

Biology, Bioethics and Biotheology

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Biology, Bioethics and Biotheology

His Eminence Metropolitan Hierotheos of Nafpaktos and St Vlassios

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The Orthodox Church has its own realm where all the applications of the teaching and work of Christ take place. The Church cures people and helps them to overcome all problems, even death itself and the fear of death.

Christians also live, however, in a world that has its own peculiarities. In the first centuries there were major persecutions and Christians were taken to be martyred, as happens in the Middle East in our own era. They also suffered from the great Christological and Trinitarian heresies, but even today there are many forms of heresy that afflict the body of the Church. Many other social and scientific problems exist as well.

It has been noted that during the early centuries the Fathers of the Church faced problems originating from classical metaphysics, particularly from Neoplatonism, and for that reason they had to define dogmatic terms, so that revelational truth would not be altered. Today there are similar problems due to more recent philosophy, the Enlightenment, existentialism and

German idealism.

The most basic problems that we have to face today, however, are those which originate from scientific development and challenge us in our pastoral ministry. Restricting my subject to biomedical research and the developing science of molecular biology, which is connected with genetic engineering, I wish to point out that spiritual issues arise as well as bioethical ones, because this science is concerned with life and death, and naturally the Church is also involved in these problems. Thus various dilemmas arise regarding these matters.

The mentality of people today is pro-eugenics and pro-euthanasia, in other words, they favour genetic intervention and the improvement of the human organism. They aim to prolong biological life and put off death until the distant future and they want what they call ‘quality’, both in life and in death. They seek to make life and death painless. This also gives rise to the attitude that life is for healthy people, who ought to live and enjoy all the good things of life, whereas those who are allegedly ‘useless’ ought to die.

1. Molecular Biology and Genetic Engineering

Because I was invited to speak at various conferences to expound issues related to bioethics from the Orthodox point of view, and I also taught the bioethics course at the Balamand Theological School ‘St John of Damascus’ in Lebanon, it was necessary for me to acquire some knowledge of biology, particularly molecular biology.

The term biology denotes the science “that studies living organisms with regard to their structure, function, origin, development, distribution, classification and interdependency” (G. Babiniotis).

More specifically, the term ‘molecular biology’ denotes “all those techniques and discoveries that make it possible to carry out the molecular analyses of the most fundamental biological processes – those involved in the stability, survival, and reproduction of organisms.” (Michel Morange)

The science of molecular biology developed as a result of the development of two other sciences, genetics and biochemistry, at the beginning of the twentieth century. The science of genetics is concerned with genes, whereas a branch of the science of biochemistry is concerned with the functional expression of genes in proteins and enzymes. Molecular biology was born when the gene was recognised as part of DNA, when its structure was determined, and “its role in protein synthesis” was defined.

Genetic engineering is the science that describes “all the technical processes that allow the manipulation, isolation, characterisation and modification of genes, their transfer from one organism to another, their expression.” (Michel Morange)

These two sciences, molecular biology and genetic engineering, are inseparable. They are closely interconnected, as the history of genetic engineering can only be understood by examining the history of molecular biology.

Whereas molecular biology speaks about cells and their nuclei, genes and DNA, genetic engineering describes the way in which molecular biology can intervene in this inner world of the nucleus.

Some basic stages in the development of contemporary biology can be observed. These are historical revolutions in modern biology.

The first ‘revolution’ in modern biology began in the 1950s with the deciphering of DNA, which is made up of carbon,

oxygen, hydrogen, nitrogen and phosphorus. Two scientists, J. Watson and F. Crick, played an important role in this process. This revolution includes the way in which genetic information is translated, and the transfer of genetic information from DNA to RNA, and from RNA to proteins.

The second 'revolution' came about in the 1970s and is connected with the recombination of DNA. Using a special method, segments of DNA are isolated and, with the help of bacterial hosts, are multiplied in great quantities. In this way, certain genes in the genome are defined, and the primary structure and organisation of some of these is examined.

The third 'revolution' in modern biology took place in the 1980s. Genetic materials as a whole are examined, so as to study "the connection between genes and illnesses, their structure, their function, and how proteins, the derivatives of genes, interact with one another." With the help of technology significant progress has been made. The human genome has been studied, and the mapping of the human genome was recently completed. (Nikos Moschonas)

It is obvious that, from the industrial revolution, which centred on factories and fire, we have now arrived at the biotechnical revolution, which centres on laboratories and cells.

