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Jason T. Eberl *Editor*

Contemporary Controversies in Catholic Bioethics

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In Memoriam, John F. Kavanaugh, S.J.
Professor of Philosophy, Saint Louis University

The inclination to seek the truth is safer than the presumption which regards unknown things as known.—St. Augustine of Hippo
(De Trinitate, Book IX)

Acknowledgments

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this volume constitutes a fitting tribute to his ministry and scholarly legacy. As throughout my academic career, I could not sustain my own efforts without the love and support of my wife, Jennifer Vines—who first prompted me toward bioethics as an area of specialization—and our daughter, August Eberl.

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Chapter 1
Introduction

Jason T. Eberl

The Roman Catholic Church has had a significant impact upon the formulation and application of bioethical values and principles. As the discipline of bioethics has evolved throughout the late twentieth and into the twenty-first centuries, broader cultural and intercultural understanding has emerged and a non-sectarian set of principles has been formulated and put into wide practice (Beauchamp and Childress 2013). Meanwhile, Catholic bioethics, while still influential, has become largely understood as a set of proscriptions regarding issues such as abortion, human embryonic stem cell research, and physician-assisted suicide. Both official documents promulgated by the Church's magisterial authority and various volumes published by Catholic bioethicists[1] have elucidated, and marshalled supportive arguments for, the Church's defined positions on these and other issues.

The primary foundation for the Catholic perspective on bioethics or any other moral issue is, of course, Sacred Scripture and the two thousand-year tradition of apostolic teaching, understood to be guided by the Holy Spirit in accord with Scripture (Vatican II 1965, nn. 2–10). The Church's fundamental doctrines based on these sources of divine revelation can be found in the *Catechism of the Catholic Church* (1997). Included within the apostolic tradition are twenty-one *ecumenical councils*—gatherings of the college of Catholic bishops from around the world—from the fourth-century First Council of Nicea to the Second Vatican Council in 1962–1965. While these ecumenical gatherings display the full force of the Church's teaching authority—its *magisterium*—individual popes, smaller gatherings of bishops known as synods, national or regional conferences of bishops—such as the U.S. Conference of Catholic Bishops [USCCB]—and individual bishops within their own dioceses exercise various levels of teaching authority within the Church.

[1] See, e.g., Ashley et al. (2006), Morris (2007), Austriaco (2011), Fisher (2012), Sgreccia (2012), and Kelly et al. (2013).

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Popes, for instance, exercise their "ordinary magisterium" when they publish an *encyclical*—e.g., Pope John Paul II's *Evangelium vitae* (1995)—or, following a synod of bishops, an *apostolic exhortation*. In formulating such documents, the Pope often relies upon previous scholarly work published by advisory bodies such as the Pontifical Academy of Sciences or the Pontifical Academy for Life. These advisory bodies are not authoritative on their own; but certain Vatican offices—known as *dicasteries*—are, primary of which is the Congregation for the Doctrine of the Faith [CDF]. The CDF has published several documents that have shaped the core of Catholic bioethical teaching, including a *Declaration on Procured Abortion* (1974), *Declaration on Euthanasia* (1980), *Donum vitae* (1987), and *Dignitas personae* (2008).[2] Finally, at more local levels, episcopal conferences may publish instructional directives that elucidate specific guiding principles to inform the individual and institutional consciences of Catholic healthcare providers—e.g., the USCCB's *Ethical and Religious Directives for Catholic Health Care Services* (2009). In addition to these authoritative magisterial sources, the Catholic intellectual tradition has been shaped by the thought of influential theologians, philosophers, and canon lawyers.[3] Foremost among these, as evidenced by numerous citations throughout this volume, is Thomas Aquinas (c. 1225–1274), whose writings, especially the voluminous *Summa theologiae* (1948), synthesize Catholic theology with the principles of Aristotelian philosophy, resulting in a systematic elucidation and defense of metaphysical, epistemological, anthropological, psychological, and ethical theses that have predominantly—though by no means exclusively—defined the Catholic intellectual worldview.[4]

