

## **Fetal Tissue for Experimentation and Transplantation**

We affirm that human life warrants protection from the time of conception because it bears the image of God. Medical interventions that involve the unborn child should be permitted only with the intent of providing diagnostic information or fetal therapy, and only when the potential benefits clearly outweigh the potential risks to both child and mother.

The use of fetal tissue for experimentation and transplantation introduces the opportunity for the gross abuse of human life, such as conception and abortion for the sole purpose of obtaining fetal tissue.

Also, the use of fetal tissue from elective abortions could be interpreted as further justification for abortion.

CMDA does not oppose the use of the tissues of spontaneously aborted, non-viable fetuses, with parental consent, for research or transplantation.

*Approved by the House of Delegates  
Passed by a majority vote, 1 opposed  
May 5, 1989. Minneapolis, Minnesota.*

### **Explanation**

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#### **Background**

Fetal tissue has been found to have tremendous chemical and physiologic potential, and it is less prone to rejection than adult tissue if inserted in another individual. For these reasons, it has been studied and used as a possible treatment through tissue transplantation for several incurable debilitating diseases. Many of the degenerative diseases hoped to be improved or corrected in this manner are diseases of the central nervous system. Research has focused on the CNS because nerve tissue has a very limited capacity for repair or regeneration. If this transplanted tissue can replace degenerating tissue, or if it can produce a chemical which the patient is missing, its use in therapy may slow, stop, or even reverse some of the horrible effects of serious disease. Animal research has shown promise in several different conditions. Human fetal tissue has been used, or proposed for use, in such diseases as diabetes, Parkinson's Disease, Alzheimer Dementia, Huntington's Disease, and others. Early results have been mixed --- some failures, some successes, and some early successes which proved to be transient. Such is the way of science: an idea --- animal experiments --- human trials --- refinement --- progress, etc.

However, this scientific endeavor has been fraught with major ethical dilemmas since its beginning because of the source of the tissue used in these innovative treatments. This is not inert matter being used. It is not even live tissue obtained with consent from a dead human donor. It is tissue from a human fetus --- most often tissue obtained after an abortion requested because a normal pregnancy was unwanted.

#### **Secular Perspective**

The use of fetal tissue to assist patients with debilitating disease is very attractive. If the goal of medicine is to do good for the patient, this therapeutic approach seems to qualify. Some would simply say that the end justifies the means. This purely utilitarian approach would entirely ignore the source of the therapeutic tissue.

However, many others who comment on this topic do recognize and address the concern of those who oppose abortion on moral grounds. They would contend that even if abortion is a moral issue, the use of fetal tissue to help patients in need is justified because the two acts (abortion and therapy) can be separated temporally and morally. In fact, they go on to argue that the health improvement achieved by the use of the fetal tissue could serve as a means of redeeming some good out of a tragic choice, perhaps even some degree of redemption from an immoral act.

Much of the secular discussion then, focuses on such issues as the need (or not) for consent of the mother of the fetus, the introduction of experimental therapy, the sequence and timing of the decisions for abortion and for tissue retrieval, the adequacy of information given to the recipient, etc.

### **Christian Perspective**

For the Christian, or for anyone who highly values prenatal life and considers abortion to be an immoral act, the possibility of fetal tissue transplantation takes on serious implications. [A biblical perspective on abortion can be found elsewhere in this resource material.] But even beginning with a presumption that abortion is wrong, are there questions in this issue of fetal tissue transplantation for which a Christian perspective may be unique and different from those who rely only on human reasoning?

Probably the biggest concern is the issue of moral complicity. If a healthcare professional, or even a patient for that matter, is involved in the use of tissue retrieved from an aborted fetus, is that person involved in the immoral act itself?

Some would argue that the act of implantation of fetal tissue into another individual, of and by itself, is morally neutral, or perhaps even morally good. They might draw the analogy that the use of solid organs retrieved from a murder victim is a good thing and does not implicate the professionals or the patient in the act of murder.

There are added concerns, however, with the use of fetal tissue --- tissue which was recently a unique human individual but is now reduced to the status of "tissue" because the pregnancy was unwanted. Knowing that some good might come out of an abortion might sway the decision made by some women for ending pregnancy. The presumed good outcome might also lend more social legitimacy to the abortion industry. In theory, it could lead to a new industry of fetal tissue retrieval, or it could even cause some women to get pregnant with the specific intent of donating tissue to a loved one in need of this type of therapy. While these latter do seem unlikely, the issue of moral complicity is not as simple as merely separating the two individual acts in a specific clinical situation.

