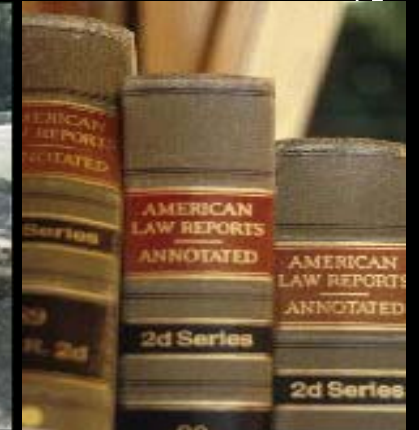
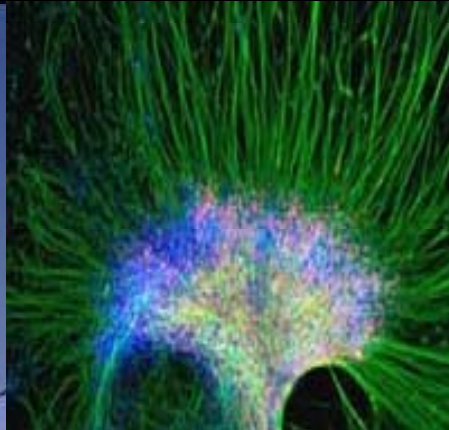


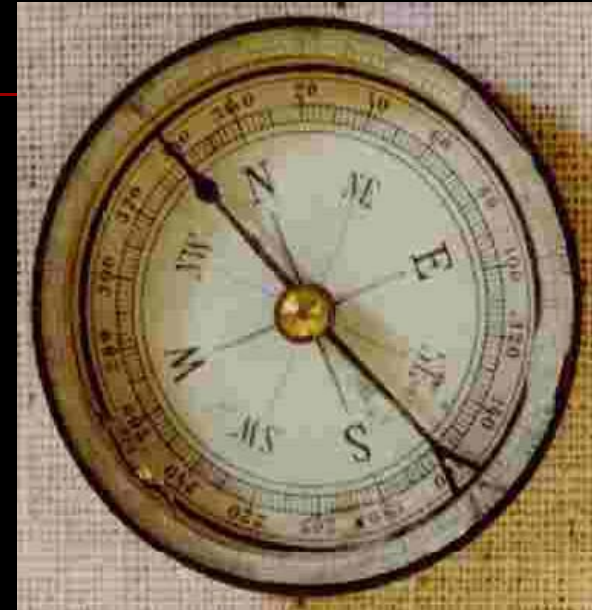
Pluripotent States: Shaping the United State(s) Stem Cell Policy

Laurie Zoloth, Ph.D.
Northwestern University School of Medicine



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What Does it Mean to Have Duties to Heal?

That is the key question.

- Isn't the problem the moral status of the human embryo?

■ No.

-
- OK, but why are we here?

1. Because there may be only 3 interesting Questions

- What does it mean to be human?
- What does it mean to be free?
- What must I do about the suffering of the other?

2. And because of a particular history

- 1970s: ability to deconstruct process of human reproduction
- idea that infertility is a disease with a treatment
- Creation of a genuinely new entity: an unenabled human embryo
- In a country with a long history of interest in moral status issues
- And Asilomar, which encouraged bioethicists