One may have the impression, especially given the Church's hierarchical authoritarian structure, that definitive pronouncements have settled debates among Catholic bioethicists and that any persistent disagreements should be conceptualized as scholars who are "faithful to the magisterium" versus "dissenters." This impression is not wholly inaccurate as there are, for sure, clearly defined, determinately settled teachings that are nevertheless subject to challenge by both non-Catholic scholars and those within the Church who lobby for changes to magisterial teaching on certain issues. Not all bioethical issues, however, have been definitively addressed by Catholic authorities, and some teachings have been formulated in a sufficiently generalized manner to allow for differing applications in diverse circumstances. Moreover, as new biomedical technologies emerge, Church authorities rely on experts in science, medicine, philosophy, theology, law, and other disciplines to advise them; and, where there is persistent disagreement, sometimes a set of concerns is noted without a clear authoritative resolution being proclaimed.

An example is *Dignitas personae*'s treatment of the question of "embryo adoption"—the transfer of a cryopreserved embryo originally created through *in vitro* fertilization into the uterus of a woman other than the genetic mother. While the

[2] These and other key bioethical teaching documents of the Catholic Church are collected in O'Rourke and Boyle (2011).

[3] The *Code of Canon Law* (1983) is the Church's set of juridical regulations.

[4] For an introduction and overview of Aquinas's *Summa theologiae*, see Eberl (2015).

document cites "various problems" associated with this practice, Catholic scholars debate whether the document, or Catholic moral teaching in general, absolutely rules it out.[5] Another example is the Church's position, following an allocution by Pope John Paul II (2004), on the use of medically-provided nutrition and hydration, particularly in the case of patients in a "persistent vegetative state." While John Paul II affirmed that nutrition and hydration—whether administered manually or artificially—ought to be typically considered as morally obligatory "ordinary care," there are circumstances in which such care may become "extraordinary"; Catholic ethicists continue to debate precisely what types of circumstances would precipitate this moral shift.[6]

Sometimes scholars on one side of a debated issue disagree with the Church's current teaching, but do so based on the same moral and other principles upon which the controverted teaching is itself based. This is most evident in the debate concerning the proper clinical criterion for determining when a human being has died. Following the conclusion of two advisory working groups commissioned by the Pontifical Academy of Sciences in the 1980s, the Church has consistently affirmed the widely-accepted "whole-brain" criterion for determining death—meaning that a patient can be declared dead upon total absence of neurological functioning in the cerebrum, cerebellum, and brainstem (Chagas 1986; White et al. 1992). Not long thereafter, both Catholic and non-Catholic scholars began to raise concerns about the validity of this criterion based upon cases of prolonged somatic survival following whole-brain death. This debate led to a more recent working group of the Pontifical Academy of Sciences that affirmed the whole-brain criterion (Sánchez Sorondo 2007); in the wake of concerns over how the working group was organized and functioned, those who held the minority view criticizing this criterion published their views in a competing volume (de Mattei 2007). While everyone on both sides of this debate concurs on the philosophical anthropology of the human person and the moral principles that govern how the dying or deceased ought to be treated—with respect to, say, the removal of life-sustaining treatment or organ transplantation—sometimes vociferous disagreement persists concerning the more specific question of how death ought to be clinically determined in light of the relevant medical data.[7]

These are just a few examples of a number of issues currently debated among Catholic bioethicists. Evidence of these debates is prevalent in journals such as *The Linacre Quarterly*—published by the Catholic Medical Association—*The National Catholic Bioethics Quarterly*—published by The National Catholic Bioethics Center—and *Health Care Ethics USA*—published by the Catholic Health Association—as well as edited collections focused on specific issues such as embryo adoption (Brakman and Weaver 2007; Berg and Furton 2006), medically-provided nutrition and hydration (Tollefsen 2008; Hamel and Walter 2007), or the determination of death (Moschella 2016). The present volume is the first, however, to address

[5] This topic is treated in Part II of the present volume.

[6] This topic is treated in Part V of the present volume.

[7] This topic is treated in Part V of the present volume.

a wide range of debated issues within the realm of Catholic bioethics. Sixteen selected topics each includes two essays written by Catholic scholars arguing for viewpoints that diverge to varying degrees. For some topics, the authors argue for flatly contradictory conclusions: one clearly says "yes" while the other says "no." For other topics, the authors may agree on a general, overall conclusion, but differ on key nuances of the issue at hand, or about the clinical or policy application of the agreed-upon conclusion. Finally, even with respect to a topic about which there is a decisively settled Catholic position—such as the moral status of human embryos—the authors may yet differ as to the most supportive philosophical rationale for the position.