Scripture does give examples of moral complicity. In the Old Testament God told the Children of Israel to destroy captured idols, "Do not bring a detestable thing into your house or you, like it, will be set apart for destruction" (Deut 7:26), suggesting that if they did not, they would incur the same guilt as the idol worshipers. Other Old Testament passages also suggest that God felt it possible to be "guilty by association." However, in I Corinthians 8, Paul implies that eating meat which had been offered as a sacrifice to an idol was not inherently wrong, but the believer was admonished to not let his freedom in this regard become a stumbling block to his weaker brother. (see Warf reference for a more detailed discussion of this issue)

The CMDS position statement on **The Use of Fetal Tissue for Experimentation and Transplantation** attempts to follow this scriptural guidance. It affirms the value of fetal life, restricts interventions on the intact fetus to those for its own benefit, and recommends against the use of fetal tissue obtained from elective abortions, while allowing the therapeutic use of such tissue if otherwise obtained.

### **Abstracts**

**Annas GJ, Caplan A, Elias S. The Politics of Human-Embryo Research – Avoiding Ethical Gridlock. The New England Journal of Medicine 1996;334(20):1329-32.**

Abortion remains one of the most controversial debates in America today and has produced an emotional, moral and political impasse. These authors are concerned that this deadlock has inadvertently thrown issues related to abortion into the political arena where they are subject to the same rough treatment as abortion. "Even though the abortion debate in the United States is not likely to be resolved by ethical

argument, it should not be permitted to hold every related issue of medical ethics hostage, as it does now. Crucial issues such as human-embryo research, prenatal genetic screening, and the manipulation of embryos before their implantation must be disengaged from the abortion issue to receive the public debate they require." The authors make a plea for decoupling these other issues from the politicized abortion debate, asserting that "In politics, the majority vote wins. In ethics, however, ethical reasoning should prevail... Unless we are content to let the politics of abortion bring discussions of publicly funded medical research to gridlock, we must do much better at articulating an ethical basis for abortion-related research."

The Center for Bioethics and Human Dignity. *On Human Embryos and Medical Research: An Appeal for Ethically Responsible Science and Public Policy*. *Ethics and Medicine* 1999;15(3):85-89.

"Recent scientific advances in human stem cell research have brought into fresh focus the dignity and status of the human embryo. These advances have prompted a decision by the Department of Health and Human Services (HHS) and the National Institutes of Health (NIH) to fund stem cell research which is dependent upon the destruction of human embryos. Moreover, the National Bioethics Advisory Commission (NBAC) is calling for a modification of the current ban against federal funded embryo research, to permit direct federal funding for destructive harvesting of stem cells from human embryos. These developments require that the legal, ethical, and scientific issues associated with this research be critically addressed and articulated. Our careful consideration of these issues leads to the conclusion that human stem cell research requiring the destruction of human embryos is objectionable on legal, ethical, and scientific grounds. Moreover, destruction of human embryonic life is unnecessary for medical progress, as alternative methods of obtaining human stem cells and of repairing and regenerating human tissue exist and continue to be developed."

**Warf BC. Fetal tissue research and transplantation. Chapter 4 in *New Issues in Medical Ethics*. Bristol, TN. Christian Medical Dental Society, 1995**

Warf summarizes the scientific basis for the interest in fetal tissue, explains the arguments surrounding the issues, and thoughtfully builds a biblically based argument against fetal tissue research. He states that use of fetal tissue makes one guilty of complicity in the immoral act of abortion.

**Keown J. The Polkinghorne Report on fetal tissue: Nice recommendations, shame about the reasoning. *Journal of Medical Ethics* 1993;19(2):114-120**

In 1989, in the wake of the first operations to transplant fetal tissue to the brains of sufferers of Parkinson's Disease, the UK Code of Practice governing the use of the fetus for research was overhauled by an eminent committee under the chairmanship of the Reverend Dr. John Polkingham. The author concludes that, although the commission's recommendation meet the major objections to the Code of Practice, the report is nevertheless vulnerable to criticism in its treatment of at least three issues: the moral status of the fetus; parental consent to fetal use; and the ethical interrelation of fetal use and abortion. The author argues that since the committee has deemed the fetus to have a moral status "broadly comparable to that of a living person" it stands to reason that under the Declaration of Helsinki the fetus is afforded the rights of a living human, in which the "interest of science and society should never take precedence over considerations related to the well-being of the subject," and as such the recommendations of the committee are invalid.

**Martin D. Abortion and fetal tissue transplantation. *IRB*. 1993;15(3):1-3**

Martin critically examines the report of the NIH panel created to study the issue of fetal tissue transplantation and finds fault with the assumptions made and conclusions drawn. By refusing to ethically justify fetal tissue research, and relying solely on legal justification, Martin contends that the panel did not address the most significant issue regarding this subject.