The term 'biotechnology' has been defined in many ways, but 'modern biotechnology' mainly covers, firstly, laboratory in vitro techniques involving DNA, such as the recombination of DNA and the direct transfer of genetic material and organelles, and, secondly, "fusion of cells beyond the taxonomic family, that overcome natural physiological reproductive or recombination barriers and that are not techniques used in traditional breeding and selection" (*Cartagena Protocol on Biosafety*, Montreal 2000).

The application of biotechnology obviously concerns many

fields of human activity. Thus *white biotechnology* denotes the industrial applications of biotechnology, for instance, to develop new chemicals, biofuels, bioplastics, new enzymes for detergents and to produce food and feed. Green biotechnology is the term used for biotechnology applied to agriculture, for example, to produce genetically modified organisms; and *red biotechnology* is biotechnology applied to health care and medicine, in an effort to prevent and fight human diseases. The boundaries between white, green and red biotechnology are, of course, blurred (P. Lorenz, J. Eck).

As we know, every organism has its own DNA, which is the genetic material containing all the information for its development. Genes are within DNA, and are responsible for producing proteins. All the DNA, together with the genes that it contains, makes up what is called the genome.

The significant thing is that scientists today have the capability to recombine DNA. In other words, they can unite in various ways two independent segments of two unrelated organisms, and create something new, consisting of the recombinant DNA from two different sources. Jeremy Rifkin, in his book *The Biotech Century*, refers to some examples.

In 1983 they took “human growth hormone genes” and inserted them into the embryo of a mouse. This action produced “super mice”, which were twice the size of other mice, and, what is most important, “the human genes have been permanently incorporated into the genetic makeup of these animals.” In 1984 “scientists fused together embryo cells from a goat and from a sheep, and placed the fused embryo into a surrogate animal who gave birth to a sheep-goat.” In 1986, they took from a firefly the gene that causes light, and inserted it “into the genetic code of a tobacco plant. The tobacco leaves glowed.”

This gives scientists the impression that they are creating the world afresh, and that man has therefore become the creator of the world. Jeremy Rifkin writes characteristically: “We begin to view life from the perspective of a chemist...For the first time in history we become the engineers of life itself. We begin to reprogram the genetic codes of living things to suit our own cultural and economic needs and desires. We take on the task of creating a second Genesis, this time a synthetic one geared to the requisites of efficiency and productivity.”

2. Bioethics and Biotheology

This potential created by the advance of molecular biology and genetic engineering has raised serious questions, and for that reason bioethics developed as a science. This term was first used by Van Rensselaer Potter in 1971 to designate a discipline “that could combine biological knowledge with the humanistic sciences.” (Stamatis Alachiotis)

The new phase of bioethics as a science began in Asilomar, a city in the West of the United States, in 1974. At a meeting of biologists it was ascertained that, by means of recombinant DNA and the possibilities of new technology, scientists had acquired a kind of authority over human life by manipulating genes. There for the first time questions were raised, such as, “Who decides if an experiment is morally acceptable? What are the criteria for putting a discovery into practice? Does anyone have the right to intervene genetically in human beings?” It was therefore decided to set up committees on bioethics and deontology “to examine biological issues with ethical implications, and to stop all research into genetic technology for two years, in order for the risks, the conditions of experimentation and the repercussions to be assessed.” (Stamatis Alachiotis)

From the Orthodox point of view, we accept contemporary biomedical research when it is combined with the findings of the contemporary science of bioethics. In parallel, however, we have our own criteria for dealing with the dilemmas that arise from contemporary biotechnological research. For that reason a specific term, biotheology, has been introduced.

The Message issued by the International Scientific Conference that was organised by the Ecumenical Patriarchate in Constantinople in 2000 speaks of the theological preconditions for investigating these issues: “For this reason, Orthodox theology cannot view bioethics independently from its dogmatic teaching. Bioethics cannot exist apart from bio-theology.”

3. Pro-eugenics and Pro-euthanasia Mentality

We live in an era remarkable for its pro-eugenics and pro-euthanasia mentality. I shall give some definitions to make this clearer. The word ‘eugenics’ derives from Greek and means ‘good genes’.

Eugenics is “the study of methods under social control in order to improve our species genetically. It is divided into ‘negative’ and ‘positive’. Negative eugenics is concerned with removing harmful traits, and positive eugenics with increasing beneficial traits. It was practised by the Nazis and has now returned as ‘new eugenics’.” (Stamatis Alachiotis).