The volume is organized into seven parts, each of which has an in-depth introduction that outlines the history of how the issues treated therein emerged and have been addressed by both secular authorities and the Catholic magisterium. Foundational sources will be cited in each introduction, while more extensive lists of sources canvassing the relevant philosophical, theological, and scientific views on each topic are included in each chapter. This volume is thus intended to provide an up-to-date resource for both Catholic and non-Catholic scholars and students of the various debated issues treated herein, each author marshalling the latest scientific information, philosophical and theological arguments, and Catholic magisterial teaching to make the case for their respective conclusions. Certainly, though, none of these issues will be definitively resolved by any of the arguments made in this volume. Thus, its other intended aim is to spur continued dialogue and debate in the ongoing endeavor for moral truth shared among Catholic and non-Catholic bioethicists alike to inform medical practice and public policy.

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Part I
Moral Status of Human Embryos and Fetuses

Chapter 2
Introduction

Jason T. Eberl

Perhaps no question in bioethics has been more vehemently contested than the moral status of human embryos and fetuses. Originally, this question primarily related to the ethical permissibility of deliberately procured abortion, particularly leading up and in response to the U.S. Supreme Court's landmark *Roe v. Wade* and *Doe v. Bolton* decisions in 1973 that legalized the provision of abortion services. In these decisions, the Court explicitly avoided addressing the question of whether an embryo or fetus counts as a constitutionally protected "person" who enjoys an inalienable right to life. Nevertheless, the Court acknowledged the diversity of philosophical and religious views on this question, as well as that the "potentiality of human life" possessed by embryos and fetuses merits a degree of legal protection. As a result, the Court affirmed the legal permissibility of abortion within the first trimester of pregnancy, allowed for state-level restrictions of abortion during the second trimester if the mother's health is implicated, and allowed for a greater degree of state-level restrictions during the third trimester in order to protect "potential life."

Not long after these decisions, the question of the moral status of human embryos in particular came to the forefront with the advent of *in vitro*fertilization [IVF] technology and the birth of the first "test tube baby," Louise Brown, in 1978. The capacity not only to create, but also later to genetically manipulate, human embryos led to an increase of governmental oversight. In the U.S., in 1994, the National Institutes of Health commissioned an *ad hoc* Human Embryo Research Panel to recommend regulations specifically focused on *research* involving human embryos created through IVF but not allowed to develop beyond the late blastocyst stage where, in order to continue to develop, the embryos would have to be successfully implanted in a uterus.[1] To date, the use of IVF and other forms of assisted reproductive

[1]The panel's report can be found at https://repository.library.georgetown.edu/bitstream/handle/10822/559352/human_embryo_vol_1.pdf?sequence=1&isAllowed=y. Accessed 6 June 2016.

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technology for *clinical* purposes remains largely unregulated. In the U.K., on the other hand, the Human Fertilisation and Embryology Act [HFEA] of 1990 established an authoritative body to regulate both research and clinical uses of human embryos.[2] Among the more controversial regulations imposed by the HFEA is that embryos created through IVF and not utilized immediately for research or uterine implantation can be cryopreserved for a maximum of 5 years, at which time they must be destroyed as they would likely no longer be viable for implantation.

The next major scientific development that added more fuel to the fire of debate over human embryos' moral status was the isolation of pluripotent human embryonic stem cells (Thomson et al. 1998). The derivation of self-perpetuating lines of such cells has potential therapeutic benefits in treating various heretofore intractable diseases, including diabetes, leukemia, ALS, Parkinson's, and Alzheimer's, as well as repairing spinal cord injury and damage to cardiac tissue, among other potential treatments. Closely linked is the development of a technique to clone mammalian organisms, known as *somatic cell nuclear transfer* [SCNT] (Wilmut et al. 1997). By utilizing SCNT, a cloned human embryo could be created from which pluripotent stem cells could be derived that would be a genetic match for the patient who would be treated with such cells.

