Theology on the Web.org.uk

Making Biblical Scholarship Accessible

This document was supplied for free educational purposes. Unless it is in the public domain, it may not be sold for profit or hosted on a webserver without the permission of the copyright holder.

If you find it of help to you and would like to support the ministry of Theology on the Web, please consider using the links below:



https://www.buymeacoffee.com/theology

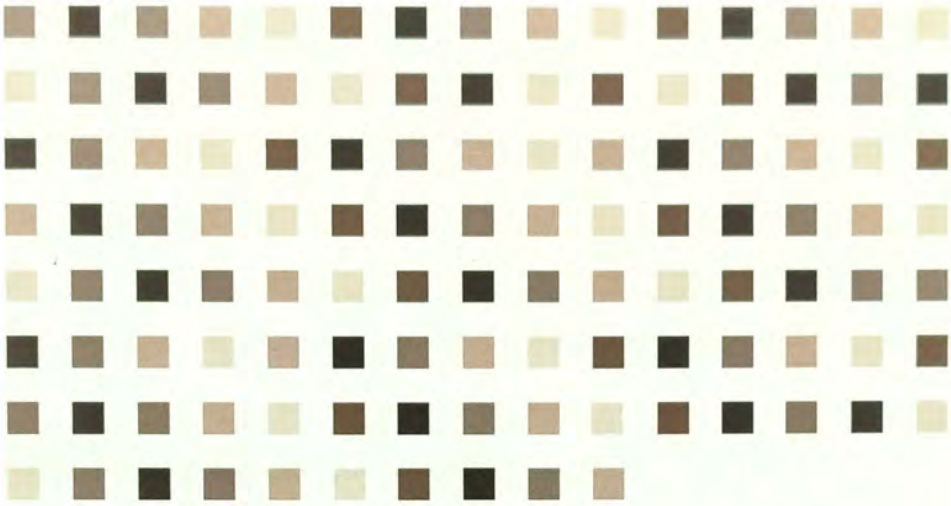


https://patreon.com/theologyontheweb

PayPal https://paypal.me/robbradshaw

A table of contents for the *Irish Baptist Historical Society Journal, new series,* can be found here:

https://biblicalstudies.org.uk/articles_irish-baptist-historical-society-journal_ns-01.php



Journal of the Irish Baptist Historical Society

Volume 22

2014

ASSOCIATION OF BAPTIST CHURCHES IN IRELAND

IRISH BAPTIST HISTORICAL SOCIETY

(Founded 1968)

JOURNAL 2014

Volume Twenty-Two

Editor

Pastor John Gault

© Irish Baptist Historical Society

ISSN: 0075-0727

Published by

The Irish Baptist Historical Society

The Baptist Centre, 19 Hillsborough Road, Moira, BT67 0HG Northern Ireland

T: (028) 9261 9267 **F**: (028) 9261 0150 **E**: ibc@thebaptistcentre.org

The Irish Baptist Historical Society

Membership of the Society is open
to persons interested in the history
of the Baptist Churches in Ireland.

The individual membership subscription is
£15.00 (€25.00)
and entitles to the Society's Journal,
published annually in May.

A husband/wife membership is also available at
£25.00 (€40.00)
including one copy of the Journal.

Overseas members' annual subscription is
US $30.00.

All subscriptions fall due on 1 January.

The cost of Journal to non-members is
£10.00 (€15.00) or US $17.00 per issue,
plus postage & packing

Contents

Editorial 5

Biographical Notes 6

Chinese Church ... the Changing Times 9

Born in Dublin, Bred in Belfast 17

Advances in Medical Ethics:
From Hippocrates to Dolly the Sheep 31

Editorial

Our meetings in 2014 covered a period of approximately 2,500 years from Hippocrates in the 4th century BC until the present day and a distance of approximately 6,000 miles from Hong Kong to Ireland.

In March, Wai Kuen Mo told the story of the birth and growth of the Chinese Church in Belfast. The story of Chinese immigration to Britain, the origin of Christian work among the Chinese people in Britain and how this work then stretched across the Irish Sea is one of great encouragement. The beginnings and early struggles of Christian work among Chinese people and the formation and growth of the Chinese Church are all evidences of God's goodness and love.

In May, Dr. David Luke traced the history of the Irish Baptist College, briefly from its beginnings in Dublin in 1892 until its relocation to Northern Ireland in 1964, then in more detail from 1964 – 2014 (39 years in Belfast, 11 years in Moira). The character and ability of staff members, the growing numbers of students and ministry made possible by the work of the College which has stretched across the world are all matters for which God is to be praised.

In October, Drs Scott and Karen McCloskey presented a fascinating overview of the origin and development of medical ethics from a Christian perspective and how advances in medical knowledge has been used for both good and bad purposes. References were made to trends in modern society that are contrary to Christian values and the responsibility our generation has to resist evil and to support and encourage good.

Once again the wide range of topics addressed in 2014 was interesting and much appreciated by Society members and friends.

John Gault

About Our Contributors

Wai Kuen Mo

Wai Kuen Mo was born in Hong Kong in 1961, of Chinese descent, who immigrated to the United Kingdom in 1971. Wai Kuen accepted Christ as his personal Saviour in 1980 through the work of Teen Challenge in Belfast. Although a full time Civil Servant by profession, Wai Kuen is deeply involved with the ministry work of the Belfast Chinese Christian Church. He is also the author of the Christian projection software Easyslides.

David Luke BA BD PhD

David Luke is Postgraduate Director & Historical Theology Tutor at the Irish Baptist College. After serving as pastor of Gilnahirk Baptist in Belfast for 15 years he joined the full-time teaching staff of IBC in September 2013. David has taught theology for more than twenty years at a number of institutions and currently teaches at Cornhill Belfast alongside his IBC responsibilities. He teaches Historical Theology, Baptist Ecclesiology and Baptist History.

Scott McCloskey PhD MRCP FRCPath
Karen McCloskey PhD

Scott was a pupil in Larne Grammar School before studying Medicine at Queen's University of Belfast. He completed a PhD during his specialty training and is presently a Consultant Haematologist in Antrim Hospital.

Karen moved from Ballymena Academy to Queen's University where she completed an Honours degree in Biomedical Science and PhD in Phyisiology. Karen has been a senior research fellow in Starthclyde University and is presently a reader and research scientist in Queen's University. Competitive awards include funding from the Wellcome Trust, BBSRC, MRC, Tenovus, the Royal Society, Action Medical Research and the European FP7.

Scott and Karen have been happily married for sixteen years. They have two children, Hannah, aged 11 years and Joel, aged 8 years. The McCloskeys attend Larne Baptist Church.

Belfast Chinese Christian Church
貝爾法斯特華人基督教會

Chinese Church
... the Changing Times

Wai Kuen Mo

Thank you for the invitation to come along and speak to the Historical Society about the Chinese Church in Belfast. I myself am a Civil Servant, I work for the Department of Enterprise, Trade and Investment . I also am an Elder of the Chinese Church on a part time basis, although it is not essentially part time as being a Christian is a full time occupation, no matter what time of day we are always Christians. The Chinese Church in Belfast has been around for many years now but for me the key thing, regardless of whether it is a Chinese Church, a Baptist Church or a Presbyterian Church is based on Psalm 127:1 "Unless the Lord builds the house they labour in vain that build it", so regardless of what kind of Church it is, if the Lord is not the One who builds it then the builders labour in vain so matter what I say about the Chinese Church or who was involved in it or the background to it, it has all been the Lord's work.

My name is Wai Kuen Mo, I came to Northern Ireland in 1971, just around the start of the 'Troubles'. I thought the bombs and the bullets would be a permanent thing but thankfully it's now a distant memory.

The first Chinese people to come to the UK arrived around the 1800s to places like Liverpool when, at that time, the UK was a great world power. The Chinese people would have arrived by boats to places like Liverpool and Southampton which were the

main ports. When they arrived they would try to find work. A lot of them were seamen who left China, came to the UK, perhaps on a British boat, and started to work in the seafaring trade. Many of these Chinese people also served on the sea in the Second World War and many lost their lives. After the war Chinese seamen were forcibly repatriated back to China in spite of the fact many of them had married local women and had children here. In 1949 the Communist Party came to power in China so those who had been sent back had no possibility of leaving. As a consequence Chinese numbers in UK declined.

Around that time, in 1948, a Chinese Pastor, Stephen Wong, came to the UK to study for one year, but whenever his studies were coming to an end the Communists took over China. Because the Communists were persecuting and punishing people who were wealthy or educated, Pastor Wong knew that if he was to go back to China things could go badly for him, so he sought and received permission to stay in the UK. He began to wonder what purpose the Lord had in placing him in the UK and eventually he formed a Chinese Church in London in the 1950s and he also set up an organisation called the Chinese Overseas Christian Mission (COCM). Stephen Wong never had the opportunity to go back to China even though he had a wife and children there. He died in the UK in 1971 without ever seeing his family again.

The Chinese didn't come to Northern Ireland until the 1960s, perhaps because the main opportunities for employment were in Britain and the major cities had their own Chinatown areas. In the 1960s, however, some Chinese began to come to Northern Ireland, a few at a time. When I came over in 1971 there were only three or four Chinese restaurants in the whole of Belfast. Most of the people who came over were from the rural area of Hong Kong. Hong Kong is on an island and opposite Hong Kong, on the mainland side, is the city of Kowloon and beyond Kowloon are many rural villages, in one of which my parents lived, and in the 1950s and 1960s these were very poor areas. The main language in the rural areas was Hakka, a Chinese dialect. You have heard about Cantonese but Hakka was the other main language in Hong Kong. Some of these rural people decided to come to the UK and the thing they were best at was cooking. There is a saying in China ... '*Chinese people can cook anything that has four feet*'. Many Hakka speaking people came over in the 1960s and then in the 1970s some of their families followed. My parents came first to Southampton in the 1960s where they worked for a number of years and then in 1969 they came to Belfast and started working as chefs in the catering trade. When they had settled they bought a house and then in 1971 brought myself and my sister over to join them and many other families followed the same path ... they came here, got jobs, sent money back to Hong Kong for their children's education and once they got settled they brought their children over. The majority of Chinese people in Northern Ireland in those days spoke the Hakka language. When the 'Troubles' started the numbers coming dropped significantly.