The word euthanasia also derives from Greek and means ‘good death’. It is connected with all the events involved in the end of biological life.

Eugenics, therefore, denotes the attempt by scientists to penetrate the mystery of life, to define and prolong it, and to eliminate diseases. In this sense it covers all those activities that

refer to the beginning of life, including the mapping of the human genome or the deciphering of the genetic code, cloning, reproductive technologies, stem-cell research, the development of the embryo, abortions, and the prolongation of life, which includes transplants, gene therapy and cell therapy, and the prevention of diseases.

Euthanasia means the attempt by scientists to penetrate the mystery of death, so that sick people do not feel the pain associated with death, and can choose for themselves the means of death. The pro-euthanasia mentality, which is determined by the end of biological life, embraces everything to do with euthanasia and transplants, as well as the dilemmas that arise in intensive care units.

Today, eugenics is cultivated as a religion. Life has been made an absolute and God has been rejected from human life, so human beings manipulate the right to life and death on their own. So a particular religion develops, called 'biological religion', which centres on scientists.

Doctors are presented as those who relieve people's pain, as the means by which they can avoid deterioration, ugliness and imperfection, and acquire perfection. In fact, some people assert that genes are connected with psychology, social behaviour and the concept of religious feeling.

I mentioned earlier that the science of bioethics is concerned with problems arising from the contemporary sciences of molecular biology and genetic engineering. At the same time, however, biotheology offers the principles of Orthodox faith and life. Some biotheological principles of this sort will be highlighted.

First of all, science does not conflict with theology. This conflict came about in the Western world, particularly in

Europe, when theology was linked with metaphysics, and metaphysics was rejected by the Enlightenment. Orthodox theology has no connection at all with metaphysical philosophy, so it cannot come into conflict with science from that point of view. However, Orthodox theology stresses that science itself ought to set limits and preconditions to prevent genetic contamination.

In any case, theology and science have different goals. Theology aims at man's deification, whereas science seeks to improve his biological life.

Secondly, the Orthodox tradition lays down five basic principles for the ethical and theological assessment of biomedical achievements. These are set out in the *Declaration of the Basic Principles of Bioethics* issued by the Interparliamentary Assembly on Orthodoxy (IAO).

The first principle is "Respect for time". We should not proceed hastily to applications involving human cloning, without the necessary knowledge having been acquired.

The second principle is "Respect for God's creation", according to which, "Scientists must use their knowledge with discretion and prudence without preconception and short-sighted vision." This is stated, because there is a danger that people will proceed to put right factors that they regard as natural imperfections, with the result that, "along with gene therapy", incurable changes are caused in human social behaviour.

The third principle is "Respect for human variability, 'imperfections' and disabilities." This is serious, because biomedical knowledge can be used "for reasons other than diagnostic, preventative and therapeutic purposes", to open the way for a society characterised "by genetic discriminations, racism and

eugenics; a society in which there will be room only for healthy and strong people, people with predetermined specifications.”

The fourth principle is “Respect for human life”. The *Declaration* states that every political or legislative adjustment connected with these matters “should necessarily respect the fact that every human being from his/her conception until his/her last breath constitutes a unique irreplaceable and unrepeatabeable being, that has by nature free will, is sacred and transcendental in his/her essence and perspective, and forms a social entity with rights and obligations.”

The fifth principle in the *Declaration* is that human life is not merely the existence of an individual, but is connected with other human beings and a given environment. Thus man has responsibility towards the environment, and also to future generations. For this reason special attention is required “with regard to the approval of germ-line [genetic] therapy methods that will be passing on their effect to the descendants of the persons undergoing the therapy.” It also says that “the genetic identity of the individual should be protected with regard to interventions that do not have a diagnostic or therapeutic character or do not aim to prevent a disease.”

4. Pastoral Care in the Church

The Church confesses Christ and everything that He revealed about God, man, and creation. In the context of this confession it cares pastorally for its members. Sometimes it also acts against heretics, but within the perspective of its confession and pastoral care.

The Church exercises a pastoral ministry to its members. It sees their problems and sets out the necessary preconditions for solving them, without doing away with people’s freedom.

Whatever it does is done with freedom, because violating freedom means altering anthropology and soteriology.

When we refer to pastoral ministry, we mean that the Church preserves the fundamental points of the revelational truth about God, the world, humankind and salvation, and through these it guides people to acquire spiritual and Christocentric experiences. Human beings must, of course, progress from being in God's image to being in His likeness, to deification, which is their ultimate aim. When people fail to live in accordance with God's law and repent of this, the Church cures them by the power of Christ.