In the U.S., the National Bioethics Advisory Commission [NBAC] under President Bill Clinton addressed human cloning and human embryonic stem cell research [hESCR] in two separate reports.[3] NBAC called for a moratorium—to be reviewed by Congress every 3–5 years—on *reproductive* cloning—i.e., cloning intended to produce a born child. When it comes to so-called *therapeutic* cloning, however—i.e., cloning intended to produce an embryo for hESCR or other research purposes—NBAC was more open to the ethical permissibility of such; although it ultimately did not recommend federal funding for this line of research due to concerns about inadequate scientific evidence at the time and lack of public support. NBAC did, however, recommend federal funding to support hESCR utilizing cadaveric fetal tissue or cryopreserved embryos initially created by IVF but not ultimately utilized for fertility purposes. On August 9, 2001, President George W. Bush issued an Executive Order restricting the use of federal funds for hESCR to only those cell lines that had already been created prior to that date. He then appointed the President's Council on Bioethics [PCB] to monitor and report on stem cell research[4]; the PCB also explored alternative sources for deriving pluripotent stem cells that did not involve destroying human embryos.[5] President Barack Obama reversed his predecessor's Executive Order on March 9, 2008, thereby allowing for federal funding

[2] http://www.legislation.gov.uk/ukpga/1990/37/contents. Accessed 6 June 2016.

[3] https://bioethicsarchive.georgetown.edu/nbac/pubs/cloning1/cloning.pdf; https://bioethicsarchive.georgetown.edu/nbac/stemcell.pdf. Accessed 6 June 2016.

[4] https://bioethicsarchive.georgetown.edu/pcbe/reports/stemcell/index.html. Accessed 6 June 2016.

[5] https://bioethicsarchive.georgetown.edu/pcbe/reports/white_paper/index.html. Accessed 6 June 2016. Some the potential alternative sources are discussed in Part IV of this volume.

of hESCR. In the U.K., the HFEA regulates hESCR and allows for embryos to be produced through SCNT for research purposes.[6]

Throughout all of these scientific and legal developments, the Catholic Magisterium has consistently affirmed that human embryos and fetuses must be recognized as possessing the same intrinsic moral status—i.e., the same inviolable *dignity*—as born human beings. The most definitive statement of this affirmation can be found in the Congregation for the Doctrine of the Faith's [CDF] 1987 instruction *Donum vitae* [*DV*][7]:

> Thus the fruit of human generation, from the first moment of its existence, that is to say, from the moment the zygote has formed, demands the unconditional respect that is morally due to the human being in his bodily and spiritual totality. The human being is to be respected and treated as a person from the moment of conception; and therefore from that same moment his rights as a person must be recognized, among which in the first place is the inviolable right of every innocent human being to life (§I.1).

Note that, like the U.S. Supreme Court, the CDF prescinds from taking a definitive stance on the philosophical question of whether embryos and fetuses factually count as "persons"; rather, the CDF contends that each must be "respected and treated *as a person*." The reasoned basis for this conclusion is the evidence from our ever-expanding scientific understanding of human embryological and fetal development that there is an unbroken continuum of development from zygote to mature human being (Condic 2009; Pearson 2002). The CDF thus concludes that there is "a valuable indication for discerning by the use of reason a personal presence at the moment of the first appearance of a human life: how could a human individual not be a human person?" (*DV*, §I.1). The CDF has employed this reasoning in documents directly addressing procured abortion,[8] IVF and other forms of assisted reproductive technology (*DV*), and the latest developments in hESCR, cloning, and related genetic technologies.[9]

A further rationale for according embryos and fetuses the same moral status as born human beings was put forth by Pope John Paul II in his encyclical *Evangelium vitae* (1995)[10]:

> Furthermore, what is at stake is so important that, from the standpoint of moral obligation, the mere probability that a human person is involved would suffice to justify an absolutely clear prohibition of any intervention aimed at killing a human embryo (n. 60).

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[6] http://www.hfea.gov.uk/161.html; http://www.hfea.gov.uk/758.html. Accessed 6 June 2016.

[7] http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19870222_respect-for-human-life_en.html. Accessed 14 June 2016.

[8] CDF, *Declaration on Procured Abortion* (1974): http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19741118_declaration-abortion_en.html. Accessed 14 June 2016.

[9] CDF, *Dignitas personae* [*DP*] (2008): http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20081208_dignitas-personae_en.html. Accessed 14 June 2016.

