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Questions for the Estates General on Bioethics

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The Estates General on Bioethics aim to provide a forum for the broadest possible expression of opinions and positions before the French Parliament begins its reconsideration of the law dated August 6, 2004 on bioethics, which was to be reviewed within a maximum of five years after it entered into force, as stipulated by the law's article 40.

With this in mind, the Prime Minister requested the National Consultative Ethics Committee for Health and Life Sciences (CCNE) to *"identify the philosophical problems and the ethical issues raised by this gathering, point out matters that deserve further discussion and report on their particular complexities"*.

Account taken of its specific objectives, CCNE wishes to situate its contribution to the debate as a preliminary to legislative considerations. It proposes a "toolbox" for identifying the issues and preparing the ground for the deliberations of the Estates General. The following memorandum is therefore in preparation for future Opinions through which, in the months to come, CCNE could make a contribution on the themes chosen for discussion, either to respond to further referrals or of its own initiative.

This is a complex discussion. It will be summarised first through queries addressing the very principle of legislative intervention in bioethics (I). In the second part, we will be discussing the substance of this intervention in the light of recent developments (II).

I. Bioethics and law: legislative intervention in bioethics.

A. The principle of a law on bioethics now seems to be generally accepted.

The legislative array on this subject was constructed in successive layers. The major landmarks in the process are well known: the 1975 law on voluntary termination of pregnancy, last modified in 2001; the regulation of medical research involving people (the so-called 1988 "Huriet" law, revised in 2004 to comply with European requirements); the two 1994 laws which are generally grouped under the heading of "bioethics", also revised in 2004, which cover both the statement of general principles for protecting people (which were integrated in particular in the *Code Civil*) and rules for the organisation of medical activities, such as medically assisted reproduction, transplantation and genetics. Also concerned are certain aspects of the 2004 law on public health, the 2002 law on patients' rights and the 2005 law on terminally ill patients.

Today, we can stand back to review this construction composed of first principles and practical rules to judge its coherence, its degree of social acceptance and its inspiration. The conditions in which legislative intervention takes place have evolved, because the climate of doubt and uncertainty prevailing before 1994, when the first version was drafted, is now more serene. There does not seem to be any inclination to do away with a legislative framework for bioethics.

It is true that ethics and law are not on an equal footing so that the phrase "bioethics law" may seem to contain a contradiction in terms. For this reason, some people would prefer to speak of "law on biomedical regulation". Others consider that French legislators do not have too much leeway in this respect. On the one hand, because it is only exceptionally that laws close doors which they had previously opened and on the other, because French legislation can hardly contradict what is accepted at a European level. However, although there are still differences of opinion on whether a certain procedure should be authorised or some other one be prohibited, the principle of bioethics legislation as such is rarely disputed.

Changes in socially acceptable standards and the gradual shift from mistrust to acquiescence are proof that the bioethics laws have shown themselves to be necessary. The very social acceptance of a chapter of specific legislation for the regulation of biomedical and life science practices would incline us to believe that legislators have so far crafted their scope of intervention prudently and pragmatically. By setting out a general framework, the law has created conditions for more peaceful discussion. It has also given practitioners the possibility of channelling social demand with greater effect, in particular as regards medically assisted reproduction.

Today, there are still demands for broadening the range of indications for one or other technique, but no one disputes the need for safeguards. The focus of debate on the eve of the Estates General is more in the direction of whether legislative intervention should evolve. For example, in parallel with the progress of knowledge, should the way in which legislation on medical activities and the life sciences is passed be reviewed.

Within CCNE, on the occasion of drafting this memorandum, there was some hesitation, however, on whether some of the provisions in the so-called bioethics were not based more on codes of good practice than on anything else, so that they were in conflict with the diversity of individual circumstances. The difficulties encountered by practitioners regarding the "age for giving birth", which is a condition required by the law for medically assisted reproduction, is an illustration of this kind of situation.

B. Bioethics issues are not purely technical and scientific.

The search for knowledge is a fundamental value and science, despite mistakes and steps in the wrong direction, has always contributed and continues to contribute to improving human welfare. What should be the influence of science in the values of today's pluralist and laical society?

In this respect, the public's access to information on scientific progress is still inadequate and restricted. The Estates General are an occasion which must not be missed to provide pluralist and critical information to every one on the scientific issues which are central to the revision of the laws on bioethics. As far back as 1995, CCNE recognised that "*that [...] reliability and honesty of (this scientific information) are becoming real social issues".*

Increasingly, biological and medical activities involve some of society's founding principles, including the non availability of the human body and its exemption from proprietary law. Some of the activities regulated by the bioethics laws express a political choice by Parliament after taking account of ethical considerations. It would be regrettable if society were to see bioethics as a purely technical and specialist subject for the sole consideration of professionals and an elite of competent experts.

