While many moral and medical challenges at the end of life have found wide consensus on brain-based criteria for death, the abortion issue still causes great personal and societal moral uncertainties and conflicts. It was Andre Hellegers (1970) who stressed that

it is not a function of science to prove, or disprove, where in this process [fetal development] human life begins, in the sense that those discussing the abortion issue so frequently use the word “life,” i.e., human dignity, human personhood, or human inviolability. Such entities do not pertain to the science or art of medicine, but are rather of societal judgement.

on the other hand, consensus formation in nontotalitarian multicultural societies must respect the conscience of each and every citizen and his or her “inalienable right to follow one’s own conscience and to profess and practice one’s own faith . . . people must not attempt to impose their own ‘truth’ on others’” as Pope John Paul II underlined in his address of January 1, 1991, “If You Want Peace, Respect the Conscience of Every Person”: When religious law becomes synonymous with civil law, it

... can stifle religious freedom, even going so far as to restrict or deny other inalienable human rights. . . . Intolerance can also result from the recurring temptation to fundamentalism, which easily leads to serious abuses, such as the radical suppression of all public manifestations of diversity.

(John Paul II, 1990)

The four most important tools to be used in the respect for and the development of individual moral competence and cultural, legal, and moral consensus are (1) the history of moral argumentation, (2) cultural tradition, (3) moral evaluation of scientific evidence, and (4) the analytical and evaluative methods of assessing specific moral scenarios at the beginnings and ends of human life. A bioethical evaluation of the moral significance of neuroromaturation, using these four methodological tools, will have to assess biomedical facts and biomedical technologies according to moral and cultural values. These values can be established by differential value diagnosis of

concrete moral scenarios and by the hermeneutics of value history. I will proceed in three steps: (1) review the moral argumentation which led to widely accepted brain-death criteria, (2) evaluate the role of neuromaturation as a biomedical correlate to and indicator for the moral recognition and legal protection of the nasciturus, and (3) present a formula for consensus formation in public policy regarding issues of contraception, abortion, embryo research, and the protection of early human life.

It will be my thesis that the moral assessment of maturation and cessation of neuro-neuronal functioning, based on biblical, philosophical, and theological tradition, favors a Uniform Determination of Life Protection Act, legally protecting personal life (animate life) from the beginning of brain functioning (brain life) to its end (brain death).

A Uniform Determination of Life Protection Act could read as follows: An individual developing or having integrated brain functions has the right to moral recognition and legal protection. A determination of integrated brain function must be made in accordance with accepted medical standards.

Bioethical assessment of established biomedical facts suggests the protection of human life from the presence of neuro-neuronal integration in the cortical plate zone (around the 70th day after conception), when personal life becomes imminent, up to the absence of integrated brain functions, when somatic death becomes imminent.

While the ontological and ethical interpretation of biomedical facts of brain functioning can find wide cultural and moral consensus, teleological arguments from the "potentiality" of unborn life are logically inconclusive and morally invalid, as they favor one ontological potential (conception) over others (gametes, genome expression, nidation, individualization, synapsis formation, viability, birth).

For the stage prior to approximately the end of the 10th week of gestation (day 70 PC) the abortion decision must be left to the pregnant woman, following medical consultation and spousal discussion, where necessary. For the stage subsequent to the 10th week, the state, in promoting its interest in the protection of unborn human life, may, if it chooses, regulate and even proscribe abortion except where it is necessary, in appropriate medical judgment, for the preservation of the life or health of the mother. Public policy based on a Uniform Determination of Life Protection Act would allow for abortion up to the end of the 10th week of pregnancy and the withdrawal of life support from patients diagnosed to be brain-dead according to established criteria; competent adults should be allowed to opt for higher brain-death criteria for themselves, if they so choose. Research on inanimate human life would require bioethical guidelines and review boards. Individuals or groups holding stricter philosophical or religious views regarding the moral recognition of inanimate life would have every right to act accordingly.