Around this time a Methodist Minister, Ronnie McCracken, began to develop an interest in the Chinese people. He saw Chinese restaurants opening up and he had a desire to reach out to them but the main obstacle was being able to communicate as many of them didn't speak very much English. By this time Pastor Stephen Wong had died but he had passed on leadership responsibility for COCM to a lady named Mary Wong. Ronnie wrote to Mary, told her about the many Chinese people in Northern Ireland, and invited her to come over to help to reach them with the gospel. Even though she replied that she had so much work to do she wouldn't have time, Ronnie McCracken wouldn't give up and insisted they do something to help. He later wrote an article on this incident which I will quote,

> "One morning at a prayer meeting Mary read my letter to those gathered. Among them was a young student from Bradford called Nai Bn Cham. He was touched by the letter and said, 'If that Irish man is so burdened for our Chinese people that he is ready to pay our travel and living expenses the least we can do is go to help him even if we will be martyrs.'"

The political troubles in Ulster were at their height and the news of bombs and killings made the young Chinese think they could be killed tor their faith. Surprisingly enough, four other lads volunteered to join the team. They were John Hung, Pak Heong Yap, Lin Hon Chu and Paul Chan.

On 1 April I went to the British Airways office in Wellington Place to purchase the flight tickets for the boys. I asked the salesman if I could purchase the tickets here and they would collect them in London. He told me that was no problem just to give him the names. I took a deep breath and started, Nai Bn Cham. After a few goes he got it down on the computer terminal, next was Pak Heong Yap. He asked which was the surname and I said I thought it was Yap. The salesman looked at me in amazement and said, "Oh no, there is no one in the world called YAP ... his wife would be Mrs Yap!! I get it ... this is an April fool joke!" It was, after all, 1 April but I assured him that it was no joke and bravely carried on!

So, in 1975 around Easter time, these young men came over and they had the first meeting but the work wasn't easy because a lot of the people there were trying to reach were working in restaurants. Some of these people were Christians but the main difficulty in trying to integrate them into local churches was to do with language ... they wouldn't understand what was being said ... so Ronnie thought that the best thing would be to have their own Bible study groups in their own language. So basically the Belfast Chinese Christian Fellowship was formed to cater for those restaurant people. In addition at that time more and more people were coming from Hong Kong to the UK to study. Others came from Malaysia and Singapore and some of them attached themselves to the Chinese Fellowship which at that time met every



Sunday afternoon in a small room in the Methodist Chaplaincy in Elmwood Avenue beside Queens University. In the summer, however, students would have gone back to Hong Kong leaving very few people in the Fellowship. I myself attended a local church first of all and then joined the Fellowship about April/ May of 1987 and I can remember the summer of that year when students had returned home there were very few of us meeting. At one meeting in July there were only four of us present. That's how small we were at that time but, by the grace of God, in September 1987 about eight or nine medical students from Hong Kong, Singapore, Malaysia, Indonesia, all of whom were Christians, arrived in Belfast. Medical studies last for seven years so the Fellowship had the benefit of having this group of students who would be with us for the next seven years. They basically formed the foundation of the Fellowship, which from that point onwards began to expand. At that point some people from Windsor Baptist Church who were interested in our work and who knew that our Fellowship was growing offered us the use of their church's hall on Sunday afternoons. So we accepted their offer and began to meet on their premises in June 1988. For us it was a step of faith for at that time we had only about thirty people meeting but after our move the numbers started to increase but as well as Hakka speaking people some of the students who came from Hong Kong were Cantonese speaking. In addition increasing numbers of Cantonese and Hakka restaurant workers began to attend. It was about this time that we started to think about becoming a church. A question we have been asked many times is "Why do you need a Chinese Church when there are so many local churches?". The main reason is to do with language. Many who attend are Hakka and Cantonese speaking and would not be able to understand in an English speaking church. If they could speak English it would be okay but for the majority of Chinese people in Northern Ireland their main languages were Hakka and Cantonese. So we thought about registering ourselves as a church and on 3 November 1996 we received our registration through the Inland Revenue. At that time Northern Ireland didn't have its own Charity Commission and so we had to go through the Inland Revenue in Britain, registering



ourselves for charitable purposes. The Belfast Chinese Christian Church, therefore, began officially on 3 November 1996.

Although we were very grateful for all the help and support Windsor Baptist Church had given us we began to realise, because we were getting bigger and bigger and because there were special events we were not able to hold because we were in a borrowed building, we needed our own premises, somewhere we could call 'home'. So we started to look for suitable premises. Just at that time Ulsterville Presbyterian Church were wanting to sell their hall on Lorne Street. They found out we were looking for premises and they offered the hall to us first rather than to a developer because they wanted Christian work to continue in the area. The cost was £180,000 which seemed very high to us because our finances were limited and many of our number were students or restaurant workers. We sought God's guidance and decided to take a step of faith and apply for a bank loan which was successful and on 12 November 1998 we purchased the church hall.

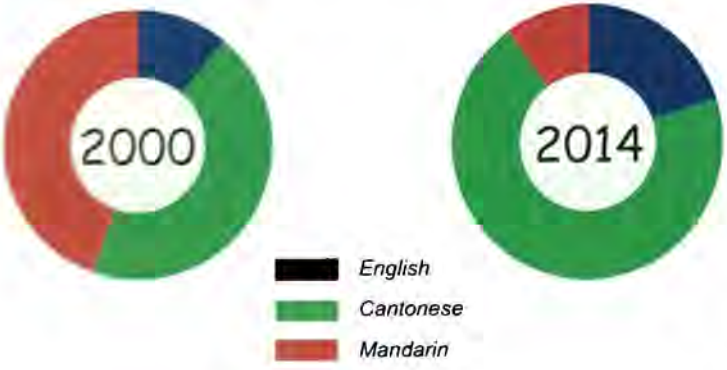


Over the years the make up of the church had changed. In 1988 about 95% of the church were students and 5% others but by 1996 things had changed. Then the student numbers had dropped to about 40% with 60% others, mostly restaurant workers. During those years we were reaching more restaurant workers, the church was growing and we needed our own building.



In the 1960s most of the people had come from the rural area of Hong Kong, because Hong Kong was a British colony. Most of those people spoke Hakka. In the 1970s many of their children, including myself, came to join their parents. We spoke Hakka but we also spoke Cantonese. Also in the 1970s Cantonese people began to come to the UK as well. Then in the 1980s the number of Hakka people coming dropped greatly. In 2000, however, there was a great change when many Mandarin people began to come. Mandarin is the main language in China. China had been a closed country but in the mid-1990s things began to open up to let people leave. In addition many people wanted to escape because of Communism and because they wanted to seek a better quality of life. Many travelled to the UK to seek asylum. Many came to Ireland because in those days if you had a child born in Ireland the child had an automatic right to citizenship. Lots of Chinese people followed that path although that law was changed in the 2000s. So in Northern Ireland there were growing numbers of Mandarin speakers. When my dad came here in the 1960s a lot of the people who worked in Chinese restaurants and take-aways were Hakka speaking. In the 1970s and 1980s Cantonese people arrived and took over a number of those businesses. A lot of the Hakka speaking people are now retired. Then when the Mandarin speaking people started to come over they in turn took over a number of the businesses and so if you went into Chinese restaurant today the people in there, more than likely, would have come from China and not Hong Kong. In 1970s if I visited a Chinese supermarket I would hear Hakka being spoken, in the 1980s I would hear Cantonese, but now if I visited a Chinese supermarket I wouldn't understand what they are saying because they would be speaking Mandarin. When I came over in the 1970s I used to help my parents in their restaurant. Today you can see the children of Chinese people as they move into their teenage years starting to help their parents.

In 2000 in our church Cantonese speaking would make up about 70% of our congregation, Mandarin speaking about 10% and English speaking about 20%. Today, in 2014, Cantonese speaking is about 45%, Mandarin speaking about 45% and English speaking about 10%.



At our church services on Sunday mornings we would have about 100 Mandarin speaking people, about 20 or 30 of them being young children. In the afternoon we have our Cantonese service and again have about 100 people there, most of whom are Hakka/Cantonese people, but a big proportion of them would be in the older generation. The Mandarin generation would be much younger people. I speak English and if I didn't attend the Chinese Church I could attend any other church but many of those who attend the Chinese Church would find English speaking services difficult or impossible.

We have about 30-35 who attend the English speaking service at the same time as the Mandarin service. It's wonderful to have up to 250 Chinese people meeting on a Sunday to worship the Lord in their own dialects. Most of the Hakka people are now elderly, most of the Cantonese are now middle aged and most of the Mandarin people are younger and then we have the English speaking children born to people in the church. In the year 2000 we had 30 millennium babies. Our church has to cater for these different language groups and age groups. To do this we have a plan sometime in the future to knock down part of our building and rebuild it so that we will be able to have three services at the same time. The problem today is that the children of the Cantonese people, who speak English, can't come in the morning because many of them need a lift and their parents don't come until the afternoon, but if the Mandarin, Cantonese and English services were all at the same time then all of the church families could meet together. That is our plan and aim that with God's help will be realised in the not too distant future.