If, therefore, citizens are asked to express an opinion on whether certain principles can be breached, there is an ethical obligation to throw light on the choices they must make and to ensure in particular that the information they are given is of excellent quality. Up to and including the present day, many people believe that science imposes its own tempo on ethical reflection, which gives the impression that ethical issues are "one step behind" scientific progress and that biomedical ethics must run to catch up with science, must adjust its principles to any new practice so that it can only give *a posteriori* approval. In fact, the issues which must be addressed by the bioethics law cannot be solved on the basis of purely scientific knowledge.

C. The usefulness of legislation to create safeguards.

Let us not be afraid of stating the obvious: all the possible applications of scientific research should not necessarily and systematically be authorised.

The purpose of the bioethics law is to set out a framework for the convergence of free scientific thinking, respect for the dignity of the person and of the common good.

To this end, the provisions regarding preimplantation and prenatal diagnosis are reserved for specific indications and governed by conditions left to the appreciation of multidisciplinary diagnosis Centres, in order to avoid the "slippery slope" effect and prevent the risk of what is seen in some quarters as a new form of eugenics.

a) When lawmaking is the outcome of democratic debate, certain common values which serve as the basis for life in society are defined. Parliament and parliament alone has the necessary legitimacy to stake out the boundaries between licit and illicit action. This cannot be left entirely to the deontology of the players concerned. But opinions differ so that divergences become apparent, depending on particular philosophical and spiritual beliefs or on personal and professional experience, and their expression is guaranteed by the Constitution. Moreover, even when there is agreement on values, there may still be differences on how they should be ranked.

In the field of bioethics, when there is such a confrontation between divergent opinions, it would seem important that the philosophical, spiritual, political and social foundations of the various options be clearly highlighted rather than glossed over. A transdisciplinary approach ("axiological") would help, for instance, to explicit the true meaning of semantic choices (e.g. "termination of pregnancy" or "abortion", "nuclear transfer" or "therapeutic cloning") which in fact reveal fundamental divides.

CCNE wondered whether, in the absence of a consensus on the substance of an issue, it would not be advisable to seek at least a consensus on what is viewed as unacceptable. It would be an important step forward to agree on what nobody wants without waiting for convergence of opinion on what is desirable.

b) The law plays a structuring role: it contributes to the development of individuals by giving them a place in society. This so-called "anthropological" role of law is particularly important as regards filiation. Legislative decisions regarding the regulation of medically assisted reproductive techniques follow the traditional pattern (cognatic), structure around the father/mother/children triad (the so-called "nuclear" family).

Any discussion on the extension of techniques, in particular surrogate gestation, should integrate this dimension and explore the reasons and consequences of a modification of the ancestral motherhood model before any attempt to evaluate the benefits and risks of the technique for those concerned.

c) However, the law alone cannot regulate the field of bioethics. That a practice is legal is not in itself a guarantee that it conforms to morality. Furthermore, regulating a practice is not sufficient to solve the ethical problems born of its implementation and cannot exonerate those concerned from exercising their personal judgment. When the beginning or the end of human life is involved, complying with the law is not sufficient to remove all the possible ethical impediments to a given course of action. There are exceptional cases when the conscience of professional healthcarers may inspire them to break the law, while they remain fully aware of the possible consequences of their actions.

Furthermore, at a time when contemporary thinking tends to give excessive importance to law and to expect it to be active in every domain, there is all too often the illusion that passing a law is in itself sufficient to solve a problem.

Giving the law the importance it deserves should not, therefore, lead to over estimating its role. The law cannot be allowed to bypass further ethical reflection.

D. Should the law be revisable?

The question may seem superfluous insofar as any law is intrinsically revisable whenever legislators consider it necessary. Nevertheless, in this particular case, a five-year reappraisal clause was included in the law in 1994 and again in 2004. The intention was to experiment in a new legislative domain so as to make it mandatory to take account of scientific, technical and societal developments and to draw lessons from the experiment itself. Furthermore, the non-final nature of the adoption of certain techniques made it easier to overcome doubts and hesitations, thus obtaining a majority.