[10] http://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae.html. Accessed 14 June 2016.

This principle of "*in dubio pro vita*"—when in doubt, favor life—allows the Church to avoid expressly committing itself to any potentially defeasible philosophical views of human personhood, while consistently affirming the imperative to accord human embryos and fetuses from conception onwards with "the dignity proper to a person" (*DP*, n. 5).

Nevertheless, throughout the Church's history, Catholic philosophers and theologians have put forth various theories of human nature. Building on these anthropological views—most notably the Aristotelian hylomorphic theory espoused by Thomas Aquinas (c. 1225–1274) and magisterially affirmed at the Council of Vienne (1311–12)—contemporary Catholic bioethicists have proposed different approaches to underwrite the moral status of embryos and fetuses as persons,[11] in contrast to various modern views of human personhood based on a *psychological* theory of personhood as historically formulated by John Locke (1632–1704).[12]

John R. Meyer offers a comprehensive overview of various biologically- and philosophically-based arguments concerning the moral status of *pre-implantation* human embryos—i.e., embryos in the earliest developmental stages, lasting approximately 2 weeks, between conception and uterine implantation. Arguments have been made—including by Catholic scholars (Ford 1988)[13]—that, due to cellular *totipotency* and the possibility of embryonic *twinning* during these initial developmental stages, a pre-implantation embryo does not count yet as an *individual human organism*. This view has implications for abortifacient contraceptives, IVF, hESCR, and cloning for research purposes. Meyer also addresses philosophical arguments based on modern Lockean theories of personhood that implicate how we may treat embryos, fetuses, and even newborn infants. He concludes that a proper understanding of the Aristotelian concept of "potentiality" supports the conclusion that a human embryo, from the moment of conception, is not merely a potential human person, but a human person already with the inherent potential to develop itself into maturity.

David and Rose Hershenov provide a different argumentative route towards the conclusion that embryos and fetuses possess the same moral status as born human beings. They eschew the Aristotelian-based argument from potential that Meyer and many other Catholic bioethicists rely upon, citing various problems they see associated with such an argument. Instead, they base their argument on the *interests* that mindless embryos and fetuses have in their own healthy development and proper functioning. Their account differs from other interest-based accounts, such as Don Marquis's (1989) argument that abortion is immoral insofar as embryos and fetuses

[11] Additional Catholic scholars who have provided philosophical arguments in favor of embryonic/fetal personhood include Kavanaugh (2001), Ford (2002), Eberl (2006), George and Tollefsen (2008), Lee (2010), Kaczor (2014), and Camosy (2015).

[12] See Locke (1975), bk. II, ch. 27, §9. Representative Lockean, or related, views have been put forth by Tooley (1983), Steinbock (1992), Singer (1996), Warren (1997), and McMahan (2002).

[13] Note that Ford no longer holds the view espoused in this work and now affirms the instantiation of personhood at conception (personal correspondence).

have an interest in experiencing a "future like ours," or Jeff McMahan's (2002) "time-relative-interests" account of harm, which considers the degree of harm one experiences as correlative with one's psychological connection to their future life. The Hershenovs' account explains why it is "more harmful" when a conscious human adult, with a greater range of interests, dies than when an embryo or fetus does, while preserving the death of embryos and fetuses as a grave immoral harm.

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A problematic case concerning the moral status of human fetuses and newborn infants involves those diagnosed with *anencephaly* or *hydrancephaly*, conditions in which the cerebral hemispheres are largely or altogether absent with no possibility of their development. While there is no question that such fetuses and infants are human beings genetically and in all other respects of their biological development, it is nevertheless the case that such infants will never be able to engage in activities generally taken to be definitive of personhood: self-consciousness, rational thought, autonomous volition, etc. Those working within a Catholic anthropological and moral framework are thus challenged to consider whether, to utilize Thomistic terminology, such fetuses and infants are of a "rational nature." Regardless of the answer to this question, Catholic hospitals must consider what forms of prenatal and perinatal care is appropriate for both mother and fetus/infant.

