

# Life Matters: Embryo Research

The Nuremberg Code (1947) was prompted by the horrific and often deadly experimentation on human beings in Nazi concentration camps that came to light during the “Doctors’ Trials” before the Nuremberg Military Tribunals. The main principles of the Nuremberg Code require that experiments involving human subjects cause no unnecessary risk, be undertaken with the full and informed consent of the subjects, and must never knowingly cause serious injury or death.

Nazi doctors were not the first, nor the last, to perform inhumane and sometimes disabling research on unsuspecting human subjects living in poverty, in prisons, mental health institutions, and orphanages. The Tuskegee syphilis experiments, the Stateville Penitentiary Malaria Study, and the Willowbrook (Long Island) State School experiments—in which children with mental disabilities were intentionally infected with viral hepatitis—are just a few examples of cases in which doctors put the pursuit of knowledge and “cures” ahead of the lives and well-being of individual human beings.



The Nuremberg Code inspired other declarations of medical and research ethics. In 1948, the World Medical Association approved a statement addressing the ethics of physicians, the Declaration of Geneva. As originally adopted, it read in part: “I will maintain the utmost respect for human life, *from the time of conception*; even under threat, I will not use my medical knowledge contrary to the laws of humanity.”<sup>1</sup>

The World Medical Association’s Declaration of Helsinki on medical research ethics, first approved in 1964, states in part: “In medical research involving human subjects, the well-being of the individual research subject must take precedence over all other interests” (no. 6) and “It is the duty of physicians who participate in medical research to protect the life, health, dignity, [and] integrity ... of research subjects” (no. 11).<sup>2</sup>

The United States Department of Health and Human Services (HHS) oversees guidelines for the protection of human subjects of research, based on HHS’s “Belmont Report” (1978)<sup>3</sup> and subsequent federal regulations. The

principles emphasize respect for the human subject, beneficence (“do no harm,” that is, minimizing risks to subjects), and justice (research that is reasonable, nonexploitative, and conducted fairly to all participants). Fourteen other federal departments and agencies have since joined HHS in adopting a uniform set of “Common Rules” for the protection of human subjects in research.

These ethical principles are clear, and they are consistent with the teaching of the Catholic Church: “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” (*Donum Vitae* I, 1).<sup>4</sup>

These principles ought to apply with equal force to research using human embryos. At least with respect to federally-funded research, that is what Congress determined in 1995 and each subsequent year through annual appropriations bills. Congress bans the federal funding of “research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero.” This has not, however, prevented privately-funded research in which human embryos are destroyed (although some states have banned such research by law), nor has it prevented the current Administration from defying the intent of the law by proposing to fund such research after the human embryos have been killed for their stem cells.

Today, many people who support the protection of vulnerable adults and children, and even animals, have a moral blind spot concerning research in which human embryos are subjected to grave risks or destroyed. When it comes to human embryos, they are apparently willing to toss out many fundamental moral convictions of civilized societies: that one may not commit evil acts to achieve even a worthy goal (“the end does not justify the means”); that the powerful in society have a duty to protect the weak; and that there are moral limits to what science and government can demand regarding voiceless, helpless human lives being used for the benefit of others.

The case for experimentation on human embryos may be motivated by a sincere concern to develop new therapies and cures for diseases from which many people suffer. In the view of one commentator, society has come to view the goal of restoring health and relieving the suffering of individuals with grave illnesses as so important that it trumps our moral impulse to respect all human life. This is tragically misguided. No human person should be used and destroyed to benefit another, no matter how many lives might be saved. Respecting the dignity of every human being means never taking innocent human life, no matter how well intentioned the effort to cure disease might be.

The human person can never be used as a means to an end because we are “created equal,” and no one has greater or lesser moral worth than another.

Experimentation on humans can sometimes be morally justified, but only under strict conditions. The experimentation must be carried out only with the informed consent of the person involved, not subject the person to excessive risk, and must be seeking a legitimate scientific objective. Obviously these conditions are not present in the case of human embryos who will be destroyed in the research. In the case of a person who is incapable of giving consent—children or comatose adults, for example—experimental interventions posing any risk are justified only if they are intended to benefit that individual and therefore may be truly therapeutic. In this way there can be morally licit experimental medical interventions on unborn children to cure diseases and genetic defects, but only for their own benefit, as well as that of others.

