



from the director's desk

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Michael Sleasman laid the *Chicago Tribune* on my desk. Yes, the print version. Who would have thought that one newspaper section could provide so much fodder for bioethical discussion? Join me as I “read” the paper and informally reflect. (And please overlook all the quote marks—annoying to read, but necessary for accuracy.)

The front page story—above the fold—was headlined: “Couple Battle over Frozen Embryos.” Caption under photo accompanying story: “A devastating cancer diagnosis for Jacob Szafranski’s girlfriend of five months led the couple to deposit genetic material for future children.”¹ Five months into a romantic relationship, the reporters write, Jacob and his girlfriend Karla decided to use his sperm and her eggs to create embryos prior to Karla’s undergoing chemotherapy which could make her infertile. Three embryos were created; the couple broke up; Karla was indeed infertile and wanted the embryos; Jacob refused.

The gametes—sperm and eggs—were labeled “genetic material” several times in the article. That was a new term for me. I think a cheek swab or donated blood could also appropriately be labeled “genetic material.” This latest permutation of language minimizes the significance of what the couple was doing and the physical processes involved in retrieving her eggs and his sperm. The embryos were variously called “fertilized eggs” and “pre-embryos.” The scientific term for a fertilized egg is “zygote.” Zygotes created via IVF *may* be frozen for later use, but it is more common—and better practice—to freeze them at the blastocyst stage. Would a little fact-checking be in order?

Karla argued for the right to have “her biological child” and to “control the destiny of the embryos.” Jason argued that “forced procreation” would violate his constitutional right and jeopardize his future prospects of having “a child of my own.” (He speculated that his prospective girlfriend would reject a man who had an unknown child with another woman, “neither of which I have ever loved.”) After so many years of legal cases that focus heavily on a woman’s reproductive autonomy, it is curious to read of a man using the same language.

Nowhere in the story did I see any hint of concern for the best interests of the children. That’s not surprising, since the relationship was not built on mutual self-giving and the marital promise of lifetime commitment. The sacrificial love of parent for child was completely absent from the contract language regarding disposition of the embryos that was the basis of the legal dispute.

At the bottom of page one was a story about Walgreens’s new approach to healthcare coverage for its employees, intended to give the workers greater flexibility and control in selecting an appropriate plan for their needs.² Walgreens is moving their health coverage for employees from self-insurance to a private exchange. It is more evidence of the scramble to understand and comply with the ongoing rollout of the Affordable Care Act.

A report toward the end of the section described a study highlighting the wide disparities in access to healthcare for those living in poverty. “These variations in insurance coverage in many cases are mirrored by disparities in access to care, quality of care and even health outcomes.”³ This is a major concern of public health, and another reason why we need to advance Christian scholarship and reflection in this area.

Ah, some good news. Adjacent to the disparities report was a new study about childhood obesity. It seems to be leveling off, with “big gains” (by which the author means less obesity) in some areas.⁴

The Center for Bioethics & Human Dignity (CBHD) is a Christian bioethics research center at Trinity International University.

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Dignitas is the quarterly publication of the Center and is a vehicle for the scholarly discussion of bioethical issues from a Judeo-Christian Hippocratic worldview, updates in the fields of bioethics, medicine, and technology, and information regarding the Center’s ongoing activities.

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Exercise and consumption of fruits and vegetables are up; TV watching and consumption of sugary drinks are down. Although cautious, the authors of the study note that, “It may be that current public health efforts are succeeding.” As a Christian, I am grateful for food pantries, school lunch-rooms, community gardens, and other ventures that expand access to otherwise unaffordable or unavailable fresh fruit and vegetables.

Judaism is reviewing the use of technology on the Sabbath and in services.⁵ Does using an iPad in the service violate the commandment against working on the Sabbath? Ultra-Orthodox, Orthodox, Reform, and Conservative rabbis each answer differently. This reminded me of my *Everyday Bioethics* commentary, “A Technology Sabbath,” where I wrestled with the tendency of new technologies to control us, rather than the other way around. For all of us, these evolving technologies present continually perplexing ethical challenges.