But where do we stand today? The advantage of reappraisal is that it inspires a full reconsideration of the issues (a). However, perhaps a mandatory periodical reappraisal is no longer appropriate (b).

a) Reappraisal is desirable on the condition that it encourages full reconsideration: while any society is in need of law, legislative and regulatory inflation can endanger the necessary coherence of law. This requirement is often forgotten by those who demand legislation as a specific "response" to a particular item in the news, to alleviate a particular hardship or to serve their individual preferences or lifestyles.

b) The consequences of periodical reappraisal: the practical advantages of periodical reappraisal do not exempt the system from criticism.

Some people believe that five years is too short. True enough, the feedback on the 2004 provisions is in fact limited. Not only is the law relatively recent, but some of its contents are only applicable since the corresponding implementation decrees were published quite recently. The time which has elapsed is therefore rather short for measuring the impact of the law. However, the Biomedicine Agency's (*Agence de la biomédecine*) steering group has produced a list of questions on the implementation of the principles contained in the Bioethics law and on the applicability of the conditions set out by the law. The revision of a law is a demanding exercise which includes an evaluation phase. And the ethical reflection which is a part of the process is time consuming.

Others underline the adverse effects of a deadline. It is worth considering whether the revision clause did not have a decision-blocking effect on matters which should have been dealt with earlier. Inversely, this concept of a fixed-date reappraisal could in certain cases lead to approaching some matters for which the scientific issues and the ethical implications were not as yet sharply defined.

As regards legal technique, the possibility that reappraisal could lead to regular changes has some disadvantages from the point of view of legal safety and in upholding the symbolic strength of law. In particular, should legislators at the very same time as they are enacting principles, bestow a "date of expiration" on their creation?

Having expressed this reservation, we now turn to the substantive issues underlying the possible revision of the law.

II. What kind of law is required on bioethics?

Legislators cannot be content with a simple follow-up of the concepts presiding over the 1994 and 2004 laws (A). The scientific and sociological changes which have occurred in the meantime must be considered (B).

A. The law's current structure.

It is based on cardinal principles from which conclusions are drawn (a), while accepting strictly controlled concessions (b).

a) The cardinal principles of the present structure.

- The principle of respect for the dignity of the human being was perpetuated as the core of the 2004 structure. More "technical" principles such as the non patrimonial nature of the human body and anonymity were its corollaries. French law has rejected the utilitarian outlook based on the expected benefits of a given technique and has adopted a more deontological approach: obligations to human beings, to the human species, to future generations. These obligation implied the inclusion of other principles, such as autonomy.

- The interest of the child. In 1994, legislators chose to give children born of assisted reproduction — as the Conseil d'Etat had recommended in 1988 — "*two parents, neither more nor less*", rejecting by the same token any recognition of the "right to have children". It is worth noting that it was with the same attention to giving unborn children as stabilising an environment as possible that legislators at the time decided on the legitimacy of the rule of anonymity for gamete and embryo donation.

- The non-marketability of the human body and of its components, and its corollary, absence of payment. The human body's non patrimonial nature is one of the founding principles of the equilibrium achieved in the 2004 law. For this reason, even as regards the harvesting of organs and tissues, the law chooses to speak of "donation" to affirm the general principle of free and anonymous donation. The human body's non patrimonial nature implies the absence of any remuneration to the person donating components and products of the human body. The principle is not called into question for organ and tissue donation, but it is sometimes disputed for gamete donation.

As regards organ and tissue donation, there is a need to be firm on this principle even though it may appear paradoxical in a liberal economy and an individualistic society. The more the "value" of free donation is challenged, the more necessary it becomes to uphold it vigorously. The 1966 Convention on Human Rights and Biomedicine prohibits financial profits for donors and the availability of a part of the human body: *"The human body and its parts shall not, as such, give rise to financial gain" (Article 21).* Payment for grafts is unanimously censured. The "willingness" of people is not for sale.

However, some people are of the opinion that the scarcity of oocytes is good reason to consider — short of payment — some form of compensation for the reason that excessive absolutism in this respect raises tangible practical difficulties so that effective access to medically assisted reproduction is denied. Others, on the contrary, consider that to distort so seriously the legislative principle would pave the way for further abuse.

- The principle of anonymity. The anonymity of organ donation, excepting within the same family, was one of the items inspiring the trust that French society placed in medical transplantation procedures. In the legislators' intentions, this was support for the principle of non-payment because it was a way of completely preventing trade between donors and recipients. It would seem that this principle should continue to be firmly upheld to avoid increasing the distress of those who are mourning a donor and making even more complicated the "integration" of the recipient's new "body", or paving the way for financial abuse which is never to be entirely discounted as regards the marketing of organs.