Irish Baptist College

Born in Dublin, Bred in Belfast

Fifty years of the Irish Baptist College in the North

David Luke

On 4 October 1892 the Irish Baptist Training Institute was opened at sixteen Harcourt Street, Dublin. It had been built largely with money from the American tycoon and philanthropist JD Rockefeller and was named Rockefeller House. Its first intake was five students. In 1901 the College was reconstituted by Hugh D Brown, the Pastor of the Harcourt Street Church, and re-located to forty-five Harcourt Street. From the outset the College was beset by small numbers, lack of support from the churches and weak finances.



16 Harcourt Street. Dublin

Furthermore, the early decades of the 20th century were a difficult time for Baptists in the southern part of the island and consequently for the College. Joshua Thompson notes that, '[with] the partition of Ireland, and the growing strength of the churches in Northern Ireland with a concurrent decline in the numbers of Baptists in the Irish Free State...the College became increasing isolated from the life of the churches at large.'

Other issues also came into play which hampered the development of the College's work. From the beginning the College had a somewhat ambiguous relationship with the BUOI. First of all the College was effectively owned by HD Brown. When later it came under the wing of the BUOI the fact that Brown ensured that half the trustees

belonged to the Harcourt Street Church gave it representation equal to that of the rest of the BUOI. Furthermore, there was a widespread fear amongst Baptists in the early 20th century that theological education equalled theological liberalism.

During the seventy years in Dublin there were only one hundred and eight graduates from the College. This reflects the fact that the number of students was always in single figures. As Thompson points out during the Dublin years only forty-eight graduates in seventy years served at least part of their ministry amongst Irish Baptist churches. The College's Dublin years were always difficult; although many of the graduates went on to make a notable contribution to Baptist life in Ireland and beyond.

Moving Towards a Move

As early as 1949 the BUOI Assembly instructed the Council to consider the feasibility of the Dublin College, which had re-located to fifty-two Terenure Road in 1940. Subsequent investigations revealed a good deal of disquiet amongst Baptist churches about the College including the fact that Principal Spurgeon smoked a pipe and students were allowed to go to the cinema!

As discussions around the College continued an agreement was reached in 1952 between the College Committee and the Union Council that,

> 'no attempt be made to interfere with the existing position during the present Principalship [that of TH Spurgeon] if the Grosvenor Road Church [formerly Harcourt Street] will now undertake that at the expiration of the Principalship it will co-operate with the Union in seeking legal authority for a revision of the present College Trust Deed which will transfer future control to a Committee appointed solely by the Union.'

The Grosvenor Road Church refused to sign up to any such agreement. In light of this the 1953 Assembly shelved the issue until a more suitable time.

The problems besetting the College only deepened. In the summer of 1956 there was a 'financial crisis'. Furthermore, there were only between three and five students. In 1957 the College committee decided to investigate the future of the College as they scaled back its work. Arrangements were made for the remaining students to board out and to receive one-to-one tuition from the Principal. They also agreed that the Baptist Corporation should acquire sole ownership of the College building and rent it back to the College. A final decision on the future of the College was to be taken at the end of the 1958 academic year.

However, the immediacy of the crisis passed and in 1960 help for the College from the Foreign Mission Board of the Southern Baptist Convention was mooted. This gave the Union Council an opportunity to again approach the Grosvenor Road Church

about transferring control of the College. In June 1961 the Grosvenor Road Church agreed to do this upon certain conditions when Mr Spurgeon retired in June 1963.

With this agreed the Council decided to approach the 1962 Assembly with a view to re-locating the College 'in or near Belfast'. It was further agreed that the scope of training offered by the College should extend to include not only men for pastoral ministry but men and women for mission. Courses would also be offered that would be of interest to other branches of the Union's work, such as Baptist Youth. It was agreed that a Principal would be appointed and that he would be assisted by part-time tutors.



67 Sandown Road, Belfast

The Dublin College ceased to exist on 30 June 1963. Its final two students were both named Ian Dixon! Its premises were sold for £5,250 (about £68,000 in today's currency) and its furnishings for £400 (£5000) were transferred to the newly acquired College premises of sixty-seven Sandown Road. The move cost £5800 (£75,000). Whilst the College now moved on it was not without a sense of thankfulness amongst the churches for all that the College had contributed to the life of the Union for seventy years.

New Beginnings



David Kingdon

In May 1963 the Assembly also appointed a new principal, David Kingdon, who had trained at Spurgeon's College in London. He had then served as assistant in Purley Baptist Church. He took up his role on 1 September 1963 although the reconstituted College did not commence until 1964.

The College's inaugural meeting took place on 21 September 1964 in the Great Victoria Street Church. Nine new students were enrolled for that year. It was a number that exceeded the expectations of the Committee who had planned for twelve admissions over the next three years. The new demand for places led to the appointment of a full-time tutor, Ivor Oakley, who also assumed the pastoral responsibilities of the Strandtown Church. Miss Margaret Bryans was appointed as matron ... a position described at the time by Principal Kingdon as an 'onerous post'.

Amongst the first intake of students was Walter Entwistle of the Killyleagh Church. He went on to serve with the Home Mission before pastoring the Holywood Church for eighteen years and serving as President of the Association.

Walter recalls that the facilities in that first year were poor since the renovation work on the new premises had not yet been completed. Lectures were held in the lounge where students took notes on their knees. It was not only the conditions that were spartan, so was the regimen.

All single male students were residential. The day began at 6.30am when, after getting washed and dressed there followed personal devotions, breakfast and college devotions all before lectures commenced at 9am. Lunch, at 1pm, was followed by free time before the evening meal at 5pm. 7-9pm was set aside for study before lights out at 11pm.

As a raw young convert, with little experience, Walter found that College stretched his mind and he learned a lot not only about God but also about himself. Whilst the more he went on in life and ministry the more he came to appreciate his time a College and how it had prepared him for ministry, even in ways that he had not appreciated at the time.

Throughout the decade when David Kingdon was Principal the student body remained fairly steady. There were one hundred and eleven students enrolled at IBC during that decade.

One striking thing looking at those who were enrolled during that decade is the number of students who came from outside Irish Baptist circles and the number of those who found employment outside Irish Baptist circles. Around one third of the students from 1964-74 came from outside Northern Ireland. In 1967 Oswald Young was the first graduate of the newly constituted College to take up a pastorate in an Irish Baptist Church in Portrush. It was 1971 before another graduate took up the pastorate of an Irish Baptist Church when Keith Gilbert went to the Portrush Church.

Another notable feature of the College from its re-constitution in Belfast was that it began to train women as well as men. The College was originally conceived as an institute for training men for pastoral ministry. However, during the Belfast years this changed. When the College opened in Belfast, in 1964, Elizabeth Hughes, who later served with Baptist Missions, became the first woman to study at IBC.

Elizabeth Hughes story reflects the changing face of IBC in its northern years. Students were no longer exclusively men entering the College to train for pastoral ministry. Now both men and women trained for missionary work and later children's work and RE teaching. It is a point that is sometimes overlooked, that since coming to the north IBC has trained many students for different kinds of Christian service.

As the 1970s unfolded a growing number of graduates of the College became

involved in the work of the Union and took up pastorates in our churches. One of these was Jim Murdoch.

Jim came to the College in 1967. He too remembers the discipline of those days when the College had a blazer badge, tie and scarf all to be regularly worn. He recalls that only one evening a week was counted free to relax and even that ought to be done 'in a manner befitting a trainee for Christian ministry'. However, he points out that 'ensuring a certain library window was closed and shoes hidden before morning lectures helped one to know that lights out was often circumnavigated!'

Looking back on those days he states that '67 Sandown Road holds many vivid memories for both Eleanor (my wife) and me of friendship, teaching, awareness of Baptist life in Ireland and evidence of God's gracious care.' Adding that 'one praises God for those years when much was learned for the practice of ministry down the years since'.

Amongst those who came to the College in that first decade perhaps it is the name of Maurice Dowling that stands out. Maurice came to IBC having graduated from the University of Cambridge in 1969 with a degree in Modern and Medieval Languages. His application had come during the summer and Principal Kingdon noted that he had to 'make a snap decision'. In 1973 Maurice was appointed as a full-time tutor, a position he held with distinction until his retirement in 2012. Maurice's continued involvement with the College means that Principal Kingdon's snap decision still reverberates in College life more than forty years later.

A New Decade, New Faces and a New Course

Maurice's appointment was one of a number of staff changes in the early 1970s. In 1972 Roy McMullan joined the staff as a full-time tutor in Old Testament. In 1974 Ivor Oakley was appointed Principal with the departure of David Kingdon for South Africa. Whilst Norman Shields, who had served as part-time Secretary of the College and tutor since 1964, was given a full-time appointment. That same year Moira Richmond, another IBC graduate who had served with BM in Peru, was appointed as domestic bursar.



Ivor Oakley

One of the most significant developments in the life of the College came in December 1975 when there was a preliminary meeting between the staff and representatives of Queens University Belfast about the possibility of the College being recognised by the University. In February 1976 the staff agreed to recommend that

the College Committee apply to QUB to teach either the BD or Dip Th. The reason for doing this was to enable students to access grants which they were unable to do as college-only students.

There was some unease about this move both amongst students and the wider church constituency. Much of this focussed on a change in the College constitution. If the College became a recognised QUB College then it could no longer require students wishing to study university courses to subscribe to the doctrinal statement of the BUOI. There were other objections captured by Maurice Dowling in colourful fashion. He noted that,

'fears were immediately expressed that the College would be invaded by Marxists, Hindoos (sic), IRA terrorists etc, all anxious to study for QUB theology awards and all littering the place with beer cans and cigarette butts.'

Maurice recalled that 'a great deal of bad feeling was aroused at the time'. When a motion was brought before the 1976 Assembly to agree this move it was only narrowly approved 132-128. Despite such misgivings and uncertainties the churches support of the College remained solid and was reflected in a 40% increase in support by the churches.

