

## commentary

*Ethical Consistency in Embryonic Stem Cell Research*

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Embryonic stem cell research is controversial because it promises potentially large therapeutic benefits, but extracting stem cells causes the destruction of the embryo, and the moral status of embryos is controversial. Some people think they are persons or potential persons, or that destruction of embryos is for some other reason wrong.

There are four positions government could take on the issue, which Jones and Towns helpfully distinguish:

- A. prohibition of all embryo research
- B. confine the use of embryonic stem cells to those currently in existence – extracted prior to some specified date. This approach prohibits the extraction of ES cells, and the utilisation of ES cells derived in the future.
- C. allow for the use and ongoing isolation of embryonic stem cells from surplus IVF embryos.
- D. *laissez faire* position – the creation of human embryos specifically for research.

The authors argue against position B. If the countries which take this position – United States, Australia, and Germany – do so on the grounds that embryo destruction is wrong, there is an inconsistency in that these countries also permit IVF programmes to help infertile couples have children, programmes which also involve the destruction of embryos – those ‘spare’ embryos left over from the IVF procedures. Ethical consistency therefore requires moving from B to C.

I agree with this argument but wish to suggest that the argument may be pushed even further. Ethical consistency requires not only a move from B to C, but also from C to D.

Note that accepting B and C implies that it is permissible to sometimes destroy embryos, *even if embryos have some moral status that makes it usually wrong to kill them*. But if so, then why is it not also permissible to create and destroy them for research, as D would let us do? Is there a rationale for C that can stop the move to D? Consider three possible rationales:

1. Some might think the following moral principle holds: it is wrong to (create and) kill one person to save another. We do not usually believe that it is okay to kill some to save another. D clearly violates this principle, but it might be thought that C does not. In C, the embryos are not destroyed for stem cell research, they are being destroyed anyway so we may as well use them for stem cell research.

But while C does not kill to save another, it does something that must also be considered wrong by those who hold this moral principle: since spare embryos from IVF are destroyed, even putting aside the benefits that might be got from using them for stem cell research, the procedure kills some for the benefit of others – the benefit being helping a childless couple have a child. In fact, important as relieving infertility is, surely this benefit is less important than the benefits stem cell research may lead to: saving people’s lives and drastically increasing the quality of some people’s lives. So, if anything, D is more justified than C: both involve the destruction of embryos, but the reason in D for doing so is stronger than that in C.

2. Another possible way of distinguishing D from C is to pay attention to the fact that D requires intentionally killing a person, which many people think is always wrong. With position C, on the other hand, the intention is not to kill

but to help a couple have a child. Death may be foreseeable since it is known that spare embryos will be destroyed, but it is unintended. (This argument appeals to the 'doctrine of double effect' that is much discussed in bioethics.)

But this is unconvincing. Why does D necessarily involve the intention to kill? The intention could be to develop therapies to help others. Killing is foreseen, perhaps even foreseen as inevitable, but an unintended consequence. This may strike many as ridiculous: if it is known all along that embryos will be destroyed (because they are created for stem cell research), maintaining that there is no intention to kill is just a 'head in the sand' position. But surely the same can be said for C; it is known all along that spare embryos from IVF will be destroyed (whether or not they are used to stem cell research), so there is just as much intention to kill here as in D.

3. The third possible rationale for C over D appeals to political reality rather than ethical principle. Position C is a reasonable compromise between the two values of protecting embryos on the one hand and advancing research on the other. Position D on the other hand, goes too much in favour of the first value. While ethical principle cannot justify C, it is good public policy.

But C is not the only possible compromise, nor is it clear that

it would be the most acceptable to each side. It fails to give either side what they want – spare embryos from IVF will be destroyed which conservatives won't like; and law will prohibit creating embryos for stem cell research, which liberal researchers won't like. And both are forced to accept a policy that is ethically inconsistent (from either point of view) – we should not underestimate the discomfort people feel in the knowledge that policy is inconsistent.

Here is a different compromise: position D, but with strong encouragements to look for alternative ways of achieving the same goals without destroying embryos. These could take the form of financial incentives, tax breaks, etc, but no legal prohibitions on creating embryos for sole purpose of stem cell research. This I think is a better compromise: it allows for the advancement of research, but also gives strong symbolic support to protecting embryos. And it is ethically consistent, provides for the goal of protecting embryos, and is ethically consistent.

None of these three rationales succeed. Hence, ethical consistency pushes us all the way from B to D. We must therefore choose between D or A. The choices are stark: either we accept the laissez faire position of permitting creation of embryos for stem cell research, or we must reject all embryonic stem cell research (and prohibit the destruction of 'spare' embryos from IVF programmes).