Which raised a debate

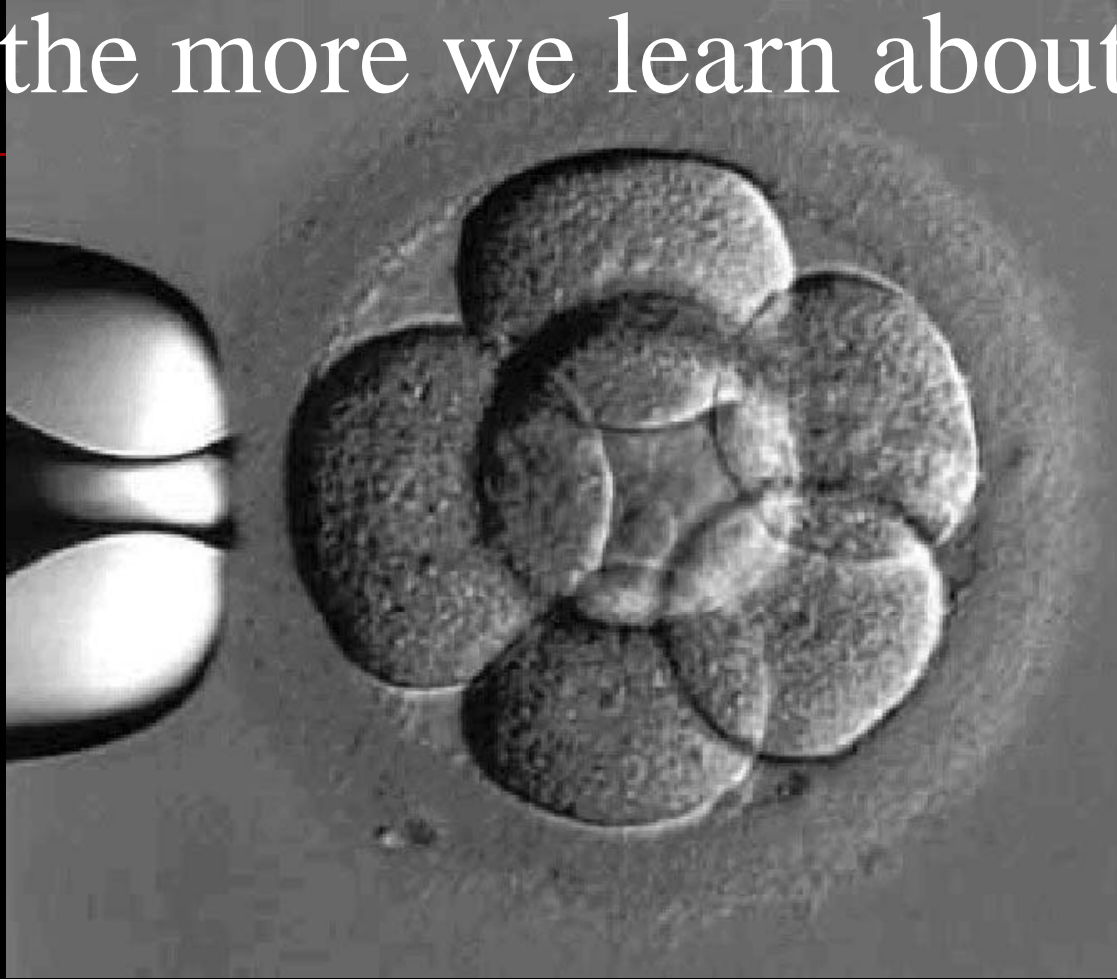
- About new uses for the embryos created for the treatment of infertility
- Destroy them? Or use them? Or establish a fee-based indefinite storage
- Which are questions of our duty

Many arguments against use

- And many complex arguments for them:
- Which I will only mention one: a consequentialist argument

- Note: this is distinct from the theological arguments
- And this does not solve our problem of duty

That the more we learn about this



The better able we are to relieve
human suffering



The ethical question of stem cell research also is a **deontological** question

- If I have a **duty** to heal the suffering other,
- Then how should I judge things or persons that block that duty or moral action?
- Is it warranted to block the moral action of healing to avoid the destruction of a blastocyst?

But please remember that it is not the key question

- Because the debate about stem cells is often seems to turn around the debate about abortion
- This is a conceptual error (sorry) but a probable one
- Takes us away from justice, the poor, or actual women, but has been important
- And it is a fundamental theological dispute
- This being the case—is there anything more to say about moral status?
- Hence: The search for agreement-aka “the third way.”

First Problem: Does language matter?

- Changing the definitional criteria
- We have done this sort of thing in the past: Brain Death is a legal “bright line” that selected reasonable criteria so that organ transplant could proceed
- The idea is to create a new “bright line” across the complexities of biological phenomena and events (e.g. “when is it morning?”)

-
- Brain Death Norms and Statues emerged from clinical needs
 - From distinct needs for finality of death so that organ transplantation could proceed
 - So that the newly developing ICU could be best utilized despite its ability to keep respiratory effort and cardiac function intact
 - To create some “bright line” standards for families and clinicians in withdrawal of care
 - A useful category—an instrumental category.

Death and Organ Transplants: Religious Response

- Particularly in Jewish Bioethics the duty to heal became central once transplants were no longer dangerous experiments
 - Hence, community queries drove responsa about brain death
 - What about previous tests (feathers?)
 - What about rules about goses? (the dying)
 - What about intactness of the body at death?
- Wide and final acceptance (Tendler)

But clinical and conceptual challenges arose

- This was a shift between criteria for death and concept of death, which had always been the same
- Was this the proper line? Or was it the loss of an integrated individual self?
- Why this line? Bernat: nests of neurons still functioning.