The 1980s—Continuity and Change

Throughout the 1970s and the 1980s the College continued to move along at a steady pace with a regular intake of students. The year 1983 was a somewhat unusual year, although not known at the time. Of the sixteen students admitted that year there was a future Association Director— William Colville; a future Baptist Youth Secretary— Mike Ewan (along with his wife Shona); and three future full-time members of IBC faculty— Edwin Ewart, Peter Firth and David Luke.

1983 also saw Philip Johnston, an IBC graduate, take up the position of OT tutor following Roy McMullan's decision to return to pastoral ministry. Roy's involvement with the College as a lecturer, however, was not yet over. He returned for two further stints as a part-time OT lecturer in 1993 and again in 2006.

Alan Baird, a student in the 1980s and future member of faculty, remembers that this was still being a period of strict discipline where Principal Oakley, as he puts it, 'ran a very tight ship'. Smart dress was still the order of the day although one brave soul dared to wear denim despite certain threats from his fellow students! Alan recalls sermon class being especially daunting. He says, 'No student who participated in sermon workshop will ever forget [Principal Oakley] mounting the lectern following 'feedback' with that little blue book with the white cross on the cover – 'First Aid in English Grammar.' '

Like many students Alan recalls the importance of his time at IBC. He says, 'There is



L E Deens

no doubt that my period of training at IBC had a life changing impact on me. It equipped me for the role of ministry God was later to call me into. It shaped me as a person – not only in my spiritual life but in the outworking of that life also.'

In the 1980s there was still a link with the Dublin College in the person of LE Deens who was College President. Each year he was invited to the College for lunch after which he would regale the students with memories of his time in ministry and then leave them with some words of wisdom.

With the coming of the 1990s the College again underwent some significant changes in personnel. In 1988 Principal Oakley accepted an invitation to become Principal of the Scottish Baptist College. Norman Shields became 'acting' Principal filling this role until his retirement in 1990. That year also saw Philip Johnston take up a position at Cambridge University.

With the departure of Dr Oakley and Mr Shields there was a real sense of the end of an era with both men having been associated with the College since its move to Belfast. Both men are fondly remembered by the many students whose lives they impacted across their long service to the College.

Winds of Change



Hamilton Moore

Obviously with such significant departures new staffing arrangements had to be put in place. In 1989 Dr Hamilton Moore, a graduate of the College and Pastor of the Magherafelt Church, took up the role of NT tutor and became Principal in 1990. He had the distinction of being the first Irish-born Principal in the history of the College.

Alongside Principal Moore John Birnie, a College graduate and the Pastor of the Lisnagleer church, was appointed College Secretary. William Colville, the Pastor of the Dundonald church, took on part-time responsibilities as the OT tutor. The transition had been smooth and in 1991 the College had an intake of sixteen students which was the highest intake of students since 1985 (eighteen students) and the joint second highest since the re-constitution of the College.

Neil Watson, who came to the College in 1990, recalls that with the arrival of the new Principal and Secretary there was a feeling of 'a new start' at IBC. There was also some relaxation in the previous strict discipline that had marked the life of the College. Neil recalls, for example, 'lots of volleyball in the back garden including a floodlit game with every light in the college on, unknown to Moira Richmond!'

1992 saw the Centenary celebrations of the College. This was marked in a number of ways including a Centenary dinner and the establishment of the Centenary Students' Bursary Fund. It also saw the return of Mr Kingdon and Dr Oakley. They perhaps saw how things had changed as they witnessed Neil Watson and a fellow student being lynched in class, tied to a tree and doused with eggs/flour on the front lawn to mark their forthcoming weddings. At which point Mr Kingdon was overheard to say, 'those poor fellows! Now where did I put my camera?'

Some things did not change with Neil remarking how it was 'the practical experience I gained during summer placements and preaching engagements that helped most in terms of preparation for ministry, perhaps even more so than College classes, although the teaching/discussions in class helped perhaps to lead the way for the practical experiences.'

1992 also marked the departure of Moira Richmond from the role of domestic bursar due to her marriage to Brian Dorman, a former graduate of the College. Together they went on to serve with Baptist Missions. With Moira's departure the College ceased to be fully residential.

The new Domestic Bursar was Eileen Ball, a member of the Ballykeel church. Eileen grew quickly in the students' affections through her evident care for them. Sadly her tenure was cut short by illness and she had to stand down from her role in 1996. The role of Domestic Bursar was then replaced by that of Registrar, the new Registrar being Patricia Poots, a former College student. Pat continued in this role until 2003 when she and her husband re-located to undertake missionary work. Her position was filled by Kim Kelly, another former graduate of the College.

In 1993 Paul Williamson, a College graduate and Pastor of the Omagh Church was appointed full-time OT tutor. He held this post until taking up an appointment in 2000 with Moore Theological College in Sydney. The initial appointment at MTS was for 3 years. He remains, however, part of the faculty there and has gained a worldwide reputation for his OT scholarship.

In the years following his teaching responsibilities were largely taken up by Sarah Crowe another graduate of the College who had served with Baptist Missions in France. Sarah continued with her teaching responsibilities until 2005. After becoming Mrs Dalrymple and spending the intervening years in Scotland, Sarah resumed responsibilities for teaching OT in 2014.

In the early 1990s there were on-going discussions in the College Council about providing opportunities for Eastern European students to come to study at the College. Eventually, in September 1994 three Romanian students began their studies— Marian Diceanu, Catalin Croitor, and Benjamin Faragu. This was the beginning of strong links between the College and churches in Romania which continue until the present day.

A Decade of Challenge and Change

In February 1998 the Union Secretary, William Colville, made a presentation to the College Board, which was to herald changes that would have the most far-reaching consequences for the College since the move to Belfast. The Secretary spoke to the Board about a recent agreement by the Corporation Directors to 'investigate the possibility of bringing the Union administration offices and College premises together in one suite of buildings'. This would involve either a move to a new site outside Belfast or the re-development of the College premises at Sandown Road. At this point the Board was unconvinced that such a move would be in the best interests of the College. However, the Secretary agreed to keep the Board abreast of the Corporation's continuing research into this matter.

As discussions continued the College Board's reservations continued. It also became clear, however, that the need for repairs to the Sandown Road premises, especially to the outside classrooms, meant that an urgent decision with regard to the premises had to be made and the College was running a deficit. At a College Board meeting in April 1999 it was agreed in principle to support the move to amalgamate the Union offices with the College. Whilst reservations remained Joshua Thompson, who had been instrumental in the move from Dublin to Belfast, noted 'similar fears to those being expressed now, were expressed then'.

As the College entered the new millennium it became apparent that suitable new premises were not going to be easily found. Several attempts to secure a suitable venue met with no success. Indeed, the College would not enter into its new purpose -built premises until 2003.

The years 2000 and 2001 witnessed a record equalling intake of students for an academic year. Despite this the College continued to struggle financially. Operating with a deficit financial support from the churches dropped. Indeed, the Annual College report asked in 2000, 'Do Irish Baptists need a College of their own? Do they want a College of their own?'

It was also around this time that an old fear re-emerged, the link between the College and QUB. It was suggested by some that the ability of the College to prepare men

and women for ministry was being diminished by the University link. The fear was that students were only being academically prepared. The teaching staff robustly defended the College against this suggestion. They pointed out that far from the University dominating the courses on offer at the College, the College had been able to help shape the Theology curriculum in the university. Furthermore, students preparing for ministry took courses that lay outside the university curriculum and which specifically prepared them for ministry.

This discussion was part of a wider sense of 'disconnection' between the College and the churches at this time. Out of those record intakes of students during these years only 3 went on to pastor Association churches. There was a growing perception amongst would be students that going to IBC would not lead to an opening into a church. In each of the years 2002-2007 the intake of College students fell to single figures. Only six of the students who graduated in those years would take up pastorates in our churches.

The issues confronting IBC were addressed when the Churches' Council met in Ballymena in November 2000. Here they considered a presentation on the College by the College Secretary and Principal on the relationship between IBC and the churches. The presentation was followed by the unusual step of the Council dividing into small groups where each group was given four questions to discuss—

1 What issues could lead to IBC having less than universal support among the churches?

2 How do you suggest such criticisms ought to be addressed?

3 What factors encourage support for the work of IBC among the churches?

4 In what ways can IBC be a better steward of the churches and the work of the gospel?

Irish Baptist Life noted that in the groups 'comment was largely frank, gracious and positive'. The groups also produced a large volume of feedback which was then collated and discussed by the College Board.

The formal response from the College came at the November Churches Council in 2001. The College Secretary noted that the previous Council had been useful in getting the College in touch with the 'grassroots' of our churches and much had emerged from the session that had given the College food for thought. He noted, however, that the College staff remained small and would be stretched in the implementation of much that would be desirable. He also stressed the need for the College to be supported across our family of churches and, once again, the mood of the Council regarding the College was positive and supportive.

That same month Principal Moore and the College Secretary visited the University of Wales, Lampeter. This was to explore the possibility of a new MA degree that would be offered on a wider basis than the usual academic requirements and which would facilitate further study by those already engaged in Christian ministry. In December the College Board agreed that the College should offer the University of Wales theological postgraduate degrees from the following academic year.

2003 saw the start of the last academic year for the College in the Sandown Road premises. It was at this time that Joshua Thompson, who had been so instrumental in bringing the College to Belfast, stood down from the Management Board, thus ending his fifty year association with the College.

The same year a Strategy Committee was formed whose purpose was to 'think and plan strategically for the College and its work over the period of the next 5 or 10 years'. The heart of the Committee's vision was to combine 'academic excellence' with 'spiritual/character formation'. It undertook to draw up a new core College course that would reflect these emphases.





