

CMDA Ethics Statement

EUGENICS AND ENHANCEMENT

Eugenics has historically been the effort to improve the inheritable qualities of a race or species. Traditionally eugenics has been practiced through the use of selective breeding, but it is now moving toward direct manipulation of the genome. Advances in molecular genetics that make this possible are also leading to a resurgence of the eugenics movement. This is emerging as the science of directly treating or eliminating undesirable in-heritable characteristics and as the quest for individual human enhancement.

History

The word, eugenics, was coined in 1883 by Charles Darwin's cousin, Francis Galton, a biologist who used statistical correlations to study the inheritance of intelligence. The term was built out of the Greek *Eu* (good) and *Genics* (in birth).

Eugenics has a sordid history. During the late 19th and early 20th centuries in America, and especially in Nazi Germany, eugenics promoted the practice of eliminating human life and races judged to be "inferior." While eugenics may initially appear attractive, it has by its very nature always led to morally repugnant consequences involving broad facets of society.* Therefore, we are concerned that the modern practices of eugenics will repeat history. The increased power of modern technology demands increased vigilance.

Goals

CMDA affirms the primary goals of medicine – the treatment and prevention of disease and the reduction of suffering, whenever possible, by legitimate and moral means.

- CMDA supports the effort to understand our genetic code for purposes of increasing knowledge, treating disease, and bettering the human condition.
- CMDA opposes the use of any genetic manipulation that has an unacceptable risk of harm to any human being.

Screening

Mapping the human genome has been a significant aid in the identification and possible treatment of genetically determined diseases. Like all powerful information it can be used for good or for ill. **

- CMDA endorses ethical efforts to increase the scope and accuracy of science used to identify, understand, and treat human genetic diseases.
- It should not be mandatory that persons be genetically screened, be made to know their own genetic information, or be required to act upon that knowledge.
- In this context, no person's genetic information should be used against him or her.

Determinism

We oppose the concept of genetic determinism, that we are our genome or that genes are destiny. Humanity's prospects for the future will be enormously impoverished if its outlook is limited to its own perceived genetics.

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Morals

The application of genetic knowledge for eugenic agendas is unequivocally problematic.

- The goals of modern genetics must be sought within the limits of moral boundaries and qualifications. Medicine, and therefore genetics, must be practiced according to principles of ethical behavior delineated by conscience under the authority of Scripture.
- When an undesired trait or gender is identified by pre-implantation or prenatal screening the discovery is often followed by destruction of the human life exhibiting the undesired trait. CMDA opposes destruction of human life for eugenic purposes. This includes the destruction of embryos, abortion, infanticide and genocide.

Genetic Intolerance

Society, while advocating tolerance, has become increasingly intolerant of any “defective” human life. Our society exerts increasing pressure on parents to neither accept nor bring to birth a child perceived as defective. This intolerance violates the sanctity of human life.

- We must not deem inferior anyone with a “defective” genetic heritage. We recognize that all persons, no matter how normal in appearance, carry defective genetic information within their genome, and that all human physical life is defective to some degree and with certainty becomes more so with aging.
- There are no superior or inferior racial groups. Any efforts to create or eliminate perceived superior or inferior individuals are to be condemned. Similarly, there is no superior or inferior gender. There are no “lives unworthy of life.”***
- Continued improvements in genetic diagnosis sharpen the dichotomy between those who “have” a good genetic endowment and those who “have not.” With the possible advent of genetic enhancement this dichotomy will increase.
- Far more serious and damaging than our genetic deficiencies are our moral deficiencies. Intolerance of those deemed genetically inferior is an example of this moral deficiency.

Safety

Although the use of somatic and germ cell genetic therapy**** has the potential to correct genetically determined disease, there are significant concerns regarding the safety of genetic therapy, particularly germ line therapy.

- Somatic cell therapy: If critical concerns regarding the safety of somatic cell therapy can be resolved, the use of somatic cell therapy may be acceptable for correcting genetically determined diseases.
- Germ cell therapy: CMDA believes that germ cell genetic therapy is unacceptable - at least until safety issues are resolved. The use of germ cell therapy is more problematic due to the transmission of any changes to future generations. Safety issues are magnified in this instance since changes not only affect the patient but future descendants. Even if safety issues are resolved, germ cell therapy still raises significant moral issues, e.g., the impossibility of obtaining consent from those yet to be born.