However, the difficult reconciliation between the principle of anonymity and the development of composite tissue grafting will not be absent from future reflection (see in particular face transplants) or again the difficulty of adhering to this principle in the case of gestational surrogacy if it becomes admissible.

b) Regulated exceptions.

The concept underlying the current law is identical to the one which had inspired the January 1975 law: principles are set out even though they may be attenuated by concessions and exceptions, with sufficiently strict codification to prevent the principle becoming null and void.

Is it not that the natural tendency of this type of system is to become more flexible with each successive revision? A case in point is the derogation, introduced in 2004, to the prohibition of 1994 of research on embryos and stem cells from surplus embryos. The law has advanced significantly compared to what it was in 1994. At the time, embryos could only be "studied", although their general philosophical status remained unchanged, which was that the law declined to assign any status or to define the embryo as a thing, a person or a potential person.

Today, the question arises of whether developments in biomedical practice justify that research on embryos and stem cells from surplus embryos should be authorised without needing to invoke the current system of derogation. The underlying philosophy is that this would emphasize the value attached to research itself and to the freedom of researchers. This change of perspective would not prevent keeping research under the same restrictive regulations as it must comply with today, both as regards its end purpose and the consent of parents. There is, however, a risk that such authorisation in symbolic terms could lead to conferring on the embryo the status of an object, which is exactly what legislators in 2004 wanted to avoid. Whatever the convictions on either side of this argument might be regarding the ontological status of human embryos, there is no denying, precisely, that they are *human*. If this were not the case, science would be interested in them in a different way.

Faced with having to control activities linked to the use of embryos, legislators chose to mark the limits of their purview by avoiding dependence, as far as possible, on philosophical or scientific considerations. They constructed a system based on the principle of respect owed to human beings from their first moments of life (as is written into article 16 of the *Code Civil*) and defined possible infringements to that principle without ever defining the embryo itself. Legislators considered that not being able to resolve the question of the embryo's nature did not, in practical terms, prevent a ruling on how it should be treated. With subtlety, legislators preferred to focus on the embryo's potential future rather than on its present existence.

B. Developments since the previous revision.

a) The founding principles called into question.

Some people consider that the numerous exceptions allowed to the founding principles have already emptied them of any substance. But others are uncertain about the way in which the principles themselves are evolving. From the start, it had been noted that the principle of respect for the dignity of the human being could appear as having a "variable composition". It demands that people should never be considered simply as means towards an end, but an end in themselves, and should never instrumentalised. For some, dignity is inherent to human nature whereas for others, it should be recognised that it is contingent on a more subjective assessment.

The permanence of principles in a permissive international context is also an issue. Uncontrolled dissemination via the Internet of offers for genetic testing or various techniques for manipulating parts of the human body is extremely worrying and flouts French law. Furthermore, the information given to those who accept these offers is flawed, both before testing and concerning the results of the tests.

In this way, national regulations are tempered by the fluidity of travel throughout the Union, together with citizens' rights to obtain healthcare in any of the member states of Union. In the circumstances, it would seem advisable to give careful consideration to the status of children conceived abroad using techniques which are prohibited in France, such as surrogate gestation. Moreover, when people try to obtain the benefit of prohibited techniques by travelling to countries whose financial system exploits the poor, is there not a danger that principles enjoying respect in their home countries could be weakened? Will increasingly easy access to certain practices necessarily lead to a general relaxation of principles once further medical advances are made and once the body is revealed as a reservoir of hitherto unsuspected biological resources and national borders have vanished?

But reflection is also an invitation to take into consideration the full complexity of ethical issues connected to the non patrimonial nature of the human body and anonymity. CCNE has already considered the question of the absence of any compensation to the donor compared to the significant financial benefits of biotechnological research and those of industries processing products of human origin.

As regards anonymity, French legislators in 1994 (followed on this score by those of 2004) gave precedence to a philosophy on the subject of paternity which gives equal status to gamete donors and blood donors. From an ethical and a symbolic point of view, the legislators' position is understandable: the law's message to both parents and children conceived by these techniques is that affectivity matters more than biology and society more than genetics; that a father is more than just the donor of gametes so that the donor's role must be unobtrusive to avoid troubling the child's psychic equilibrium. But it would now seem with hindsight that some children born following anonymous gamete donation are extremely uncomfortable with the situation. So we see that a generous and relational concept of paternity can come into conflict with intuitive and affective feelings that are blind to rational argument and a vision of humanity which accepts corporeality and feelings. The last word has therefore not been said regarding gamete donor anonymity and access to donor data.

b) Reconciling principles and other ethical requirements.