In just one section of the newspaper, I found a handful of bioethical connections, each worth its own essay. The next time you read a print newspaper or journal, take the time to read critically and notice how bioethics seems to be always and everywhere in the news.

- 1 Bonnie Miller Rubin and Angie Leventis Lourgou, “Couple Battle over Frozen Embryos,” *Chicago Tribune*, September 18, 2013.
- 2 Peter Frost, “Walgreen Shifts Approach to Worker Health Coverage,” *Chicago Tribune*, September 18, 2013.
- 3 Noam M. Levy, “Study: ‘Two Americas’ in Health Care for Poor,” *Chicago Tribune*, September 18, 2013.
- 4 Melissa Healy, “Study See[sic] Signs U.S. Teens Adopting Healthier Habits,” *Chicago Tribune*, September 18, 2013.
- 5 Michelle Boorstein, “Honor the Sabbath, Switch Off the iPad?” *Chicago Tribune*, September 18, 2013.

MITOCHONDRIA - CONTINUED FROM PAGE 1

but not by the HFEA, are blastomere nuclear transfer and cytoplasmic transfer. In the case of blastomere nuclear transfer an egg from the intending mother is fertilized with sperm from her partner. At day five after fertilization, when the embryo has turned into a multi-celled blastocyst, a number of its cells, called blastomeres, are removed. The nucleus of each of these blastomeres is extracted and transferred into enucleated eggs from a donor free of mitochondrial disease. This results in embryos with the intending parents’ nuclear DNA and healthy mitochondria from the donor eggs.

Again, the embryos have two genetic mothers. The father of the embryo—or embryos—is the intending mother’s partner. And, as in the case of pronuclear transfer, the technique involves embryo destruction. The many donor eggs are destroyed, and arguably, the intending mother’s original IVF embryo is as well.

In cytoplasmic transfer, the least manipulative of the four techniques, cytoplasm from a healthy donor egg is injected into an egg of the intending

mother, the woman with mitochondrial disease. The result is an egg with both healthy and unhealthy mitochondria. The technique has been used to rejuvenate eggs of women with problems conceiving. But it would appear that it does not always yield germline changes in resulting offspring.¹ This technique might therefore be of little use in avoiding maternal transfer of mitochondrial disease. Furthermore, the NCB reports that cytoplasmic transfer “has been largely discredited in the scientific community because of safety concerns.”² So let us say no more about this technique.

Three Christian Guidelines

In the light of Christian understanding of human dignity and the value of human life, I shall outline three principles which might guide us when evaluating pronuclear, maternal spindle, and blastomere nuclear transfer.³

We must not treat the child, born or unborn, as if he/she were a mere commodity of only instrumental value to us.

For Christians, every human life is of intrinsic value and so deserves respect and protection. An embryo, like any

human being, is a participant in human nature and thus in the image of God, which ensures that she, too, possesses such value. Neither pronuclear transfer nor blastomere nuclear transfer reflects these attitudes towards the human embryo. This is obvious in the case of those embryos that are destroyed. They are treated in a purely instrumental way and seen as no more than raw material to be broken up in order to fabricate the desired products. Nor are the reconstructed embryos treated as human beings possessing intrinsic value. In the case of both pronuclear transfer and blastomere nuclear transfer, the resulting aggregate embryos—and hence the children-to-be—are assembled according to design as manufactured items. They too, then, are treated instrumentally, as are all artifacts (things produced or crafted by human endeavor).

Maternal spindle transfer involves egg destruction and aggregation rather than embryo destruction and aggregation. Nonetheless, the resulting embryo free of disease is an artifact; instead of being received as a gift with intrinsic value, it has been fabricated according to specifications dictated by its perceived purpose.