The panel further states that separating the abortion from the process of obtaining maternal consent ethically justifies fetal tissue research as the mother's decision to have the abortion is not influenced by the possible use of the tissue in research. Martin disagrees stating the decision to have an abortion is rarely finalized until abortion takes place. As researchers often need the consent to use fetal tissue before the abortion takes place (to ensure that minimal degradation takes place), the consent to have an abortion and to have the resulting tissue used in research cannot be separated. Thus a woman's decision to use fetal tissue can and will be influenced by the possible role that the tissue will have in research. Martin further states that it is contrary to the principle of full disclosure for the consent to use the tissue be withheld until after the abortion has taken place thus limiting a patient's access to information. Martin concludes that the ethical justification of fetal tissue research based solely on the separation of the

abortion and the consent to use the tissue for research is impractical and immoral, and argues against fetal tissue research.

**Simons A. Brave new harvest. Christianity Today. 1990;34(17):24-28**

Simmons calls Christians to carefully consider the issue of fetal tissue research and transplantation, taking into consideration the possible benefits to those suffering from disease. He also realizes the potential for excess in this arena, and reminds readers that God, not man, is "sovereign over human suffering," and that suffering like, other emotions and sensations, plays a role in our growth as humans seeking God. He calls the church to carefully consider the issue and develop a response.

**Meilaender G. Still the forbidden fruit. Christian Century. 1977;21(8):16-19**

"By enlisting him [the fetus] in a cause he has not made his own, and subjecting him to experiments of no relevance to his future we inflict upon him a very great wrong indeed-- and reveal something about ourselves and our vision of what is truly human and humane." Meilaender argues that by participating in fetal tissue research we do race ever faster to new cures for disease, but at a price we as a society cannot afford. He asks if we can justify the use of those too weak to defend their interests and maintain our humanity --- and concludes that we cannot. He warns of a future dystopia in which the marvels of research and technology abound, in which we have lost our humanity and our understanding of what it means to be, and have in the process become barbarians.

**Bibliography**

**Benedict J. The use of fetal tissue: a cautious approval. Christian Century Feb 18, 1998:164-5**

This pastor, in contrast to many Christian writers on this topic, argues for the respectful and compassionate use of fetal tissue until there is a better alternative developed.

**Campbell C. Awe diminished. Hastings Center Report. 1995;25(1):44-46**

Campbell argues against the recommendations of the Human Fetal Tissue Transplantation Research panel because it fails to take into account the "traditions of value and wisdom" of society, which he fears will bring us only "moral blunders embedded in technical wonders."

**Jochemsen H. Transplantation of fetal Tissue: A medical and ethical assessment, with special assessment for the treatment of patients with Parkinson's Disease. Ethics and Medicine. 1994;10(3):56-57**

The author effectively argues against the use of fetal tissue in therapy by revealing the shortcomings of the current belief that fetal tissue is medically effective, challenging the feasibility of separating the consent for the abortion and tissue research, and argues that our support for fetal tissue research will make us more willing to support research on unwilling human subjects.

**Dickens BM. The ethics of fetal tissue research: Consensus and contradiction. Canadian Medical Association Journal. 1994;151(3):279-282**

The author argues against recommendations of the Royal Commission on New Reproductive technologies on the basis that they are reactionary and fail to separate the immoral abortion from fetal tissue transplantation. For example, he argues that it is impossible to separate consent for abortion from that for tissue transplantation, the bedrock of both the US and Canadian transplant guidelines, as researchers need to know about tissue availability before the abortion takes place.

**Garry D. Are there really alternatives to the use of fetal tissue form elective abortions in transplantation research? New England Journal of Medicine. 1992;327(22):1592-1595**

The author argues that ectopic pregnancies, spontaneously aborted fetuses, and stillbirths would at best be rare and unpredictable sources of normal, viable fetal tissue. Since that availability of any tissue from these sources is unpredictable, it makes it difficult for researchers and transplant surgeons' optimal use of it when it becomes available.

**Childress JF. Ethics, public policy and human fetal tissue transplantation research. Kennedy Institute of Ethics Journal. 1991;1(2):93-121**

This lengthy article discusses in detail the Human Fetal Transplant Research Panel report by examining in detail the arguments from different perspectives surrounding this issue. It explores the arguments made by the dissenters on the panel.

**Gillion R. Ethics of fetal brain cell transplants. British Medical Journal. 1988;298(6631): 1212-1213**

This article succinctly reviews the arguments surrounding the fetal tissue research debate.

**Robertson JA. Rights, symbolism, and public policy in fetal tissue transplants. Hastings Center Report. 1988;18(6):5-12**

The architecture of the fetal tissue transplant controversy is similar to that of many bioethical debates, with a novel twist because the contested status of the fetus and abortion. Respect for the needs of sick patients appears to conflict with the respect for prenatal life and larger societal concerns.

**Walters L. Fetal research and the ethical issues. Hastings Center Report. 1975;5(3):13-18**

Walters argues for a uniform standard for fetal tissue research, in which the respect for life shown to the fetus to be carried to term will also be shown to the aborted fetus-that is only experiments permissible on fetuses carried to term should be performed on aborted fetuses.