The Committee finally reported to the College Board in November 2004 and to the Churches' Council in November 2005. Its report recognised that the College needed to provide training that was 'vocational and relevant'. It also stressed the importance of practical training through placements. Furthermore, there was a need to be proactive in developing relationships between the College and the churches.

The next few years saw significant changes in IBC.

- ◊ From 2008 primary degrees were validated first through the University of Wales, Lampeter and from 2010 through the University of Chester.
- ◊ In 2007 the Training Director John Birnie resigned to take up a new role in ministry to Eastern Europe. Nigel Younge, a member of the Windsor Church

and recently returned from missions work in Niger, was appointed in his place.

- ◊ In the same year Ken Scott, who had been working with BM in Peru, was appointed part-time Postgraduate Director; Edwin Ewart, Pastor of the Coleraine Church was appointed Assistant Principal before taking up the role of Principal in 2010 when Dr Moore retired.
- ◊ Further members of staff were then added— Peter Firth, Pastor of the Comber Church and David Luke, Pastor of the Gilnahirk Church.



Edwin Ewart

The developments of this last decade or so have been merely outlined, not because they are unimportant, but because such recent events belong to some future account of the College's history during the Moira years. It will be then that the impact of these changes can be more accurately assessed.



The author wishes to thank Walter Entwistle, Jim Murdoch, Alan Baird and Neil Watson for sharing their college memories.



Advances in Medical Ethics:

From Hippocrates to Dolly the Sheep

The moral and ethical principles that underpin a Christian approach to medical practice and research, drawing from historical events to the 21st Century

Scott McCloskey & Karen McCloskey

1 Medical Ethics relating to Clinical Practice

1.1 Introduction

Many consider medicine as something useful when suffering an illness or physical complaint. The objectives of medicine are, however, greater than simply healing the sick. These objectives were once encapsulated adequately by an English philosopher, Francis Bacon (1561-1626), and included preservation of health, the cure of disease and the prolongation of life. This definition has not proven comprehensive as medical knowledge, intervention and research reach beyond these limits in an endeavour to allow individuals to enhance and control their biology, physical attributes and destiny. Indeed, medical research and practice now reach into areas including reproduction, stem cell therapies, gene therapies and end of life issues.

The substance of what medicine delivers to a subject or society is different from how it is delivered. Medicine may be able to cure a specific disease, but how should the delivery of the cure be regulated? Should the cure be available to those who can

afford it, to those who contribute to society, to the young, to those without criminal record or those of favourable ethnicity or religious persuasion? Or should the benefits of medical care be available to all people equally irrespective of the above? Medical ethics and morality inform society how to deliver medical care to the individuals within it. Such decisions and provision are the responsibility of governments, but codes of practice are also required for the individual physician/surgeon/scientist towards individual patients.

This year the United Kingdom has been remembering the creation of the Magna Carta, a written code to limit the powers of the king and ensure rights and protections for the people. Power corrupts and it has always been necessary and wise to have limitations and checks on those who wield it. The physician or surgeon has little or limited power, but he/she may have unequalled access to a king, queen, president, patriarch etc. A political opponent or an heir may not have access to a sick patient, but that patient's life may depend on the performance or integrity of the caring physician or surgeon. It is vital in such circumstances that the patient can have faith in the integrity and professionalism of the doctor.

Down through the ages, the vast majority of doctors have conducted themselves with integrity, but as in every walk of life there will be some who fall short of this standard. The conduct of these fallen few may not only impact adversely on their patients, but affect wider society's confidence in the profession.

Medical ethics simply refers to good medical practice where the physician endeavours to achieve the most benefit with the least harm. Medical decision making is not based solely on an objective assessment of symptoms, signs and results but is influenced by the morality, culture and worldview of the individual and of society. Medical ethics seeks to provide a framework to assist with this moral reasoning.

1.2 The Hippocratic Oath

The history of medical ethics is as old as medicine itself. In addition to diseases, treatments and surgeries being described in the literature of the ancient world, there are codes of conduct, practice and morality. These codes would not all be considered acceptable to us today. For example the Athenian philosopher Plato in 428BC is credited with saying "some lives are unworthy of being lived". Despite significant medical progress over the following 2400 years, this statement resonated down through the centuries and millennia to influence the eugenic and euthanasia policies of Weimar and Nazi Germany.

Creeds and codes of conduct are often published in response to error or bad practice. Pronouncements such as Plato's may have given impetus to Hippocrates of Cos (460 to 375-353 BC) and his students to write the Hippocratic Corpus. Western Secular Medicine began with this collection of thirty-four books including the Hippocratic Oath.

The Hippocratic Oath



I swear by Apollo the physician, and Aesculapius the surgeon, likewise Hygeia and Panacea, and call all the gods and goddesses to witness, that I will observe and keep this underwritten oath, to the utmost of my power and judgement.

I will reverence my master who taught me the art. Equally with my parents, will I allow him things necessary for his support, and will consider his sons as brothers. I will teach them my art without reward or agreement; and I will impart all my acquirements, instructions, and whatever I know, to my master's children, as to my own; and likewise to all my pupils, who shall bind and tie themselves by a professional oath, but to none else.

With regard to healing the sick, I will devise and order for them the best diet, according to my judgement and means; and I will take care that they suffer no hurt or damage. Nor shall any man's entreaty prevail upon me to administer poison to anyone; neither will I counsel any man to do so. Moreover, I will get no sort of medicine to any pregnant woman, with a view to destroy the child.

Further, I will comport myself and use my knowledge in a godly manner.

I will not cut for the stone, but will commit that affair entirely to the surgeons.

Whatsoever house I may enter, my visit shall be for the convenience and advantage of the patient; and I will willingly refrain from doing any injury or wrong from falsehood, and (in an especial manner) from acts of an amorous nature, whatever may be the rank of those who it may be my duty to cure, whether mistress or servant, bond or free.

Whatever, in the course of my practice, I may see or hear (even when not invited), whatever I may happen to obtain knowledge of, if it be not proper to repeat it, I will keep sacred and secret within my own breast.

If I faithfully observe this oath, may I thrive and prosper in my fortune and profession, and live in the estimation of posterity; or on breach thereof, may the reverse be my fate.

This oath is remarkable for many reasons as it addresses many of the issues and controversies we face today. These include undertakings not to do harm, not to end a life prematurely, not to induce a miscarriage, to treat patients with equity and to respect the confidentiality between the physician and his patient. The solemnity of this oath is evidenced by the Greek physician swearing by his god of healing, Apollo. This oath succinctly but comprehensively addressed the physician's responsibility to his teacher, his students and his peers, but the main focus was on the responsibility to patients. Through the centuries other codes of conduct have been published :

1563 Ethical and Penal Rules
(Rules for members of the Royal College of Physicians, RCP)

De Cautelis medicorum ... notes of caution for physicians
Decorum Medici ... the physicians decorum
Deontologie Medici ... gentlemanly honour
Jurisprudentia Medica ... medical Jurisprudence
Medicus Polictus ... the politic physician
Savoir faire ... know how

Unlike the Hippocratic Oath, these codes were not focused on the patient but addressed the responsibilities of physicians to each other and established protections for them. For example, in the publication "1563 Ethical and Penal Rules" by John Caius, members of the Royal College of Physicians (RCP) were forbidden to steal another physician's patient or accuse another physician of malpractice. This is in complete contrast to the whistleblowing culture being established in the National Health Service today. The rules addressed how doctors engage with one another and were therefore criticised as etiquette and not ethics. This did not escape Western society's attention.

1.3 Modern Medical Ethics



The focus was shifted back to the patient by Thomas Percival (1740-1804), who was the first to coin the term 'Medical Ethics'. Thomas Percival detailed the physician's duty to patients, the public and other members of the medical profession. His medical ethics included concepts on self-regulation, morality and conduct and his work became the basis of modern medical ethics globally. Dr Michael Ryan, a Dublin trained obstetrician, lamented:

"Is it not a matter of astonishment that medical students in every part of the empire never hear a

single observation during their education on the ethical duties they owe the profession and the public".

He quickly incorporated the content of Percival's work into the training of medical students, teaching the principles of beneficence, non-maleficence, autonomy, fairness, honesty, consent and confidentiality.

Today, modern medical ethics is more than an aspirational oath to behave in a prescribed way. Modern medical practice is reviewed, measured, audited and regulated. Physicians have to provide evidence of competence, continual professional development and participation in clinical governance. Written surveys are obtained on performance from peers and patients. Doctors must perform satisfactorily within the statutory and regulatory powers of the General Medical Council. Peers are trained and encouraged to report poor practice and performance for the protection of the patient, the public and also the physician.

However modern medical ethics are not fixed. They are not statements of doctrine which remain unchanged despite the test of time and public opinion. They are not concerned with what is right or wrong, good or bad. Medical ethics change and always seek to find compromise in areas where there is moral, philosophical or religious contention. Over the past century, medicine has become less paternalistic with greater emphasis on patient autonomy, individualism and self-determination. The atrocities of World War II and the crimes of the Nazi regime exposed at the Nuremburg trials caused the Western World to protect human life in declarations of human rights and to recoil from eugenic trends and euthanasia. Today medical ethics conform to other forces including the secularization of society, the plurality of culture and worldviews, the economic pressure to innovate and the expanding scope of medical technologies. Below are the brief histories of the ethics of abortion and euthanasia in the West.

1.4 The Changing Ethics of Abortion

The Hippocratic Oath was clear on the issue of abortion, *'I will give no sort of medicine to any pregnant woman, with a child to destroy the child'*. Before 1800 European countries and the Roman Catholic Church distinguished between abortion before and after the quickening. It was considered a lesser evil to induce abortion before the quickening as the foetus was not considered an individual but part of the mother's womb. However this was forbidden after the quickening.