Genetic Enhancement

The practice of genetic alteration evokes deeper concerns on a more fundamental level. The prospect of using genetic technology to enhance human characteristics is now a theoretical possibility. CMDA recognizes that the distinctions between treatment and enhancement are difficult to discern and are arbitrary in many cases. As Christians, we hold that all humans are made in the image of God. This essential characteristic distinguishes us as human. The goal to recreate man in man’s image raises profound questions about human nature and man’s relationship with his Creator. The ultimate end of man is to glorify God; the re-creation of man to glorify himself is idolatry.

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Conclusion

CMDA considers genetic research and therapy to potentially be of great benefit to humanity. We endorse the effort to make progress in this field. We diminish our own prospects both individually and communally if we refuse to work for scientific advancement. However, we must build moral safeguards around our technology. We must accept, learn from, and care for those who are vulnerable and suffering.

* See Addendum: [A History of Eugenics](#)

** See Standards for Life: [Use of Genetic Information and Technology](#)

*** *Leben unwürdiges Lebens* [“Life unworthy of life”] was a Nazi slogan used to justify using or killing innocent human life.

**** The distinction between somatic and germ cells is that somatic cells do not pass changes on to progeny and germ (sex) cells do.

*Passed by the CMDA House of Representatives.
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HISTORICAL PERSPECTIVE*

The word, eugenics, was coined in 1883 by Charles Darwin’s cousin, Francis Galton, a biologist and Social Darwinist who used statistical correlations to study the inheritance of intelligence. The term was built out of the Greek *Eu* (good) and *Genics* (in birth). Galton’s aim was to improve human stock by gaining knowledge and instituting public policies that would help “the more suitable races” prevail over “the less suitable races” in order to maximize intelligence and to prevent feeble-mindedness. He advocated scientific marital arrangements to breed intelligent children.

The practice of eugenics, quite apart from the existence of the word, has existed from ancient times and it has always been associated with death – with defining and eliminating the unfit. In the ancient world it involved exposing infants. In Greece (both Plato and Aristotle supported the practice), in Sparta, and in Rome under the Laws of the Twelve Tables infants were exposed in order to eliminate visibly impaired newborns and to weed out the weak. In the Middle Ages law, medicine, and religion, largely under the influence of Judeo-Christian teaching, condemned euthanasia, and it was seldom practiced. The exception was monsters or “changelings” believed to be imps left behind by demons who had stolen the “real” baby. These were not considered to be human beings; thus exposing and killing them did not violate the ban on infanticide (a view endorsed by Martin Luther himself). Beginning about 1870 a few physicians and others began to publicly advocate not nurturing or actually killing defective persons or defective newborns.

On November 12, 1915, a now largely forgotten but then famous case catapulted eugenics into the public eye. In Chicago’s German-American Hospital a severely deformed baby boy was born to the Bollinger family. The surgeon who headed the hospital staff, Dr. Harry J. Haiselden, convinced the mother not to treat the child, but to let it die. Haiselden revealed that he had let a number of “defectives” die during the preceding decade, and that he would continue to do so. All this was widely reported by the newspapers. His decision was backed by public figures such as Clarence Darrow and Helen Keller. The courts did not indict him; neither did the media. Subsequently he wrote and starred in a movie concerning this incident. In the movie, entitled

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“The Black Stork,” Haiselden advocated the protection of society from “defectives.” It was a kind of morality play based on the dangers of allowing mentally or physically defective children live because of the likely possibility that they might become criminals. The movie was shown in theaters from 1916 to 1920. After 1918 it appeared under the title *Are You Fit to Marry?* It was revised and re-released in 1927. It continued to be shown in small theaters and traveling road shows until perhaps as late as 1942.

During the early 20th Century partly due to the famous case portrayed in “The Black Stork” and partly due to other “eugenic movies” of the time, the eugenics movement made enormous gains in public approval and support in the United States. It was endorsed by the national media, practiced by medical science, given carte blanche by the courts, and defended by the leading intellectuals of the day.