Second Problem: Criteria may not be easily expanded

- Brain death was a largely settled question even given our philosophical doubts about the nature of the self and other esoteric issues
- And by in large allowed most families to donate organs and to withdraw care.

When does life begin?

- New interest in Brain Death with search for criteria for embryo research
- Questions now arising from other side of the question: Brain Life
- Note the same issues drive the debate: science, therapy and faith concerns
- Also the slippery slope argument is raised here as in Brain Death
- Could “use of whole brain” be a standard criteria for personhood? Of Life?

Third Problem: What sort of problem is this?

- San Diego Conference, 2004
- Idea was to “get a bunch of smart people into a room to solve the problem”
- But the problem was not social acceptance or safety, but theological differences about our duties to new entities.

Fourth Problem: can science fix social debates?

- Asilomar and the “crippled e-coli”
- Fear that genetic engineering (splicing genetic codes into e-coli that would then act as “factories” producing synthetic proteins) would create terrifying “super bugs”
- Scientists promised to “cripple” bacteria to make them unable to reproduce
- And they “designed” them thus

But what sort of desire is it to create an alternative embryo?

- A desire to find a scientific solution to a profoundly religious problem
- A sense that new ideas in a synthetic community would convince historically constituted, textually based, and legally interpretive community, bound by norms and authorities
- A reification of the idea that the potential thing is the equivalent to the thing

- A desire for mononomic confirmation: Why can't we all get along?

- But what is *this* not getting along?
- We do not agree on many matters religious, policy and health
- Nor on punishment, war, end of life or IVF

- A sense that the self (the ipseity) is in the DNA

One power point moment to remind us

- That all children need an actual women to bear them

Human ES Cells Proliferate

- Many new lines, many countries, many research directions
- Widening public acceptance (see GPI)
- Asian, British, California set policy and fund research
- So, again, why alternative embryos now?

Some New Ideas about Embryos

- Disabled
 - Dead
 - Disaggregated
 - Devolved
- Note: these did not arise because of any problems with the science of hES research

Hurlbut

- Idea is to create/make a set of entities that look like they can do what embryos do at the blastocyst level but are not really embryos
- Not “integrated.”
- CDX 2 knock outs
- Use of siRNA genetic modification
- No trophoblastic layer made

- Problems?

- Method: will it work in humans?

- RAC norms: we do not allow transmissible DNA adaptations in human gametes

- Errors: what of the almost disabled embryos?

- Why is it morally permissible to deliberately create disabled embryos and destroy them?

Zucker and Landry

- Columbia University College of Physicians and Surgeons
- Thaw frozen IVF
- Grade visually—look for aneuploidy or other serious problems
- These are dead by criteria that the cells do not divide
- “organismically dead.”

- Problems

Have to thaw and destroy to see if they are dead

Disaggregation

- Idea builds on PGD
- Take one cell of eight, when each are totipotent, use that one to start a new line (either via a new blastocyst or directly)

■ Problems

- PGD is a risk benefit decision by couples in the face of dreadful disease
- Risk is born by unborn child that is intended for implantation (who has no interest in being the source of cell for others who only need this if in the case of some religious objections.
- Serious conceptual problem! Have you just created Sorcerer's Apprentice Event?

De-differentiation

- Idea is to turn the clock back and make every cell totipotent

■ Problems

- Seems to create the very same intellectual event (a unique single cell with the potential to be a whole person) as the problem in the first place

All of the alternatives also share problems

- All may be said to be unjust in that they ask us to block our duty to heal and use precious resources to pursue them
- (Jehovah's Witnesses and blood transfusion)
- All may be just inadequate to the task
- All may be seriously flawed scientifically or cause increase risk, or may not teach us what we need
- May be "language on a holiday" Wittengenstien

Do we need this?