In 1795 Thomas Percival asserted that it was a crime to terminate life at any stage along the life cycle, ie from conception. This assertion was supported by two pieces of evidence. Firstly, the detection of a foetal heartbeat with the stethoscope before the quickening. The presence of a heartbeat is associated with life and its absence

with death. Thomas Percival argued that the presence of the foetal heartbeat indicated it was alive. Secondly, anatomical dissection demonstrated the foetus was separate from the womb and not part of the mother. As a result of these arguments Britain outlawed first trimester abortion in 1803. The Roman Catholic Church made this an excommunicable offence in 1869 and the practice was condemned by all medical societies.

The challenge to this pro-life stance came from an unexpected direction. The advent of ventilators led to the ventilation of increasing numbers of patients with brain injury and this created a new ethical dilemma. These patients were alive using the definition of life as the presence of a heartbeat. There may not, however, have been any brain activity or the possibility of recovery as a result of a brain injury. Thus expanding medical technology created a new ethical dilemma. Death was redefined in terms or brain function and not solely the presence of a heartbeat. This redefinition was seized by groups in favour of abortion and it was argued that the first trimester foetus does not have sufficient brain function to be alive. This was a winning argument and first trimester abortion is now legal in the West.

Today there are three prevailing views within society. The first view is that abortion should be widely available. The foetus has no rights or has limited rights compared to the mother, who in turn has an absolute right to exercise control over her body. The second view is the polar opposite as the foetus is considered a human life and deserving of protection. In this view abortion equates with intentional killing. The third position permits abortion in certain circumstances such as rape, handicap, jeopardizing the health of the mother, etc.

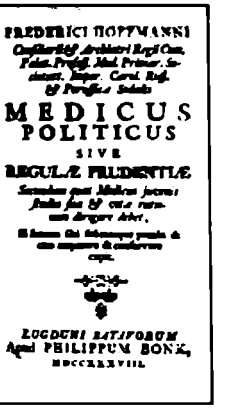
Here is an excerpt from the Abortion Act 1967, which governs present practice in Great Britain.

> ... a person shall not be guilty of an offence ... when a pregnancy is terminated ... if two registered medical practitioners are of the opinion ...
>
> (a) that the pregnancy has not exceeded its twenty-fourth week and that the **continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated**, of injury to the physical or mental health of the pregnant woman or any existing children of her family; or
>
> (b) that the termination of the pregnancy is necessary to **prevent grave permanent injury** to the physical or mental health of the pregnant woman; or
>
> (c) that the continuance of the pregnancy would involve **risk to the life of the pregnant woman**, greater than if the pregnancy were terminated; or
>
> (d) that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

The BMA described this as practical and humane legislation, however, the conditions for abortion to be permissible under clause (a) of the Abortion Act are so broad that a good case can be made for an abortion in any pregnant lady requesting it. Clauses (b) and (d) allow abortion at any stage of the pregnancy when the baby will be seriously handicapped or when there is the risk of serious permanent injury to the mother. This law was considered among the most liberal in Europe when it was passed.

The Abortion Act 1967 does not apply to Northern Ireland. Here practice is regulated by the 'Offences Against the Persons Act'. Abortion is only considered lawful when the doctor can demonstrate that there is a 'real and serious' risk to the mother's mental or physical health. In addition to this requirement for a higher burden of proof, Northern Irish law does not presently take into consideration the health of the foetus (although this is presently under review).

1.5 The Changing Ethics of Dying, Death and Euthanasia


FRIDERICI HOFFMANNI
MEDICUS POLITICUS
SIVE
REGULÆ PRUDENTIÆ
LUGDUNI BATAVORUM
Apud PHILIPPUM BONK,

It seems incredible today, but in 1738 in the 'Medicus Politicus', Hoffmani taught that physicians should abstain from the dying. In contrast Francis Bacon (1561-1626) emphasised that the 'physician ought to acquire the skill ... whereby the dying pass more easily and quietly out of life'. In the 'Manual of the Practice of Medicine', Christolph Wilhelm Hufeland (1762-1836) wrote:

> "Who would be a physician without opium ... to effect the euthanasia which is the sacred duty and the highest triumph of the physician when it is not in his power to retain the ties of life?"

This reference to euthanasia could be misunderstood by the contemporary reader but Hufeland continued:

> "When a patient...prays for death at the end of his suffering...would it not be permitted even a duty, to rid the miserable sufferer of his burden a little earlier. Though such reasoning may be plausible, be supported by the reasoning of the heart, it is false, and the mode of action based on such principle would be a crime"

Bacon and Hufeland were not advocating the premature death of suffering patients. Rather they defined euthanasia as the relief of suffering in the dying patient. Indeed the euthanasia they addressed equated with palliative care today. The use of opiates and analgesics in dying patients was curtailed by a prohibition on directly killing the patient.

The above definition of euthanasia as palliative care was eroded by a school teacher called Williams in 1870. In an essay for the 'Birmingham Speculative Club', Williams wrote;

> "it should be the recognised duty of the medical attendant, **whenever so desired by the patient**, to administer chloroform or some other anaesthetic ... so as to destroy consciousness at once and put the sufferer to quick and painless death, all needful precautions being adopted to prevent any possible abuse of such duty."

Williams was calling for a voluntary form of euthanasia to be exercised "whenever so desired by the patient". By 1900 Williams essay had shifted the understanding of euthanasia from care of the dying to the quickening of death.



Dr Adolf Jost authored 'Das Recht Auf Den Tod' or 'The Right to Die'. He wrote of the negative human worth of the incurably ill and mentally handicapped and the negative burden placed on family and community by these patients. Jost advocated involuntary euthanasia, killing a patient without his or her expressed consent. Darwin's German apostle, Ernst Haeckel (1834-1919) elaborated on this further by writing "a small dose of morphine or cyanide would not only free this pitiable creature itself, but also its relatives from the burden of a long, worthless, and painful existence". Such thinking was not restricted to Germany, but was becoming increasingly prevalent throughout the West as evidenced by Frano-American Nobel Laureate Alexis Carrell (1813-1944) of the Rockefeller institute. In 1936, he wrote "the mentally ill should, humanely and economically be disposed of in small euthanasia institutions supplied with proper gases".

Attempts at legalisation in Britain began in 1931 with Dr Millard advocating euthanasia at a British Medical meeting. In 1935 he formed the 'Voluntary Euthanasia Legalisation Society' which today is 'Dignity in Dying'. A euthanasia bill was defeated in the House of Lords in 1936 and again in 1950.

The turning point in the West came when Nazi atrocities were revealed at the Nuremburg trials. The World Medical Association accused the Nazi regime of ignoring the sanctity of life and in 1948 restated the Hippocratic Oath *"I will maintain the utmost respect for life, from the time of conception even under threat"*. The United Nations made a Universal Declaration of Human Rights to ensure such atrocities against Jews, gypsies, the handicapped, the mentally ill etc could never be repeated. The revelations of the Nuremburg trials set the euthanasia movement back fifty years in the West until it was legalised in 2002 in Holland. The evidence from Holland does

not engender confidence as half of the cases of euthanasia may go unreported and up to one third may be involuntary.

The 'Voluntary Euthanasia Legalisation Society' remains active today in the United Kingdom as 'Dignity in Dying'. Lord Falconer's Assisted Dying Bill has had two readings in the House of Lords and is presently at committee stage. This will proceed to a third reading in the House of Lords and then to the House of Commons. An amendment to the Bill calls for judicial oversight of assisted dying. Such judicial oversight proved limited in regulating and recording Dutch practice.

2 Medical Research Ethics

2.1 Definitions of Ethics

When considering ethics in the context of medical research, it is helpful to refer to dictionary definitions. The Oxford Dictionary defines ethics as:

> *'Moral principles that govern a person's behaviour or the conducting of an activity'*

further defined by the Merriam-Webster Dictionary as:

> *'Rules of behaviour based on ideas about what is morally good and bad; an area of study that deals with ideas about what is good and bad behaviour; a branch of philosophy dealing with what is morally right or wrong'.*

The application of these definitions to scientific research requires researchers to consider the question *'Is this morally good or morally right?'* when deciding whether to proceed with a particular line of enquiry. Such questions are particularly pertinent when advances in technology and knowledge enable novel interventions to be made; for example, the recent UK Parliamentary debates on the potential to prevent babies being born with inherited mitochondrial diseases by the use of technology involving genetic material from three parents. Such decisions are particularly challenging as they are often taken in the context of potential benefit to individuals and the wider society.

2.2 The Old Testament - King Solomon

There are many characters in history who are credited with significant contributions to the advancement of knowledge. In the Old Testament, King Solomon, who when asked by God to request anything that he desired and asked for wisdom, became internationally renowned for his wisdom and knowledge. While showing exceptional

abilities in government, leadership and business, he apparently had a keen interest in the natural world ...

> "Also he spoke of trees, from the cedar tree of Lebanon even to the hyssop that springs out of the wall; he spoke also of animals, of birds, of creeping things, and of fish." *(1 Kings 4:33)*

King Solomon may therefore be considered as one of the early biologists who observed and studied both plant and animal life, sharing his knowledge with others.

2.3 Early Medical Research

The work of several early scientists will be briefly discussed here with reference to the ethical frameworks within which they carried out their work, their reputation and the importance of their discoveries.

