakthrough discovery of new medicines, to pioneer a new era of pharmaceutical manufacturing that will continually result in the saving of lives. As a nation, our economic strength has moved from shipping to banking, manufacturing, IT, and now to brainpower. We talk much about a value-added and knowledge-based economy. But what real value will be added to life?

For our purpose of exploring Advances for Life this afternoon, I would like to use the framework of the Singapore Vision, which has been succinctly phrased as follows:

*Every Singaporean matters as we build our best homes where strong families and active citizens sustain the Singapore Heart Beat in our Global City where there are opportunities for all.*

The Sanctity of Life

*Every Singaporean matters. Indeed, every person matters.* This is another way of saying that human life is precious. The horror of the collapse of the Twin Towers of the World Trade Centre in New York has hit the world like a thunderbolt. What is the value of human life? What is the sanctity of life, which we cannot or should not violate? Who says there must be the sanctity of life? Why must it be that way? Definition of or legalisation of the sanctity of life

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cannot nullify the inherent ethical demands. In other words, legalising an action does not necessarily make the action ethical.

Without allowing “the sanctity of life” to die the death of a thousand definitions, I want to suggest simply that only the Creator and Giver of life has the final say on life as a whole and on individual lives. In the story of creation, in the first chapter of the Bible, God spoke the Word, and the world and everything in it came into existence. In the post-genomic era, we understand that, in the creation of man, God spoke the genetic code, and we see the wonder of the created man, or the wealth of his genetic material, in more than one sense of the word. We cannot come to grips with the sanctity of life, or for that matter any ethical issues, without reference to God. Parents who bring forth children are not creators but merely procreators; and hence, we use the term procreation, rather than creation. The maxim, the right to live, is often used to support the corollary the right to die when considering the ethics of termination of life. We have the right to live because the Creator God has given us life, but the so-called right to die cannot be on the same footing, if the individual person is viewed as a steward, rather than the owner, of his or her physical body. Hence, killing is wrong, be it murder or suicide, because the person is accountable to Creator God.

The sanctity of life is inherent and implied in the Singapore Vision when we say that every Singaporean (or person) matters. It is not difficult to see, or even agree, that sanctity of life is an ethical principle governing our practices in the control of life, which can include abortion, stem cell research, and assisted suicide, however defined or camouflaged. But the actual application of the principle to specific issues can get quite complicated. The dignity of life, a corollary of sanctity of life, emphasised by some scholars of ethics, will also make ethical issues more complicated.

A basic question commonly asked by people is: “When does life begin?” or, to put it more bluntly, “When does the product of conception become a human person?” Does it depend on morphology of the foetus, the period of gestation, or on some arbitrary definitions? This question has obvious bearings on issues relating to prenatal life. For the medically trained, the sperm and the ovum are living cells, specialised and distinct from somatic cells. After fertilisation, the zygote becomes a potential or primordial human being. That much is simple. But the question adds a new dimension of the human person to the weightiness of sanctity of life.

The human person is more than a mass of protoplasm with cells and molecules arranged in a particular way, by chance or by design. Each person has a soul or spirit, the function of which is not totally dependent on the integrity of cerebral function, and which survives the physical body. Much of the “out-of-body” experiences of patients brought back to life after significant cardiac arrests, indicate or confirm that there is life after this life, which is obvious to the biblical scholar. The spirit part of the person survives the physical body, and the spirit part of a person adds weighty considerations to the sanctity of life.

So the question is: When does the spirit begin or enter the embryo or the foetus? Where does the spirit come from? The Traducianist School holds the view that the spirit is transmitted from the parents at conception beyond the genetic packages. The spiritual component then develops as the foetus grows. On the other hand, the Creationist School holds the view that the spirit comes from Creator God as a distinct act of creation at some point in time, not later than the time of birth or the first breath taken by the newborn. Both schools of thought have difficulties. For the Traducianist School, one wonders what happens should identical twins develop. Could there be such a thing as binary fission of the soul or the spirit? For the Creationist School, the major question is: “When does the Creator God create the spirit in the foetus?” We may have to concede that the human mind is finite and cannot fully understand spiritual things. Without teasing our minds any further, I want to suggest that, on the basis of common sense and on the balance of biblical evidence, the “I” which each one of us speaks of, or the “primordial self,” began at conception. If we accept this, then it has far-reaching implications on the ethics of research and development of therapeutic resources using embryonic stem cells, which are at least components of the “primordial person.”

However, the ethical issues relating to termination of antenatal life remains. The issues may become more relative, but perhaps more acute as genetic counselling becomes more complex with advances in genetics and technology. Who decides on the termination, and on what basis? Do the voiceless foetuses have their say? For example, what are the pros and cons of having a child with Down’s Syndrome in terms of added value to the social and spiritual life of members of the family?