Initially the eugenics movement believed the defective person was unfit to reproduce but should not be killed. Segregation or sterilization of the unfit became the answer. The hope was that medicine or surgery (even or tonsillectomy or adenoidectomy!) could effect cure. Then “allowing to die” or “twilight sleep” (deep and continuous sedation) was advanced as a humanitarian way to eliminate defectives. Finally killing (in the form of abortion) was advocated to save the parents from suffering. As Helen Keller put it, “Our puny sentimentalism has caused us to forget that a human life is sacred only when it may be of some use to itself and to the world.” Doctor Haiselden insisted that he let defectives die “because he loved them.” He emphasized the need to protect society from what he termed “lives of no value.” He maintained that “by the weeding out of our undesirables, we decrease their burden and ours.” Clarence Darrow said we should: “Chloroform unfit children. Show them the same mercy that is shown beasts that are no longer fit to live.” Haiselden warned that: “Cold hard logic...cannot be overturned by false and sickly sentiment.”

Medicine at this time began to develop an enormous power (the expert) over all of life. The *New York Times* strongly urged that non-treatment decisions should be “kept strictly within professional circles, without the horrified exclamations of unenlightened senti-mentality.” Helen Keller called for “physicians’ juries for defective babies.” A Chicago realtor called for “legislation creating a commission authorized to put to death painlessly hopelessly imbecile children,” though he thought it “desirable to obtain the consent of parents.”

The leading intellectuals believed that scientific methods provided an objectively true basis for both emotions and ethics, far superior to those false sentiments whose only basis was irrational social conventions. Allowing baby Bollinger to die was not a victory of cold logic over love, Haiselden insisted, but a victory of objective love over sentimental love. “Kindness took the highest form,” triumphing over “false sentiment, false man-hood, false humanity,” he proclaimed. The Philadelphia Ledger called his decision “the highest benefaction.”

The practice of eugenics took two directions: 1) Negative Eugenics. Eugenics became closely associated in Europe and the United States with segregation, forced sterilization of the “unfit,” and decisions by doctors and / or parents to allow deformed or defective children to die. “Unfit” was a term aimed against the Black race, immigrants, the poor, the immoral, criminals and the mentally defective. The United States was an early leader in the sterilization movement. By the year 1920 twenty states (beginning with Indiana) had forced sterilization laws, and between 1931 and 1939 over 20,000 institutionalized patients were sterilized. These laws had the support of medicine, the media, and the courts. *Buck v. Bell* was a famous case in 1927 in which the Supreme Court upheld the constitutionality of Virginia’s involuntary sterilization program. In the words of Justice Oliver Wendell Holmes, Jr., who wrote the majority decision: “Three generations of imbeciles is enough.” Another famous case was the 1936 suit of Ann Cooper

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Hewitt against her mother and two doctors for sterilizing her without her knowledge or consent during an emergency appendectomy.

2) Positive Eugenics. Beginning in the 1920's world leaders became concerned that the middle and upper classes were not having children at the same rate as the lower classes. Much effort was made to induce the "fit" (meaning the white middle class) to have children. Advocates of the worldwide Birth Control League, later to be called Planned Parenthood Federation of America, advocated "more children for the fit, less from the unfit – this is the chief issue of birth control." Eugenics research in the U.S. was done at Cold Spring Harbor, New York, led by Charles B. Davenport and funded by the Carnegie Institution in Washington and by Mary Harriman.

In Germany eugenics was at first called racial hygiene (*Rassenhygiene*) – a term coined by the German Social Darwinist, Alfred Ploetz, in writing the movement's founding document. The Nazi project was a vision of absolute control over the evolutionary process, over the biological human future – a kind of "biocracy." Rudolf Hess asserted that "National Socialism is nothing but applied biology."

In the late 1930's the Nazi government directly joined eugenics to euthanasia. The latter activity began with the killing of the non-rehabilitatable sick or defective and ended with the destruction of anyone (specifically Jews, Gypsies, and Slavs) defined as inferior (life unworthy of life = *leben unwürdiges lebens*). The crucial work justifying this decision – "The permission to Destroy Life Unworthy of Life" – was published in 1920 and written jointly by two distinguished German professors: the jurist Karl Binding and the physician Alfred Hoche, professor of psychiatry at the University of Freiburg. The latter coined the term, "life unworthy of life." Their plan was to have a three-man panel (a physician, a psychiatrist, and a lawyer) to decide upon request regarding the permissibility or advisability of euthanasia. The request that someone be killed could be withdrawn at any time.

