

Impact case study (REF3b)

<p>Institution: University of Kent</p>
<p>Unit of Assessment: 33 Theology and Religious Studies</p>
<p>Title of case study: Shaping Professional Health-Care Ethics and Bioethics: A Theological and Ethical Contribution</p>
<p>1. Summary of the impact (indicative maximum 100 words)</p> <p>Drawing on his longstanding research in theology and medical ethics, Robin Gill has been an active member of four of the most important national health-care ethics and bioethics committees in the UK (the British Medical Association’s Ethics Committee, the Medical Research Council’s Stem Cell Bank Steering Committee, the Nuffield Council on Bioethics, and the Royal College of Obstetricians and Gynaecologists Ethics Committee). Through this work he has produced the content of some of the most widely-used ethical guidance and training by medical practitioners in the UK, contributed to a working group that has led to the Welsh Assembly establishing an opt-out organ donation system in Wales (the first part of the UK to do so), been an active member of the committee which determines what forms of stem cell research are authorized in the UK, and shaped major policy reports on bioethics. Given the scale of his contribution and the influence of the organizations with which he has worked, this has arguably made Gill one of the most important influences on professional medical ethics and bioethics in the UK from the field of theology and religious studies during this REF cycle.</p>
<p>2. Underpinning research (indicative maximum 500 words)</p> <p>Gill’s underpinning research in this case study has all been undertaken during his appointment as Michael Ramsey Professor of Modern Theology at the University of Kent (1993-2011), followed by his appointment at the University to a personal chair in applied theology (from 2011).</p> <p>His broader approach to theological ethics was presented most fully in <i>Churchgoing and Christian Ethics</i> (1995), in which Gill argued for an understanding of Christian ethics in terms of moral virtues nurtured through worshipping communities (see also, Gill 1997). In contrast to the work of Stanley Hauerwas and John Milbank, he has argued that there are empirical and theological grounds for believing that worshipping communities foster distinctive virtues through their particular traditions and practices which can also be found more generally in pluralist societies. This argument provides an important basis for considering how theological accounts of moral virtues can engage in a critical and sympathetic dialogue with moral discussions in secular contexts, in which theological ethics becomes a potential resource for stimulating moral reflection in contexts beyond faith communities and not merely a critique of secular moral life.</p> <p>The relevance of this wider argument to medical and bioethical contexts was subsequently examined in his monograph <i>Health Care and Christian Ethics</i> (2002), which built on his earlier work on euthanasia and gene therapies in Gill (1997, 1998). In <i>Health-Care and Christian Ethics</i>, Gill drew on healing narratives in the Synoptic Gospels to argue that Christian ethics should emphasize four core moral virtues in framing approaches to health-care and bioethics: compassion, care, faith and humility. Recognizing that these virtues can also be found in other religious and humanistic traditions, Gill argued that the Christian tradition clarifies moral virtues which could form the basis for ethical reflection on health-care and bioethics from a range of religious and secular perspectives. Furthermore, such attention to moral virtues, grounded in these traditions, could enrich ethical secular reflection on health-care and bioethics. Without this, he</p>

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argued, secular perspectives are hampered by the limits of secular rationality, the lack of a wider cosmos of meaning in which to situate moral claims, and the challenge of accounting for how self-interested moral agents find the capacity to undertake moral action. In *Healthcare and Christian Ethics*, Gill went on to demonstrate the significance of these four core moral virtues in framing responses to a wide range of issues, including health-care rationing, euthanasia, genetics and gene therapy, stem cell research, withholding and withdrawing nutrition from patients in a persistent vegetative state and new forms of biotechnology. For example, Gill argued that the moral virtue of humility should play an important role for the discussion of new developments in stem cell research and biotechnologies, in which ethical positions should be found that avoided both over-confident and ungrounded scientific assertions of the benefits of such work as well as hyperbolic religious claims about their potential risks. In *Healthcare and Christian Ethics*, Gill also argued that the concept of 'the common good', drawn from Catholic social ethics, could make a significant contribution to both bioethics and environmental ethics, for example in the context of debates such as climate change where 'benefits' were designed largely for future rather than current generations. Gill has since demonstrated the relevance of these core moral virtues (along with common good arguments) in relation to global health-care responses to HIV/AIDS (see, e.g., Gill 2007).