2.3.1 Aristotle

The great philosopher and scientist, Aristotle (384-322 BC) was a student and later colleague of Plato and founded the renowned Lyceum library. His careful, observational biology and classification of living things including more than five hundred animal species was published *in 'De Tartibus of Aristotle'* and centuries later was translated into English by Dr Ogle who forwarded a copy to Charles Darwin. Aristotle was described by Darwin in a letter to Ogle in the words *'...I have an unbounded respect for him as one of the greatest, if not the greatest, observers that ever lived'*. The scientific community is somewhat self-regulating in the process of peer-review prior to publication and an ongoing process of review when an article is studied by another scientist which may be years or even centuries later when knowledge has advanced. Clearly, Aristotle's work was highly regarded hundreds of years after its initial publication due to his meticulous attention to detail and honest representation of his observations.

2.3.2 Celsus

The Roman encylopaedist Aulus Cornelius Celsus (25BC-50AD) was prominent in both the practice and philosophy of medical science. His major published work *'De Medicina'* catalogued medical knowledge of his time; his work on inflammation established the fundamental signs of rubor, tumor, calor, dolor (red, swollen, hot, sore) that are still used in medical practice. Interestingly, he translated the Greek term *carcinos*, used by Hippocrates, into the Latin, *cancer*. He was clearly interested in ethics and discussed the relevance of theory to medical practice and the pros/cons of both animal and human experimentation. In particular, he was highly critical of the practice of live dissection of condemned criminals in Egypt by what he called

"assassinating medical practitioners' and stated that *'medical practice should be a work of mercy and not dire cruelty".*

2.3.3 Claudius Galen



Galen performing a vivisection (Illustration from the cover page of the 9th Galen-Juntina 1625)

Claudius Galen (129-200 AD), a Greek physician, surgeon and philosopher in the Roman Empire influenced the fields of anatomy, physiology, pathology, pharmacology, neurology, and philosophy. He studied at Smyrna, Corinth, Crete, Cilicia, Cyprus and the Alexandria Medical School before being appointed at the age of 28 as physician to gladiators of the High Priest of Asia (Pergamon). Interestingly, he claimed that the High Priest appointed him after he eviscerated an ape and challenged other physicians to repair the damage. On their refusal, he performed the surgery himself and was given the position. He developed expertise in anatomy through the treatment of fractures and severe trauma, considering these opportunities as ***"windows into the body"*** in a society where Roman law prohibited the dissection of human cadavers. Through his medical practice and the (lawful) dissection of living (vivisection) and dead animals (pigs and primates), he is attributed with advancing medical knowledge including clarification of the anatomy of the trachea, the role of the larynx and the demonstration that venous blood has a darker colour than arterial blood. His publication *'De motu musculorum'* described both motor and sensory nerves, the concept of muscle tone and the pharmacological action of agonists and antagonists.

2.3.4 Andreas Vesalius

Andreas Vesalius, born Andries van Wesel (1514-1564), was a Belgian anatomist and physician. He has been considered as the founder of modern human anatomy and produced a major anatomical textbook, *'De humani corporis fabrica'* (On the Fabric of the Human Body). After graduation, he was appointed as Professor at University of Padua and Imperial Physician to Emperor Charles V. He performed lawful human dissections and characterized human anatomy, indicating essential differences between humans and animals. His medical practice and research uncovered that Galen's research was based on animal anatomy as human dissection had been banned in ancient Rome. The Roman prohibition on human cadaveric dissection that Galen worked within had inadvertently led to errors and it appears that until the time of Vesalius, the field had not progressed to the appropriate characterization of human anatomy.

While human cadaveric dissection was lawful for Vesalius, his activities would raise ethical questions in the 21st century. In 1543, he performed a **public dissection** of the body of Jakob Karrer von Gebweiler, a **notorious felon** from Basel, Switzerland. In contrast to the ethical framework in the UK today, it is not clear whether the prisoner had given permission for his body to be used in this way, nor indeed whether he had been consulted. Vesalius later donated the skeleton to the University of Basel which is the world's oldest surviving anatomical preparation and can be seen today. His published work included complex drawings of human anatomy that were highly beneficial to medical practitioners and researchers. Vesalius is also credited with dispelling the myth that men had one fewer rib than women!



The Basel Skeleton

2.3.5 Lady Mary Wertley Montagu and Smallpox



Mary Wortley Montagu, by Charles Jervas, after 1716

Several ethical questions arise in relation to the work of Lady Mary Wertley Montagu (1689-1762), an eminent writer and poet who was the wife of the British Ambassador to Turkey. Her ability to observe and evaluate Turkish cultural practices revolutionised the medical treatment of smallpox in the UK at that time. Lady Mary reportedly suffered smallpox in 1715 and was visibly scarred ... moreover, her brother died of the disease. Concerned for the health and welfare of her children, she had them inoculated according to the Turkish practice and went on to introduce this practice to England even persuading Princess Caroline to have the treatment.

An ethical question is raised by the offer to seven prisoners on death row in England who were offered smallpox inoculation in place of execution. While it seems they were given the opportunity to consent, it is not clear whether this was informed consent. There is no indication whether the prisoners knew the risks of the inoculation practice itself which in a small number of cases (3%) led to development of smallpox and even death. Was it ethical to give the 'choice' of being research

subjects when the decision to decline did not remove the death sentence? Nevertheless, all of the prisoners consented to the inoculation, all survived and were released. In another case, six orphan children were inoculated and all survived. Perhaps the carers of the orphan children were motivated by wanting to prevent them developing the disease, but the issue of children giving informed consent is raised here. Would this have happened if they had had parents to protect them from what may have turned out to be a less favourable outcome of developing the disease as a result of the inoculation?

An ethical objection was raised by a number of clergymen who were of the view that trying to prevent the illness was against God's will. Their religious concerns that the medical advances that might alleviate human suffering could actually go contrary to God's will seem to be at odds with the ministry of Christ on earth and His compassion for those who were unwell was evidenced by miracles of healing. In 1754, Lady Mary was officially recognised for bringing the practice of smallpox inoculation to Britain. Edward Jenner who was thirteen years old when Lady Mary died, later developed a safer vaccination with cowpox instead of smallpox. Nevertheless, religious objections were raised by Pope Leo XII (1760-1829) who opposed vaccination stating that smallpox was God's judgment and whoever was vaccinated ceased to be a child of God.

2.3.6 Marshall Hall



Marshall Hall (1790–1857) held one of the highest accolades in scientific research as a Fellow of the Royal Society (FRS). He was an English medical doctor and physiologist, having studied medicine at the University of Edinburgh. His medical practice and research, significantly advanced physiological knowledge; he demonstrated that capillaries are intermediate channels between the arteries and the veins, enabling contact between the blood and biological tissues. In his publication, '*Asphyxia, its Rationale and its Remedy*' (1856), he recommended a technique for treating drowning by freeing the airway, giving immediate ventilation in resuscitation. He also proposed the theory of spinal reflex action and discussed integration of sensory and motor nerve activity during reflex actions. As a medical researcher, Hall performed animal experimentation and published an Ethical Code for Animal Experimentation in 1831. Clearly, he had respect for laboratory animals and his code is remarkably similar to the NC3Rs principles for animal research in the UK that are used today (see section 2.5).

In summary:

1 An experiment should never be performed if the necessary information could be obtained by observation alone.

2 No experiment should be performed without a clearly defined and obtainable, objective.

3 Scientists should be well-informed about the work of their predecessors and peers in order to avoid unnecessary repetition of an experiment.

4 Justifiable experiments should be carried out with the least possible infliction of suffering (often through the use of lower, less sentient animals).

5 Every experiment should be performed under circumstances that would provide the clearest possible results, thereby diminishing the need for repetition of experiments.

Hall also participated in philosophical discussion, challenging the dogma that the soul controlled the body, not the brain. His personal Christian faith clearly influenced his medical research as demonstrated in the biography *'Memoirs of Marshall Hall'* written by his wife, after his death. He is quoted as saying:

'To meditate on Him who is my Saviour - to be, to live in Him - is to me the supreme good. In such a place would I accomplish my projected work, and await His coming! ... In our tour [to Switzerland] we have seen much of the mockery of religion ... Not so is Christ. His doctrine is pure, simple, cordial, spiritual. I believe His words, I do His will, I wait for, look for His coming. This is the Alpha and the Omega of the truth of Christ.'

2.3.7 Claude Bernard



Around the same time, the French physiologist Claude Bernard (1813-1878), who is recognized for his work on the concept of homeostasis, promoted the use of the scientific method in medicine, dismissing previous misconceptions, taking nothing for granted and relying on original experimentation. He defended the need for animal experimentation and, importantly, urged restricting experiments on humans to therapeutic interventions. He is credited with discovering the functions of the pancreas and liver in digestion, the influence of the vagus nerve on the heart and understanding the action of poisons.

2.3.8 Ernst Haeckel



A darker side of medical research is demonstrated in the life work of Ernst Haeckel, a German scientist and Professor of Zoology who studied medicine and science and was greatly influenced by Darwin's book *'On the Origin of Species'*, promoting evolutionary theory in Germany. He put forward the idea that Germans were members of biologically superior community and advocated mercy killing for terminally ill, killing of incurably mentally ill and disabled newborns. Coupled with his immoral views on inequality and disrespect for human life, Haeckel's scientific work on the idea of 'embryo recapitulation' (the view that an embryo repeats its evolutionary history) was discredited with the discovery that his drawings of human and other embryos were fraudulent.

2.4 Current ethical framework for animal research

In the UK, as in other European Countries, the use of animals in research experiments and testing is strictly regulated under the Animals (Scientific Procedures) Act 1986 (ASPA). ASPA is implemented by the Home Office in England, Scotland and Wales and by the Department for Health, Social Security and Public Safety in Northern Ireland. ASPA requires three licences to be held before experimentation or testing on animals is permitted: a personal licence for each person carrying out procedures on animals; a project licence for the programme of work and an establishment licence for the place at which the work is carried out. The National Centre for the Replacement, Refinement and Reduction of Animals in Research (NC3Rs) promotes the development of methodologies to avoid or replace the use of animals in research; minimising the number of animals used in an experiment; minimising suffering and improving welfare. These principles are reminiscent of the Ethical Code published by Marshall Hall (see section 2.3.6) and define a procedure as referring to any act that could cause a level of pain, suffering or distress equivalent to or greater than the introduction of a hypodermic needle.