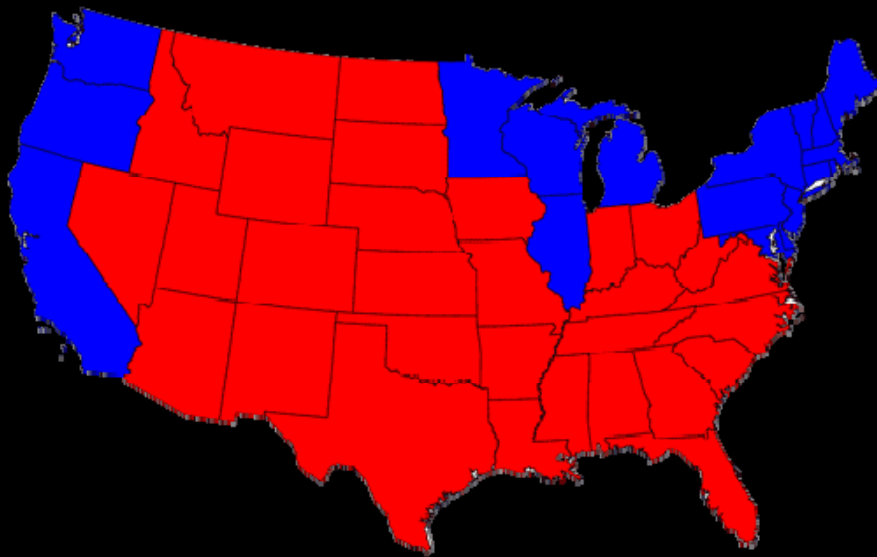
- Singapore debate 2002 as template
- Hindu, Buddhist, Jewish, Islam (both Shi'a and Sunni), Many Protestants, Taoists, Some Catholics, (Augustine, Aquinas, Vatican until 1859, Canon law until mid 1900s.)
- And secularists
- All agreed on permissibility of the use of blastocysts

National Academies

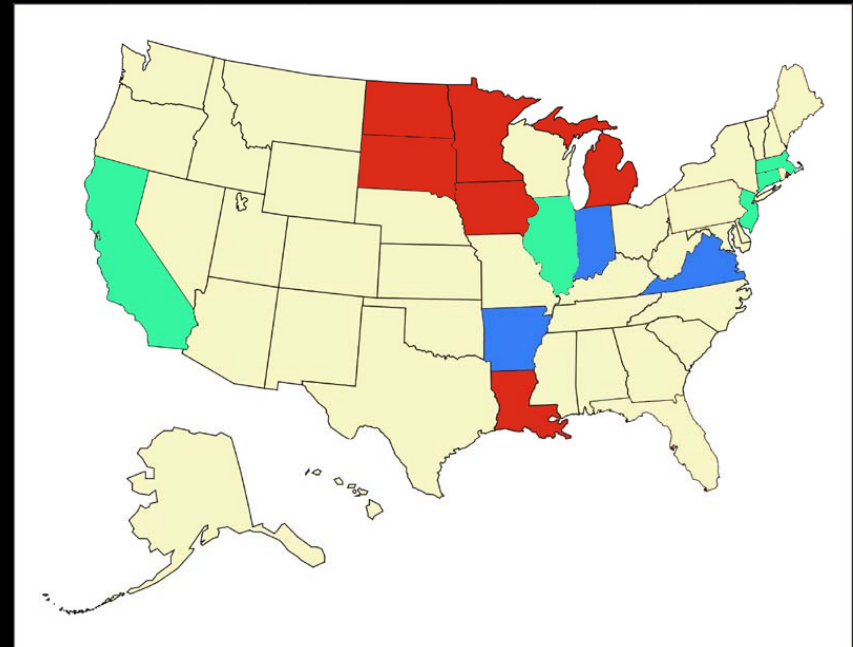
- 14 day rule allows for research until any possible neurons could be made.
- May be standard—a consensus that has worked for 25 years in England and in American IVF practice

Separation Compromise Emerges

■ Election of 2004



Stem Cell Policy, 2005



Is this controversy sufficient to stop a moral agent from her duty?

- No: because it is the (valid and unassailable) problem of one religious group—separation principle
- No: because of justice consideration on where to spend research social goods
- No: because the power of this duty grounds medicine
- No: because several other civic compromises exist (including Bush's plan)

Final Premise: Practical Matters

Matter

- Long held tradition (religions) and practice (clinical) offer far clearer models for discursive community praxis.
- Basic science should proceed in all directions.
- Funding for particular projects about faith communities should be supported by these communities.
- Therapies and basic research ought not wait for social consensus.

How to respond? : One Idea from One Moral Philosopher

- **Healing is at the Moral Center of the Universe**
- it is the core of most religions and the call of prophets consider our duty
- it is the core of what stem cells do in the human body
- It is good for the country
- Freedom of research is an enabling idea in democracies

Now: Can we please ask the question of Justice?

- Stem cell research will proceed (new lines, new methods, Korean Hub, emergence of clinical trials protocols, etc)
- The deeper questions are ones of justice and access: like all health care, an unfinished project

Thank you for inviting me

- And for GPI's careful work of actually asking Americans what they believe