3. References to the research (indicative maximum of six references)

- Gill, R. (1995) *Churchgoing and Christian Ethics*. Cambridge: Cambridge University Press.
Gill, R. (1997) *Moral Leadership in a Postmodern Age*. Edinburgh: T&T Clark.
Gill, R. (ed.) (1998) *Euthanasia and the Christian Churches*. London: Geoffrey Chapman.
Gill, R. (2002) *Healthcare and Christian Ethics*. Cambridge: Cambridge University Press.
Gill, R. & Cetin, I. (2005) 'Ethical Issues in Perinatal Nutrition Research', in B. Koletzko et al. (eds), *Early Nutrition and its Later Consequences: Advances in Experimental Medicine and Biology*, Berlin: Springer: pp. 132-38.
Gill, R. (ed.) (2007) *Reflecting Theologically on HIV/AIDS: A Global Challenge*. London: SCM Press.

4. Details of the impact (indicative maximum 750 words)

On the basis of his theological expertise in health-care ethics and bioethics, Gill has served as a member of three key national committees throughout the period since 2008 (joining a fourth in 2009):

- the **British Medical Association's Medical Ethics Committee** (on which he has served since 1999). The BMA is the national professional organization for doctors and medical students in the UK with over 150,000 members. Its Medical Ethics committee is regarded as one of the leading authorities on ethical issues in medicine nationally and internationally, setting standards and giving ethical advice to practising clinicians, contributing to the formation of BMA policy and producing materials to shape public debate and policy.
- the **Medical Research Council's Stem Cell Bank Steering Committee** (on which he has served since 2002). The committee oversees the work of the UK Stem Cell Bank and is responsible for approving all use of stem cell lines in the UK. This includes developing and monitoring the implementation of a code of practice governing the use of the Stem Cell Bank and of stem cell lines, reviewing on a case by case basis all applications to deposit and use embryonic stem cell lines, and providing briefings at least annually on this work to Government ministers. Research approved by the committee has led to the development of

stem cell therapies to treat certain forms of cancer as well as early-stage clinical trials of stem cell therapy for those recovering from strokes.

- the **Royal College of Obstetricians and Gynaecologists' Ethics Committee** (on which he has served since 2000, with his appointment renewed in 2010). The RCOG seeks to advance medical training as well as producing clinical guidelines and reports relevant to its field on issues such as abortion, cloning and sex selection. Its Ethics Committee advises the RCOG's Council on ethical and legal issues, provides guidance for the College's members, reviews coverage of ethical issues in training and educational materials produced by the RCOG, and advises on the RCOG's relationships with industry.
- the **Nuffield Council on Bioethics** (on which he has served since 2009). The Council is an independent body funded by the Nuffield Foundation, the Wellcome Trust and the Medical Research Council which has an internationally recognized profile for its work in advising policy-makers and promoting public understanding of key issues in bioethics through the production of reports, briefing papers and other educational materials.