Having made these brief clarifications, I shall highlight some key points with regard to the pro-eugenics and pro-euthanasia mentality of our era.

a) Existential problems of life and death

It goes without saying that the basic problems that concern people are the so-called 'existential' ones, those connected with life and death. This is the ultimate cause of bioethical problems. Human beings were not created to die, but death is the result of their departure from God. Through ancestral sin they were stripped of divine grace, their nous was darkened, and death entered their existence. Death is a function of man's departure from God. It is darkening of the nous. Since then human beings have been intensely preoccupied with the fact of life and death.

From an early age human beings wonder what life and death are. They ask themselves, "Why was I born without knowing or being able to determine the manner of my biological life as regards my sex, my nationality, and my individual differences from other people. Why do I not have absolute freedom? Why must I die, and what happens after death? What is illness? What is the meaning of pain?" and so on. Theological language refers

to the corruptibility and mortality that exist in man, and this is also proved by contemporary molecular biology.

If these questions about corruptibility and death are not resolved within the limits of someone's personal life, he will not be able, however much he tries, to give answers to the bioethical issues that arise today, in the biotechnical age, from developments and applications of molecular biology and genetics, and which concern both the beginning and end of biological life. He may possibly be able to solve isolated cases, but other problems will continuously crop up. Thus the profoundest problem that must be solved is the existential one, so that people can transcend the fact of biological life and death, and their life and death can acquire meaning.

b) Pastoral care of the sick, their relatives and doctors

Besides this general overview, which forms the basis for all kinds of pastoral ministry to people of all ages, specific pastoral care is required for each problem that people face. An illuminated and discerning spiritual father is needed to deal with these problems. On the one hand, he must have a thorough knowledge of the teaching of the Church and the problems concerned, and, on the other hand, he must approach each person with sensitivity and discretion. Everyone needs a special word to give meaning to his life and, above all, inner freedom. Of course, it is necessary to set out the essential framework within which the spiritual father will act.

As we know, it is not only everyday events in life and illnesses that cause us problems, but our inner disorder and the lack of meaning in life. Someone who is sick may have a purpose in life and glorify God, whereas someone who is healthy may be miserable because his life has no meaning.

The Church's pastoral ministry should revolve around three

elements: the sick person who is suffering; the sick person's relatives, who are concerned about the health of the one dear to them; and the doctor who will be involved in treating the sick person.

The sick person, as we know, is in a particular existential and psychological state and requires careful attention. The worst problem that preoccupies him is pain, which is felt in both soul and body. There is pain that afflicts the soul and pain that afflicts the body. Sometimes the soul's pain takes priority and the physical pain is secondary, and sometimes the physical pain predominates over that of the soul. Besides this, various inner feelings of remorse cause him suffering, as does the approach of death, which is seen as breaking up his union with those he loves and with biological life itself. Suffering is also caused by anxiety about dying, about when and how death will come, but also about what comes next.

The soul feels pain due to the lack of meaning in one's life, the absence of love from other people, and the absence of God from one's life. Physical pain is caused by the soul's pain being reflected in the body, by the embodiment of existential and psychological problems, but also, of course, due to various diseases that manifest themselves in different phases of one's life.

It must be realised that pain is the lot of all human beings, as it is the result of ancestral sin. According to the teaching of the holy Fathers, pain and suffering, when they are dealt with correctly, cure sensual pleasure. The interconnection between pleasure and pain is the solution to many problems in our life. The original pleasure, but also everyday pleasure, brings pain, and the experience of pain, through the Church's ascetic method, cures pleasure. The attempt to overcome suffering with

new pleasure creates a vicious circle with no results.

Christian asceticism means turning with absolute faith to God and His providence; taking up the cross in everyday life; facing illnesses and all kinds of problems with faith in God's providence; and the ascetic life in all its forms. These painful things cure sensual pleasure. The ascetic Fathers teach that voluntarily taking up the cross of different kinds of affliction cures us of the involuntary impact of suffering that we experience every day.

One of the greatest revelations that Christ's incarnation has taught us is the value of pain. Although Christ was sinless, He took upon Himself the sin of all humankind and died on the Cross. Thus He showed us that the intentional and voluntary cross of willingly taking on suffering cures the results of pleasure and frees people from imprisonment in the senses and what they perceive.