It is worth considering whether the legitimate wish to respect founding principles leads to minimising other issues.

1) One of the dangers is to focus exclusively on questions concerning the boundaries of life while the condition of people who are sick or vulnerable and discrepancies in access to healthcare, within countries and between developed countries and the rest of the world, are neglected. A well-founded interest in bioethical issues should not lead to ignoring other fundamental problems such as the circumstances of people needing help for impaired autonomy (the very elderly and the disabled irrespective of what caused the impairment), discrimination with regard to national health insurance and the controls regulating the development and marketing of health-related products.

2) Increasingly, the question arises of balancing the duty to provide better care and the responsibility of spending public money. A determination of public health policy priorities is bound to have consequences on bioethical thinking. Is it not preferable to look to the best possible care for every one rather than excellence for a chosen few?

3) Finally, there is a noticeable and growing demand in today's society for more autonomy, to which recent laws on the rights of patients have given legal recognition. Would this appreciation of autonomy be likely to temper the principles set out in the bioethics law?

We must first define what is meant by the concept of autonomy. Autonomy is not just the exercise of free will (what is known as "empirical" or "psychological" autonomy). The pertinence of an ethical judgment contains a dimension of access to universality: its principle must have as a complement those of solidarity with, and responsibility for, the weakest among us. The autonomy of a free choice is relational.

The conflict between autonomy and responsibility was raised in particular at the time of the debate on genetic testing for medical purposes preceding the 2004 revision. An individual's refusal to reveal a serious genetic anomaly to the rest of the family raised the question of whether the right to remain silent can take precedence over allowing others to be endangered. Reconciling the two principles is so difficult that the procedure of family-related medical information that had been devised by legislators to deal with this particular situation could not be implemented.

This kind of conflict could re-emerge if creating commercial companies offering to store placental blood for purely autologous purposes were to be considered. Would equal access to healthcare and solidarity prevail if only those who had the financial means to do so could delve into their personal stock of health-giving cells? Similarly, any expectation of broadening conditions of access to medically assisted reproduction is bound to produce conflict between the satisfaction of a legitimate desire to have children and the responsibility of parents, physicians and society for the fate of the unborn child.

Nevertheless, transposing this concept of autonomy to the social environment is not a simple matter. Autonomy is also the consequence of individual liberty, a constitutional principle enshrined in the 1789 Declaration of the Rights of Man and of the Citizen. As the National Consultative Commission on Human Rights very aptly pointed out, the question arises of how far legislators should go in their duty to protect people against themselves.

Finally, autonomy brings up the issue of the role of consent in bioethical activities. It is a fact that the physical integrity of people is breached for personal reasons which are not exclusively therapeutic, nor even to serve another person's interest as is the case for the donation of components and products of the human body. That being so, free and informed consent is even more of the essence than usual.

Some people go as far as considering that instead of using the usual expression for consent, the wording "informed choice" should be used, particularly in cases where there are several alternatives, for example what decision is taken regarding surplus embryos which could be destroyed, given to another couple or made available for research.

Reflection is particularly necessary when consent is given for organ donation in situations where the life of the recipient depends on a breach of the physical integrity of the donor. Does the present system of protecting the interests of the living donor through a committee of experts under judicial authority measure with sufficient precision the dimension of family-related issues and the fact that the donor's decision is taken in a moment and that once taken, there is no going back without extreme difficulty? As regards the *post mortem* "donation", which is based on the possibility of expressing opposition rather than, as it is usually and improperly called, on "presumed consent", would it not be appropriate, but without making any change to the present provisions, to recognise more explicitly that it is the expression of a duty to others that the law makes it possible to relinquish? If it was explained in those terms to families, they would be less burdened by the so-called "consent" of their deceased relative.

In this context of an increasing need for autonomy, the right to information is also increasing in importance. Can informed consent or choice be honestly secured from someone who must take the decision to give or refuse consent but has not received prior information? There is therefore no doubt that the legal framework for information to be given to individuals in bioethical situations will develop further.

c) Extensive changes in the scientific and technical environment.

The scope of the present law correspond to the major fields related to human health which needed regulating in 1994. The 2004 extension was minimal. Today, the scope should be enlarged in view of new scientific developments, in medicine particularly, of new applications of the results of research and the new activities ensuing.