In addition to their standard, on-going work, Gill's active participation in these committees during this period has involved him in:

- the detailed re-drafting of the third edition of the BMA's [Medical Ethics Today](#) (published 2012), the Association's handbook on dealing with ethical and legal dimensions of medicine, which is regarded as a primary source of guidance for medical practitioners in the UK. In particular, Gill made substantial contributions to the chapters on 'contraception, abortion and birth', 'assisted reproduction', 'caring for patients at the end of life' and 'euthanasia and physician assisted suicide' (see source #2).
- a BMA working party on organ donation which influenced legislation on organ donation opt-out with safeguards that was [adopted by the Welsh Assembly on 2 July 2013](#), and whose report [Building on Progress: Where Next for Organ Donation in the UK?](#) (published 2012) has been widely cited in national media and policy debates (see source #2)
- contributing to the writing of the British Medical Association's [Ethical Decision-Making for Doctors in the Armed Forces: A Tool-Kit](#) (published 2012), which is used to train medical professionals before their deployment to war zones (see source #2).
- developing guidance by the RCOG on female cosmetic genital surgery and premature, neonatal care (see source #3).
- the review of more than a hundred applications to the MRC to store and use embryonic stem cell lines (see source #4).
- the Nuffield Council on Bioethics Working Party on biofuels which published its report, [Biofuels: Ethical Issues](#), in April 2011. Authoring the sections of the report on the common good (which drew on Gill 2002), he argued that whilst biofuels are of comparatively little value to society today it is still important to develop them now in the interests of the common good of future generations and the environment more widely. The report itself was widely reported in national media (see source #1). It was subsequently strongly endorsed by the Chair of the Commons Select Committee for Energy and Climate Change, Tim Yeo MP, and its core arguments were closely reflected in the Government's *UK Bioenergy Strategy* published in April 2012 (see source #5). The notion of the common good introduced by Gill into this report was subsequently adopted and used in Nuffield Council reports on [Human Bodies: Donation for Medicine and Research](#) (2011) and [Novel Techniques for the Prevention of Mitochondrial DNA Disorders: An Ethical Review](#) (2012), for which he was a member of the consultative sub-group. Gill has since been appointed to the Nuffield Council's working party on Children and Clinical Research.

Testimonial evidence clearly demonstrates these committees' recognition of Gill's distinctive contribution as a theological ethicist, drawing on his areas of research expertise (see sources #2-#5).

For example, Dame Suzi Leather, chair of the RCOG ethics committee, writes that 'Robin [Gill] has tremendous impact on the committee. He speaks with wide knowledge and authority commanding the attention and respect of all members. He articulates ethical perspectives clearly, drawn from his own research in ethics and theology (using concepts such as the common good and compassion), enabling him to carry clinical committee members effortlessly through a complex argument towards a well thought through conclusion.'

Rob Buckle, Head of Regenerative Medicine at the MRC, has written: 'Robin [Gill] has worked on behalf of the Committee since its establishment in December 2002, and, as a theologian, has provided an important contribution to the breadth of view needed to provide effective oversight for this field of medical research. For example, [he] has helped ensure that due consideration is given to the views of those who have principled objections to embryonic research, while also speaking up for those with serious disabilities who might eventually benefit from this research. [...] His measured and thoughtful contributions are well respected by the other Committee members, and his ability to lucidly present a theological viewpoint in the context of largely technical discussions has led to him being one of the longest serving members of the Committee.'

5. Sources to corroborate the impact (indicative maximum of 10 references)

#1: <http://www.nuffieldbioethics.org/biofuels/biofuels-media-coverage-0> (provides summary of media coverage of Nuffield report on biofuels).

#2: Reference by Veronica English, Head of Medical Ethics, BMA, which corroborates Prof. Gill's involvement in, and influence on, the work of the BMA Ethics Committee.

#3: Reference by Suzi Leather, Chair of the RCOG Ethics Committee, which corroborates Prof. Gill's involvement in, and influence on, the Committee's work.

#4: Reference by Rob Buckle, Head of Regenerative Medicine, MRC, which corroborates Prof. Gill's involvement in, and influence on, the MRC Stem Cell Bank Steering Committee.

#5: Reference by Hugh Whittal, Director of the Nuffield Council for Bioethics, which corroborates Prof. Gill's range of involvement with the Council's work as well as the policy impact of the Nuffield Council for Bioethics' report on biofuels.

Copies of this corroborating evidence are held on file at the University of Kent for audit if required.