The Challenges of Laboratory Reproduction

As a nation, we have rightly emphasised on strong families which are basic units of our society. The strength of our society and of our nation as a whole is dependent on the strength of our family units. The biblical and social ideal of marriage is the permanent and exclusive union of a man and a woman who are committed to each other for life to bring up the next generation in the security of a home. As it is, our society is already struggling with problems of family unity, and with the erosion of the foundations for strong families. In addition, our society, indeed the whole world, is facing aggressive challenges by homosexual
though we are always conscious that insufficient knowledge questions. This can be a good thing in more than one sense, then ask their doctors intelligent questions, or even awkward who would surf the net to learn about their illnesses and better educated in matters of health. There are now patients accessibility of information have enabled the public to be active involvement in health care becomes inevitable. The

Active Involvement in Health

To get on in life, and for our nation to maintain the cutting edge in global competition, we need the active participation of all our citizens in every sphere of life, including the area of health and health care. With the restructuring of health care services, and bringing the cost nearest to the consumers, active involvement in health care becomes inevitable. The current information technology revolution and the easy accessibility of information have enabled the public to be better educated in matters of health. There are now patients who would surf the net to learn about their illnesses and then ask their doctors intelligent questions, or even awkward questions. This can be a good thing in more than one sense, though we are always conscious that insufficient knowledge can be a dangerous thing. While an understanding of health matters, and the motivation to be responsible for one’s own health have undoubted benefits, especially when the current emphasis is on prevention, one wonders if this will not increase the undesirable effects of self-medication or deviation to alternative medicine of varying repute.

The development of Community Hospitals and step-down services can provide excellent opportunities for many to be actively involved in health care and more. While the cost of health care is a major consideration, it is hoped that volunteerism will be encouraged and not limited by financial resources. Furthermore, special support groups for patients with specific illnesses — for example, Alzheimer’s disease, leukaemia, stroke and various cancers — are invaluable to the patients and their families.

Passion and Compassion for Life

Passion and compassion for life must be part of the Singapore heartbeat in our global city. Compassion for the suffering patient is normative in the medical profession. TTSH has the track record of compassion that had motivated its very beginning. Compassion must remain the hallmark of the medical profession in a world that is becoming more violent and evil.

It has been well said that if we have vision and action but no passion, work becomes a chore, and we sink into mundane mediocrity. Passion for life is more than selfish enjoyment of life. It is the passion to help others into the fullness that is possible with life. Passion for life must be prominently in the spirit of those in the medical profession. We strive and fight for the lives of patients, not only for duration of life but also for quality of life. Inevitably and unintentionally, we become psychological props and counsellors for the patient and members of his family as they struggle with the issue of life and death. When the end of an earthly life is in sight, we are at the crossroads to help or to fail. Do we have words of comfort and certainty for life after this life? The most unsettling thing for the patient is when he or she has not made, or cannot make, peace with Creator God.

But how does one make peace with God? How do we advance into the next phase of life for eternity? Sin is like disease that will result in death. But God, the Creator and Giver of life, has provided a cure, and the treatment is free. “The wages of sin is death, but the free gift of God is eternal life in Jesus Christ our Lord” (Romans 6:23). We have the certainty of the Word of God concerning the gift of eternal life. “For God so loved the world that he gave his only Son (Jesus Christ), that whoever believes in him should not perish but have eternal life” (John 3:16). We simply come to God and ask for his forgiveness in Jesus’ Name. This is possible because Jesus has died in our place for our sins on the cross. “If we say we have no sin, we deceive ourselves, and the truth is not in us. If we confess our sins, he is faithful.
and just, and will forgive our sins and cleanse us from all unrighteousness” (1 John 1:8-9). The way back to Creator God is through Jesus Christ who said, “I am the way, the truth, and the life; no one comes to the Father, but by me” (John 14:6). Simply invite Jesus into your life as Saviour and Lord, and he will answer you. My hope and wish for all of us is that we may all have the passion for eternal life.

**Opportunities for all**

In a world that is increasingly competitive in many different ways, “opportunities for all” is more than a treasured concept. It has to become pragmatic reality. While opportunities for all sorts of things may abound, we have the problem of making the right choices in life. I believe that it is here that the medical profession can make a distinct contribution, having benefited from the broad-based medical education and the experience of dealing with realities of life and death. We must go beyond the sphere of health and health care to the totality of life itself and life hereafter.

In the growing religious intolerance and militancy across our rapidly changing world, freedom to choose and the right to choose one’s religion is becoming more precious. This freedom is already enshrined in our Constitution, which allows freedom for every person “to profess, practise and propagate” his religion. We must do all we can to secure and maintain our freedom, and make right choices for life and for eternity. But the real issue is not religion. The issue is: Who is God? Jesus said, “And this is eternal life; that they may know You, the only true God, and Jesus Christ, whom You have sent” (John 17:3). We can no longer afford to have no God or the wrong gods, if we are to advance to LIFE ETERNAL.

In the current trend of globalisation, teamwork becomes inevitable. When teamwork is at its best, we can be comprehensive in our quest for *Advances in Life*. We need to help one another to find life and live it to the fullest, both now and for eternity. Perhaps it is time for us to enlist the help and expertise of those involved in spiritual counselling, in addition to our psychologists and psychiatrists. The position of a Hospital Chaplain, familiar in colonial days, may not be so redundant after all. Whatever team we have, we need to work together for *Advances for Life*. Together we can and we will make the difference. May I wish you every success and blessings in all your endeavours for LIFE itself.