It is not hard to see that the use and destruction of human embryos in research is related to the legalization of abortion and the practice of in vitro fertilization (IVF), both in themselves morally wrong. When abortion was legalized, many individuals implicitly accepted the idea that certain unborn human lives, if “unwanted” by the mother, could be eliminated. With the advent of in vitro fertilization, the human embryo came to be seen as a product manufactured in a laboratory by third parties (clinicians, not parents), with only the “potential” to become a human person. Thus the status of the human embryo came to be seen as increasingly less significant, without any inherent dignity. For many people, therefore, it seems entirely reasonable to use embryos for “good” purposes such as basic research to cure diseases. And popular celebrities who call for the funding of human embryo research to find a cure for their own physical condition have appealed powerfully to people’s emotions.

Furthermore, if the embryos are already frozen, to “preserve” them for possible later implantation, and their likely destiny is to be discarded rather than implanted in a womb, many people believe there is no point in not making the most of them to bring about some potential good. Yet the argument that “they are going to die anyway” is the same flawed excuse used by Nazi doctors to justify the torture and killing of countless innocent people in gruesome experiments. It is the same flawed argument that could be used to justify inhumane experiments on terminally ill adults, or on condemned prisoners.

In recent years, much research using human embryos involves extracting their stem cells by a process that kills the embryo. Embryonic stem cells are said to have the potential to develop into all the different kinds of cells in the human body.

In theory, such stem cells could provide the ability to repair or regenerate failing and diseased organs. And yet after over a decade of research and billions of dollars in investment, embryonic stem cells have proved extremely difficult to utilize and have caused unforeseen complications in animal subjects, such as uncontrolled tumor formation and tissue rejection.

“No objective, even though noble in itself, such as a foreseeable advantage to science, to other human beings or to society, can in any way justify experimentation on living human embryos or fetuses, whether viable or not, either inside or outside the mother’s womb. The informed consent ordinarily required for clinical experimentation on adults cannot be granted by the parents, who may not freely dispose of the physical integrity or life of the unborn child. Moreover, experimentation on embryos and fetuses always involves risk, and indeed in most cases it involves the certain expectation of harm to their physical integrity or even their death.”  
(*Donum Vitae* I, 4)

By contrast, “adult” stem cells taken from a variety of tissues without any risk to the donor—from umbilical cord blood, placental tissue, skin, fat, and bone marrow, among other sources—have already produced astonishing therapeutic benefits and in an array of diseases and conditions once thought incurable.

Destructive experimentation on human subjects—whether embryos, prisoners, or those living in poverty in developing nations who have become “guinea pigs” for pharmaceutical companies—leads us down a path of the powerful manipulating the weak. It undermines the social fabric—our basic equality and our mutual responsibility toward each other. The scientific and medical communities should dedicate their efforts to pursuing only morally licit means to cure diseases. If not, they put at risk the very humanity they seek to care for.

<sup>1</sup> Reprinted from *World Medical Association Bulletin*, vol. 1 (1949): 109-111 (emphasis added), in Stanley Joel Reiser, Arthur J. Dyck, and William J. Curran, eds., *Ethics in Medicine: Historical Perspectives and Contemporary Concerns* (Cambridge, MA: The MIT Press, 1982), 37. The phrase “from the time of conception” was later changed to “from its beginning,” and even that modification was later deleted.

<sup>2</sup> World Medical Association, “Declaration of Helsinki,” as subsequently amended, [www.wma.net/en/30publications/10policies/b3/index.html](http://www.wma.net/en/30publications/10policies/b3/index.html) (accessed May 31, 2011).

<sup>3</sup> <http://ohsr.od.nih.gov/guidelines/belmont.html> (accessed May 31, 2011).

<sup>4</sup> Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation: Replies to Certain Questions of the Day*, 1987, [www.vatican.va/roman\\_curia/congregations/cfaith/documents/rc\\_con\\_cfaith\\_doc\\_19870222\\_respect-for-human-life\\_en.html](http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19870222_respect-for-human-life_en.html) (accessed May 31, 2011).