With regard to relatives, we must stress that love is linked with voluntary crucifixion, willing sacrifice, and self-emptying. Love is not sentimental words offered to healthy people. It is not something reciprocal. It is sacrifice and transcending one's individual self. It is taking on the other person's painful cross and suffering for him, according to Christ's example. Christ loved human beings and was crucified for them. He was not content with teaching and altruism, with a verbal sermon, but He went on to offer Himself by dying for others.

The prevalent mentality in our society is for us to try to get rid of our sick relatives by paying money and shutting them into state or private institutions. This is not real love. No doubt institutions, hospitals and residential homes for the elderly are necessary, when effective scientific help is needed and it cannot be provided at home. When, however, we shut people

into institutions to spare ourselves trouble, to save our time and safeguard our leisure, so we can follow our own programme, this is not correct. Even above medical and nursing care, those who are sick and disabled need love, affection, tenderness and the presence of those dear to them, rather than various physical comforts.

As for doctors and nursing staff, we should recognise and stress that there is a great difference between a profession and a vocation to serve. A profession is the work we do in order to live, but a vocation to serve is practised with love and affection. The work of doctors and nursing staff is not an ordinary profession, but work entailing service and sacrifice. It is not only concerned with physical illnesses but with existential pain and patients' inner problems. When someone only sees the patient's body and tries to cure it, ignoring the problems of his soul and mind, he regards him as a living mechanism. This is deeply wounding for the patient.

Earlier we mentioned the link between the soul's pain and physical pain, and between pleasure and pain, as well as the lack of meaning in life and the problem of death. If someone does not see this reality in its entirety, but only deals with a part of it, he fails in his task. Sick people who approach the doctor or are admitted to hospital bring with them, not only their own particular illness, but a life full of pain and suffering due to remorse, loneliness, or betrayal and abandonment by those they love, and the fear of death. How can anyone ignore this reality and look at people externally and mechanically?

All those concerned with the suffering of people in critical states, such as sickness, are well aware that the sick are mostly interested in whether the end of their biological life is approaching. When they ask the doctor about their illness, they

are actually concentrating on finding out what the doctor may be hiding from them, rather than what he will reply. The doctor ought not to be content simply to deal with them as people who are physically sick. Instead, he should regard them as people in pain who are seeking an answer about the meaning of life and death, about how they can overcome death, not about how their biological life can be prolonged. Loneliness, the need for love, and the fear of non-existence are the problems that preoccupy people, particularly those who are sick and are drawing nearer to the fiery region of existential problems.

Obviously, the pastoral ministry is a complete science. It presupposes not only knowledge, but most of all humanity. First and foremost, one must be personally acquainted with these problems. Someone who has faced, or is facing, the consequences of illnesses in his personal life, and has experienced, or is experiencing, suffering as a personal fact is best suited to make a sensitive approach to people who are suffering in this way. Also, everyone who is suffering is idiosyncratic and expresses this in various ways, so each one requires individual treatment with patience and love.

c) Specific pastoral care

Apart from general pastoral care, specific pastoral care is required in order to deal with issues arising from the pro-eugenics and pro-euthanasia mentality of our age. The general view is that the Church ought to preach the revealed truth about God and man, everyone is free to make his own choices, and the Church treats the consequences of his negative choices.

We shall now touch briefly on three specific issues connected with this subject.

The first issue is having children.

The aim of marriage is the union of husband and wife, the

overcoming of various individual and social problems, the love between the couple, and, above all, their salvation. They should journey together towards the common resurrection. The fruit and result of this love and this shared journey includes the birth of children. Having children is not an absolute, but belongs within the whole context of marriage and the aim of human beings.

According to the teaching of the Church, the birth of children is not the result of a natural process, but the fruit of God's energy, with the co-operation of the couple. The life-giving energy of God acts through the natural process of the "garments of skin", and thus the embryo is conceived. Anyone who examines carefully how fertilisation comes about and how the embryo's organs develop is filled with awe and is amazed at the mystery of creation. Human intervention to correct bodily organs may be permissible up to a point, when it is for therapeutic purposes. However, excessive concern and anxiety, as well as going too far with the methods used, particularly when this is done insolently, are unacceptable.

The absence of children cannot negate the purpose of marriage, nor can their presence give meaning to married life or replace love when it does not exist. The agonising quest for children often reveals a problem in the couple's mutual relationship. So the problem goes deeper and cannot be resolved superficially in its outward dimension.

If people want to have children, there are any number of orphans and abandoned children they can adopt, or they can become foster parents, which also solves a social problem.