Some people strongly disagree with the use of animals in research or testing and consider it to be unnecessary and cruel but who nevertheless personally benefit from medicine and interventions that have been developed as a result of animal research. The majority of people consider the use of animals in research and testing to be a necessary evil to which there is no meaningful alternative. Again, Marshall Hall's Ethical Code and the current NC3Rs principles actively seek to minimize the numbers of animals used in research and their suffering, while recognizing that there is no

alternative to the work. UK legislation in this area is strictly enforced and any animal-based research in universities, research institutes or the pharmaceutical industry must comply with ASPA as well as local ethical committee approval/governance and be carried out under the responsibility of a Home Office Veterinary Surgeon.

2.5 Current legislation for research on human biological material



Experimental research on human biological material, ie cells or tissues, is considered by people who oppose animal research as a 'better' alternative. Yet this approach also raises ethical concerns, not least, what is the origin of the cells. The well-known case of Mrs Henrietta Lacks, from whom the internationally used HeLa cell line originated, illustrates the need for ethical consideration and legislation to protect and dignity and rights of patients. Mrs Lacks was a poor, tobacco farmer who was treated for cervical cancer in 1951 when a sample of her tumour was taken without her knowledge for scientific research, specifically the culturing of her tumour cells. This did not contravene any laws at the time, yet, many people today are shocked at this unethical use of human tissue. HeLa cells were the first to be successfully cultured for cancer research and have revolutionized medical research both within oncology and other fields.

The scientist leading the cell culture programme, Dr George Gey presented the HeLa cells to the world in 1951 saying:

> *'It is possible that, from a fundamental study such as this, we will be able to learn a way by which cancer can be completely wiped out'.*

Dr Gey did not know that Mrs Lacks had died on the same day and her family would have no knowledge of the existence of the cells or of their later scientific importance for the next two decades. While the tissue sample was taken during routine surgery, and shared with the research laboratory with noble motives and those involved never financially benefited from the cells, sharing them freely with other researchers, others have (legally) profited from selling the cells in contrast to Mrs Lacks' children and grandchildren who cannot afford health insurance. Rebecca Skloot's excellent book *'The Immortal Life of Henrietta Lacks'* is highly recommended to readers who are interested in this area of medical ethics. HeLa cells were the first to be successfully cultured for cancer research and have revolutionized medical research both within oncology and other fields.

Currently in the UK, the Human Tissue Authority has responsibility for research in this area. The Human Tissue Act (2004) regulates any removal, storage, disposal and use of human tissue (material that has come from a human body and consists of, or includes, human cells). The fundamental principle is that of informed consent. Any proposed use of human cells or tissue in research is considered by a Research Ethics Committee within the region whose objective is to 'safeguard the rights, safety, dignity and well-being of research participants'. Research may not commence until approval is given by the Research Ethics Committee and Research Governance is in place within the Institution. This is an area that needs careful, regular review and also covers DNA 'theft' where it is unlawful to have human tissue with the intention of its DNA being analysed, without the consent of the person from whom the tissue came.

2.6 Research without ethics – scientific fraud

Universities and other research institutions have established Codes of Conduct which their researchers must sign up to and comply with. Staff and students are expected to carry out their work with the highest standards of integrity and transparency. Procedures are in place to deal with allegations of misconduct. Deliberate scientific misconduct is considered to be rare and the system of external peer-review of research manuscripts identifies problems prior to publication. Nevertheless, there have been high-profile cases of scientific fraud which diminishes the public's confidence in scientific research. The recent case of Dr Haruko Obokata (Japan) who along with colleagues published a paper in the leading scientific journal *'Nature'*, reporting the discovery of generating functional stem cells by the Stimulus Triggered Acquisition of Pluripotency Technique, highlights both the ability of the scientific community to detect fraud and the effectiveness of systems to deal with it. Initially, the paper was welcomed by the field and several laboratories tried to replicate the technique. Their lack of success raised concerns that the technique was flawed; however, it soon became apparent that there were problems with some of the results figures and the journal contacted the authors for clarification. Shortly after, the paper was retracted and the research institute launched a detailed investigation and published their findings in full. Significant errors were discovered and Dr Obokata was found guilty of misconduct. Her career as a young scientist was significantly compromised and it is reported that issues were found with her PhD thesis and she has had to go back and rectify this. The repercussions affected other members of the research team and their



collaborators and tragically, one of the senior scientists took his own life in the aftermath of the scandal.

2.7 Ethics, morals and the Bible

The code of conduct for humankind as written in the Bible, applies equally to medical and scientific research as to any other aspect of life. The admonition in Proverbs to live and work with integrity leads to confidence and security:

> *'Whoever walks in integrity walks securely, but whoever takes crooked paths will be found out'. (Proverbs 10:9)*

Furthermore, researchers must be trustworthy, producing data which can be trusted and advanced for the benefit of all. As we read in the Gospel of Luke:

> *'Whoever can be trusted with very little can also be trusted with much, and whoever is dishonest with very little will also be dishonest with much'.*
>
> *(Luke 16:10)*

The researcher needs to guard against dishonesty and recognise the negative influences that compromise good science whether they be pressure to publish in leading journals, inadequate supervision of junior staff, the need to obtain research funding, bias, poor research technique or competition in the field. Paul's words to the Philippians exhort us to focus on things that are moral, honest, praiseworthy and absolutely ethical.

> *'Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable, if anything is excellent or praiseworthy—think about such things'. (Philippians 4:8)*

3 Conclusion

> *'After that whole generation had been gathered to their ancestors, another generation grew up who knew neither the LORD nor what he had done for Israel. Then the Israelites did evil in the eyes of the LORD and served the Baals.' (Judges 2:10-11)*

From this brief history of medical ethics a few truths are plain. We do not exist in isolation as a country or culture. Rather the social trends and philosophies influencing medical ethics have been international phenomena affecting many countries and continents. Despite these international trends and schools of thought, motivated individuals can make a lasting impact, from Hippocrates and Thomas Percival for the good, to Adolf Jost and Ernst Heckl for the bad. Occasionally, such as at the

Nuremburg trials, a generation catches a glimpse of the evil it is capable of and chooses a different path. But after that whole generation has been gathered to their ancestors, another grows up not knowing the depth of that evil. We may live in such a generation and it is our duty to be those watchmen and motivated individuals who invoke a better path.

> Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable, if anything is excellent or praiseworthy, think about such things.
>
> *Philippians 4:8*

Bibliography

The Cambridge World History of Medical Ethics. Edited by Baker and McCullough. Cambridge University Press.

Medical Ethics Today. The BMA's handbook of ethics and law. Second edition. English et al. British Medical Association Ethics Department.

1 Kings 4:33 (NKJV)

Oxford Dictionary: www.oxforddictionaries.com

Merriam-Webster Dictionary: www.merriam-webster.com

http://www.parliament.uk/briefing-papers/SN06833/mitochondrial-donation

www.britannica.com

Gotthelf A. (2012) 'Teleology, First Principles, and Scientific Method in Aristotle's Biology.' New York, USA: Oxford University Press Inc.

'Principles of Research Methodology: A Guide for Clinical Investigators' (2012). Edited by Phyllis G. Supino and Jeffrey S. Borer. Springer Publishers.

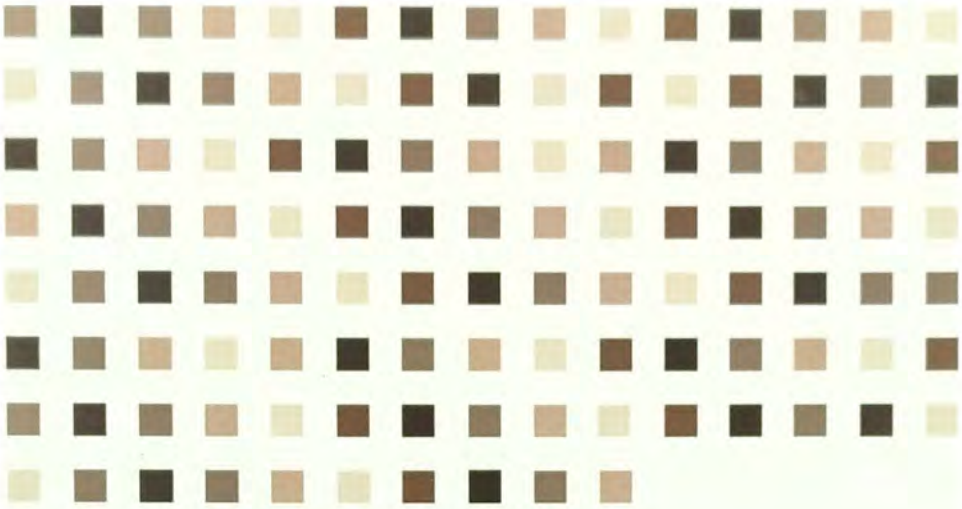
Hall C. 'Memoirs of Marshall Hall' (1861). London, UK: R. Bentley.

https://www.gov.uk/research-and-testing-using-animals

http://www.nc3rs.org.uk/

http://www.understandinganimalresearch.org.uk

Skloot, R. (2010). The immortal life of Henrietta Lacks. New York, NY: Crown.



ASSOCIATION OF BAPTIST CHURCHES IN IRELAND
The Baptist Centre, 19 Hillsborough Road
Moira, County Down, BT67 0HG
Tel: +44 (0)28 9261 9267
Fax: +44 (0)28 9261 0150

www.baptistsinireland.org