In early October 1939 – a month after World War II had begun – Hitler issued orders that certain doctors be commissioned to grant "a mercy death (*Gnadentod*) to patients judged incurably sick by medical examination." The camouflage organization created for the medical killing was the Reich Work Group of Sanatoriums and Nursing Homes operating from the Berlin Chancellery at its Tiergarten 4 address – hence, the overall code name "T4" for the project. The transportation service created for this function was ironically called the Common Welfare Ambulance Service Ltd. There is evidence that although a specific order for the Final Solution (*Endlösung*) was issued by Göring to Heydrich on 31 July 1941, it was actually requested by Heydrich and drafted by Eichmann.

The German medical profession aided and abetted this effort. As many as 50% of German physicians joined the Nazi party and many participated in the genetic and other medical research projects in the concentration camps. The medical experimentation on prisoners in the German concentration camp system, so egregiously exemplified by the twin-studies of Dr. Mengele at Auschwitz, was justified on utilitarian grounds as making use of human material that was going to be destroyed anyway. These acts were later judged to be criminal in the Nuremberg trials. From those trials came the modern guidelines for informed consent.

Beginning in the 1940's and extending into the 1950's, largely because of the events in Nazi Germany, the term, eugenics, was avoided, forced sterilization was abandoned, and the practice of categorizing people as unfit was viewed as class bias. But beginning in the mid-1950's efforts to improve the race reappeared. Positive Eugenics was promoted in the form of encouragement to breed from "superior" stock (e.g. from a sperm bank storing sperm produced by scientists). Negative Eugenics began to be endorsed by centers for genetic counseling.

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Today eugenics is newly associated with the voluntary and the autonomous, but it is also, as before, allied with the destruction of innocent human life. Its destructive practices once again have the support of medical science, the media and the courts. In addition eugenics is now supported by a growing and increasingly profitable technological industry.

Positive eugenics now involves prenatal genetic testing, in vitro screening of gametes and zygotes, and prenatal testing with the prospect of using technology to eliminate the carriers of undesirable genes or (theoretically) to add desirable genes. There exists the future prospect of producing “superior” babies.

Negative eugenics exists in the practice of destroying unwanted or defective human life identified by in vitro pre-implantation genetic screening or *in utero* prenatal genetic testing. The issues involved are hidden by such euphemisms as “freedom of choice” or “the right to privacy” or “eliminating or preventing suffering.” These terms really mean the destruction of the prospectively defective child. Much pressure is brought by our society against any decision to give birth to a defective child, and the worth of such a child is impugned (as before) on purely utilitarian grounds. More recently liability for “wrongful birth” of a defective baby or for an adverse outcome in delivery (often subjectively de-fined as an “imperfect” baby) has become a substantial threat to medical caregivers.

These societal attitudes are in conflict with our traditional Judeo-Christian religious beliefs that all human life bears the image of God and therefore is sacred and inviolable. They ignore the teachings of our national founding documents which assert and make provision for the idea that all men are created equal and are endowed by their creator with certain inalienable rights, including life. And they violate even the secular philosophical principle that no human life may be used as a means to an end. Our society is degraded when it legitimates the destruction of innocent human life and unconsented to control or use of others.

The eugenics agenda of our society today is in many respects not different in principle from the eugenics agenda of the Western Civilizations of the late 19th and early 20th centuries. Its practices are accompanied by death, justified by science, motivated by the desire to produce superior humans, and made palatable by obscuring euphemisms. The horror of doing evil in the name of good will continue unless we exercise clarity of moral thought and develop ethical boundaries and guidelines for eugenics. Those who would foresee the future of medicine without moral guidelines will do well to look at the history of Eugenics

*This perspective on the history of eugenics has largely followed the thought of Arthur J. Dyck, Ph.D., in “Eugenics in Historical and Ethical Perspective”, GENETIC ETHICS, Do The Ends Justify The Genes?, edited by John F. Kilner, Rebecca D. Pentz, and Frank E. Young (Eerdmans Publishing Company, Grand Rapids, Michigan, 1997)

The narrative is supplemented by information from:

1. THE NAZI DOCTORS, Medical Killing and the Psychology of Genocide, Robert Jay Lifton, (Basic Books, New York, 1986)
2. MEDICINE, ETHICS, AND THE THIRD REICH, Historical and Contemporary Issues, edited by JOHN J. MICHALCZYK. (Sheed & Ward, Kansas City, MO, 1994)
3. THE BLACK STORK, Eugenics And The Death Of “Defective” Babies In American Medicine And Motion Pictures Since 1915, Martin S. Pernick, (Oxford University Press, New York, Oxford, 1996)