In *vitro* fertilisation, what is called medically assisted reproduction, which is a new technique for conceiving embryos, creates various ethical problems. On certain conditions, some

methods, such as insemination by the husband's sperm, may be acceptable. We cannot accept, however, anything involving insemination with sperm from a donor; in *vitro* fertilisation with genetic material from a donor; the fertilisation of many eggs and the creation of many embryos, which are frozen, and the fate of most of which is subsequently unknown; or the "selective reduction of embryos", which are killed in the womb. Nor can we accept actions that lead eventually to the destruction of the blastocyst or embryo. In *vitro* fertilisation using the couple's own genetic material may be acceptable if it does not leave 'spare' embryos.

The second issue is prenatal and pre-implantation screening

In recent years new diagnostic techniques have been introduced in order to check the embryo: prenatal screening when it is in the womb (*in vivo*), or pre-implantation screening when it was conceived by *in vitro* fertilisation.

The prenatal check, although it cannot be forbidden, creates feelings of remorse and leads to abortions, if the parents cannot face giving birth to children with genetic abnormalities and bringing them up.

The pre-implantation screening of embryos entails the danger of a eugenic approach (choosing sex, external characteristics, intelligence, and so on), in which case people are intervening indiscriminately in the mystery of life. Also, killing the embryos that are not selected is murder, as, according to the Orthodox tradition, the embryo has a soul from the first moment it is conceived (the doctrine of "immediately upon conception"), and this existing soul will express its presence as the bodily organs develop.

The third issue is euthanasia.

The term *euthanasia* is used in two senses: 'passive' euthanasia

and 'active' euthanasia.

Passive euthanasia is when doctors and nursing staff abandon their therapeutic efforts for the patient, as well as the recovery procedure. In other words, although they could keep the patient alive for a little longer, by using mechanical means as well, in the hope that later on he may perhaps recover, even by a miraculous intervention, they do not do so.

Active euthanasia is when they intervene and, by means of various chemical substances that they introduce into the patient's organism – allegedly out of pity on account of his terrible pain, or because he is tired of life – death is caused.

Human beings have jurisdiction over things that they make, but not over their lives, which were given to them by God.

Euthanasia is associated with despair and hopelessness, psychological illnesses and lack of meaning in life. Someone's desire for euthanasia also means he is unaware of the beneficial presence of pain in our life. It is also an expression of cowardice in the face of various difficulties.

In particular, it is incomprehensible that Christians, who regard their bodies as temples of the Holy Spirit and members of the Body of Christ, would proceed to an act of euthanasia, which is a form of suicide, for the additional reason that, as they are members of the Body of Christ, every sin is a sin against Christ Himself. It is well known that sin always has theological and Christological significance.

Euthanasia, therefore, particularly active euthanasia, is a "mechanisation of death", a way of appropriating and managing life and death, which do not fall within the jurisdiction of human beings, but are the 'right' of God. As a result, it cannot be accepted by the Church, nor, of course, can we accept 'living wills'.

The conclusion is that the contemporary pro-eugenics and pro-euthanasia mentality of our era is reminiscent of Nietzsche's superman, as described in his works *Thus Spake Zarathustra* and *The Will to Power*. Nietzsche's superman has four characteristic features: that God is dead; that he should not pity his neighbour; that there is an inexorable desire for power; and that everything is permissible. The Orthodox Russian writer Dostoyevsky expressed it well: "Without God, everything is permitted."

The theory of the superman led to the existentialism of Sartre, who said: "Hell is other people", which is the opposite of St Seraphim of Sarov's phrase: "Christ is risen, my joy!" Faced with such a pro-eugenics and pro-euthanasia mentality, we should put forward the aim of the Church, which is "the 'superman' of divine grace", who is characterised by humility and love, and through these qualities passes on to people the message of Christ's Resurrection.

The Apostle Paul says in an amazing passage: "He Himself likewise shared in the same, that through death He might destroy him who had the power of death, that is, the devil, and release those who through fear of death were all their lifetime subject to bondage" (Heb. 2:14-15).

Christ took upon Himself a body that was subject to corruption, suffering and death, but was completely pure, in order to conquer death, so that all who are united with Him might be set free from the fear of death. We are slaves to corruptibility, passibility and mortality. We have death within us from our conception with the genes of ageing, and this makes us cultivate the passions of self-indulgence, love of praise, and possessiveness. Casting off the fear of death by living in the Church makes us truly free.