The biological techniques which raise the problem of information processing and so-called "biological banks" are developing. New possibilities are now open through discoveries in neurosciences which could affect the human image itself and the way in which humans see their place in the world and their freedom. Nanotechnologies and xenografting techniques also raise entirely new ethical issues.

Above all, it would appear that, in the necessary confrontation between science and society, non human living creatures should have their place. Perhaps bioethics should be viewed in the light of the ecology of the human species and collective global resources and thought should be devoted to what is resistant to manipulation of any kind, in particular for genetic purposes.

Technological developments are confronting mankind with the major issue of harmonious conservation of the living world. UNESCO's Universal Declaration on Bioethics and Human Rights, underlines (article 2, h) "*…the importance of biodiversity and its conservation as a common concern of humankind*", in reference to the urgency of bioethical reflection being applied to the living world as a whole.

Since June 2004, France has incorporated the precautionary principle into the preamble to its Constitution and, in so doing, has enacted a new founding principle. This new principle increases the ethical claim regarding the impact on human health of modifications to the environment. On this subject, CCNE pointed out that ultrafine particles (nanoparticles) are, in an insidious manner, increasingly present in our environment and could, as they cross biological barriers, constitute a pathological risk factor.

From this viewpoint, it would be advisable to consider any reflection on life in general — and not just human life — as a whole where the various living species interact with each other and with their environment, with full respect for biodiversity which is the foundation for the harmonious conservation of the living world as mentioned above.

Care must be taken, however, that taking account of mankind's place in the biosphere does not enter into contradiction with the concepts of "human rights" and crimes against humanity which have been and remain the founding concepts of all ethical reflection on medicine and the life sciences since the Nuremberg trials, because they make mankind the cardinal reference and the point of convergence of the entire legal system.

In conclusion, CCNE's task is to propose, based on the above considerations, avenues for reflection and, as the referral suggests, "*point out matters that deserve further discussion"* in the Estates General. The debate will bear on the advisability of maintaining the law's current symmetry. It will serve to prepare the way for four types of choices which are situated on different levels:

1) Options concerning **the scope of the law**: the first subject for reflection will be to consider whether it is appropriate to maintain the separation between the law on bioethics and other laws concerning the human body. Some thought should be given to an extension of the domain which goes by the name of 'bioethics' to a broader perspective than simply human life, by considering the place of the human species within biodiversity and by taking into account the technological developments that have occurred since the law's last revision.

However, these reflections are preliminary to those which bear on the subjects so far included in the law on bioethics. The issues they are concerned with, which have an impact on the future of mankind, therefore broaden the scope of the Estates General.

2) Options concerning the **legislative technique, i.e. choosing between a detailed law and a "framework law"** leaving more room for good practices; between a temporary law or one which is intended to be permanent.

3) Options on the **scope of current principles, their hierarchy and the exceptions made to them** with regard to how thinking is evolving, both in France and by observing how European countries in their own laws and their different ways are including a foundation of common principles for the respect of the human person. In other words, should the bioethics law reflect developments in our collective culture and practices that have been observed or should it, on the contrary, prefer to keep at a safe distance so that certain founding or federating principles can be maintained and serve as references?

4) Options on the **balance between the ends and the means, between principles and their practical consequences.** For each of the activities concerned by the law, an evaluation will need to be made whether there is a satisfactory balance between the needs of science, society and certain categories of citizens on the one hand, and fundamental human values on the other.

CCNE would be ready to complement this document with further Opinions in particular with reference to the criteria to emerge out of the two latter options above.

One of the main challenges of the bioethics Estates General will be to decide whether today's society considers that certain developments have not been sufficiently taken account of or, if on the contrary, care should be taken to sidestep an "ideology of change" which would endanger an equilibrium democratically arrived at. At this point, society needs to be given the tools with which fully informed consideration can be devoted to its own values and to the solutions to be preferred in the settlement of conflictual situations.

Finally, the present memorandum sought to highlight the basis and the meaning of the subjects under discussion and the proposed responses to them. Further to discussion in the "*Journées annuelles d'éthique*" (annual public discussion), which is the traditional forum for public debate on CCNE's activities, it would be advisable to increase the number of occasions for meetings and collective discussion. The regional or inter-regional ethics forums would be a favoured institutional framework for this purpose, which does not exclude any of the other recognised structures already participating in the public debate on ethical matters. Furthermore, besides these bodies habitually dedicated to ethical reflection, it would be useful to organise also special events specifically aimed at both informing and consulting the general public, so that the Estates General can truly be the concern of every one.

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