The CDF has not explicitly addressed this type of case in any of the documents cited above. The U.S. Conference of Catholic Bishops [USCCB] (1996), however, has issued a statement affirming the inviolable moral status of anencephalic/hydrancephalic fetus and infants, and thereby rules out as morally impermissible directly intended abortion or induction of labor before viability for the "sole immediate effect" of terminating pregnancy. Labor may be induced—either before or after viability—only if there is a *proportionate reason* involving risk to the mother's health and other conditions of the *principle of double-effect* [PDE] are met. In short, an anencephalic fetus must be treated the same as any other fetus *in utero*. Once born, however, it does not follow that all measures—including "extraordinary" measures that may be futile or disproportionately burdensome—must be taken to attempt to prolong the infant's life. Rather, appropriate "comfort and palliative care" should be provided as would be "appropriate to all the dying." Upon the infant's death, the parents may licitly consent to donate their child's organs as a charitable gift to save other lives; however, organs cannot be procured from the infant until they are legally declared dead, just as with any other living human being.[14]

Charles C. Camosy addresses the question of the moral status of anencephalic/hydrancephalic fetuses and infants from both anthropological and moral theological perspectives. Camosy contends that, despite the lack of material capacitation for such fetuses and infants to actually engage in "personal" activities, their evident membership in the biological species *Homo sapiens* suffices to ground their sharing

[14] Issues related to organ donation are discussed in Part VI of this volume.

the same moral status as all other *Homo sapiens*. Referring to the classical Boethian definition of personhood later affirmed by Aquinas,[15] Camosy argues that existing as an "individual substance of a rational nature" does not require one to possess developed and functioning cerebra. Camosy also sees the plight of such fetuses and infants to motivate a compassionate response based on Catholic social doctrine's preferential option for the most vulnerable among us.

John Paul Slosar, Mark Repenshek, Elliott Louis Bedford, and Emily Trancik focus on the question of whether labor may be induced after an anencephalic/hydrancephalic fetus has passed the threshold of viability and what would constitute a "proportionate reason" allowing this action. The authors concur with Camosy's and the USCCB's affirmation of the inherent dignity possessed by such fetuses and thereby rule out as impermissible directly intended abortion or previable induction of labor—unless, in the latter case, it would be necessary to treat a proportionately grave pathology of the mother in accord with the PDE. Nevertheless, they find that previous moral analyses that render post-viable induction of labor either wholly impermissible, or permissible after a certain temporal point has been reached, are inadequate to address the complex nature of individual cases with respect to both the definition of "viability" and the inherently subjective dimension of assessing the benefits and burdens for both fetus and mother.

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[15] See Boethius (1918), III; Aquinas (1948), Ia, q. 29, a. 1, IIIa, q. 16, a. 12 *ad* 1.

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Chapter 3
The Ontological Status of Pre-implantation Embryos

John R. Meyer

3.1 Introduction

Many physicians, philosophers and theologians are reluctant to speak about the pre-implantation embryo as a *person* because it does not act as a mature person does. This has important ethical implications for those who claim that human beings must freely claim the *right to life* (Laing 2013). Mary Anne Warren elaborates a list of five essential traits of personhood: consciousness, reasoning, self-motivated activity, communication, and self-awareness (Warren 1988). These criteria clearly apply to adult human beings, but they certainly cannot be ascribed to embryos. Several contemporary philosophers therefore conclude that a pre-natal human being is not a person, emphasizing three principal criticisms of the idea that a gestating embryo is a person from the moment of conception. First, an embryo can split into twins up to 14 days after fertilization. Second, spontaneously aborted fetuses do not receive special religious or cultural treatment from society. Third, the mere *potential* of an embryo to act in a personal way is not the same thing as being a mature person (Cahill 2005, p. 177). Here it is helpful to distinguish between "fertilization" understood as a biological phenomenon and "conception" considered in a philosophical sense. According to David Oderberg, conception "defines coming into existence in terms of a metaphysical phenomenon, namely the emergence of a new nature, an organizational unity that is not part of its host but an individual that uses its host for the purpose of its own self-directed development into a mature member of its kind … [and so] conception is a metaphysical phenomenon and fertilization only one kind of biological manifestation of it" (Oderberg 2008, p. 266).

Given the possibility that an embryo may split in two prior to implantation in the uterine wall, there is considerable doubt about the ontological identity of the "pre-embryo." If conception—referring to the beginning of an individual human

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