

CHAPTER 16

EXPERIMENTATION ON EMBRYOS, FETUSES AND NEWBORNS

Experimentation can be carried out on the living human embryo before or during his attachment to her womb, or to a fetus while he or she still lives in the womb. Experimentation can also be carried out on the living human baby after delivery. If the experiment (for example, trial of a new drug in treatment) is done for the possible benefit of this specific living human, then it is ethical if the parents approve. If, however, the experiment is done with the intention of later killing this living human to determine the effects from the experiment, then a serious crime is committed against human rights.

But if the mother has the right to abort, why not the right to consent to an experiment? The child can't live anyway.

The U.S. Supreme Court in 1973, and the parliaments in some other nations, debated the conflict of rights between mother and baby. By legalizing abortion, they granted the mother the superior right. Through the surgery of abortion, she can "become

unpregnant.” Once the mother and child are separated, however, if the child is born alive, there is no longer a conflict of legal rights. Besides being alive and human, the child is now separated from the mother and equally entitled to his or her human rights and protection.

The same should apply to pre-implantation embryos in a dish. Killing in abortion (by law) should not extend forward or backward outside the womb.

Under what conditions can parents give consent for experimentation?

Parents who give consent for experimentation on their children are assumed to have concern for their child’s welfare, and the hope has always been that such experimentation will benefit them.

Parents who give consent to have their child in the womb killed, obviously have no such loving interest. Legal tradition through our country’s history has always forbidden parents to injure or allow others to injure their child. That is what child-abuse laws are all about. If such experiment is not done to preserve the life or health of the baby, the parents should have no right to grant permission.

Let’s start with embryos. Is there experimentation?

Practices and laws vary in different nations. In Germany and France it is forbidden. In England much is permitted. In China there are no limits.

In the U.S., Australia, and Britain, the push is to allow destructive, live embryo experimentation until 14 days.

And on fetuses?

Not in the U.S. with tax money, but it is legally permitted with private money, as long as the baby is inside and the mother agrees. Laws in other countries differ.

For fetal transplants, are there special needs for the tissues?

Yes, the older the baby the better; the more alive the better. Excised tissues die quickly, therefore, immediate chilling or freezing has been tried, but intact tissue or entire organs are needed. These are best taken from an abortion in one operating room and planted in the recipient in the next room.

Are fetal tissues available, even without government funds?

Read this electronic mail:

“Human embryonic and fetal tissues are available from the Central Laboratory for Human Embryology at the University of Washington. The laboratory, which is supported by the National Institutes of Health, can supply tissue from normal or abnormal embryos and fetuses of desired gestational ages between 40 days and term. Specimens are obtained within minutes of passage, and tissues are aseptically identified, staged and immediately processed according to the requirements of individual investigators. Presently, processing methods include immediate fixation, snap fixation, snap freezing in liquid nitrogen, and placement in balanced salt solutions or media designated and/or supplied by investigators. Specimens are shipped by overnight express, arriving the day following procurement. The laboratory can also supply serial sections of human embryos that have been preserved in methyl Carnoy’s fixative, embedded in paraffin and sectioned at 5 microns.” Inquiries are directed to Alan G. Fantel, Ph.D., Department of Pediatrics RD-20, University of Washington, Seattle, WA 98195.

copy of e-mail transmission as printed out and mailed to A.L.L.

J. Brown, *Communique*, May 13, 1994, p. 3

Where do these babies come from?

Most are from partial-birth abortions of which there are several thousand each year in the U.S. alone. This is the only method of abortion that delivers an intact body (except the brain). Sometimes these infants are delivered alive, drowned, and then even the brain is recoverable. An entire industry has grown up around “selling baby parts.”

A commercial industry?

Yes, price lists are available. One eyeball is \$100.00. A hind quarter is \$450.00. A liver is \$150.00. An intact brain is \$950.00. For details on this, contact Life Dynamics, P.O. Box 2226, Denton TX 76202.

Is it ever ethical to use fetal tissues?

Yes, but if done, transplantation of fetal organs into the body of a born person should observe the same ethical norms as for organs from born persons. These include:

- Proper permission, i.e., from parents who have loved and offered proper care to keep the unborn baby alive and well. If the parent is part of the killing team, she surrenders any moral right to give such permission.
- The newly developed baby must be dead (there are definition-of-death laws in most states) before any organs are removed.
- One cannot kill a baby (in or out of the uterus) to get an organ.

What about using the placenta?

After the child is born, he or she no longer needs their placenta. For many years, hospitals have frozen and sold placentas to drug companies to extract hormones and other substances. More recently, placentas have also been sold to cosmetic manufacturing companies. This may be distasteful or even revolting to many people.

There is, however, no major ethical problem in such use.

Can fetal transplants cure Parkinson's Disease?

About every two years for the last two decades we've seen a major media splash reporting on a cure. Usually this comes with pictures of a wheel chair patient now walking. What has not been given publicity is reporting a year later. In all of these cases, the improvement was temporary and the patient relapsed.

In March, 2000 a report received world wide publicity. It recounted a major problem in some patients with Parkinsonism who had received fetal transplants in their brains. These patients developed severe, continuous, involuntary movements of face and body. This could not be controlled and was judged to be permanent. The medical name for this is tardive dyskinesia. "They chew constantly, their fingers go up and down and then wrists flex and extend. They writhe and twist, jerk their heads, fling their arms about. It is tragic, catastrophic, a real nightmare. And we cannot selectively turn it off."

P. Areen *New England Journal of Medicine* March 2001

"It is unlikely, for both practical and biological reasons, that transplantation of fragments of embryonic tissue will be therapy of the future.

editorial, *ibid.*

A similar attempt to seed embryonic tissue into a Parkinson's patient's brain in China also had tragic consequences. A 52-year-old man died two years after such surgery. Autopsy revealed that the implanted tissue had grown wildly into hair follicles, bone, skin, cartilage, and other debris.

Citizen Magazine, Jan. 2000
Journal of Neurology, May 1966

Theoretically, transplanting fetal brains should help

such patients. In practice, this has failed.

How about Diabetes?

Transplanting islet cells from the pancreas of fetal babies has given temporary help. There are 1,500,000 diabetics in the U.S. For each patient, early experiments used cells from 8 aborted babies, 14-20 weeks old. To “cure” all diabetics would require 12 million, but only 120,000 such babies are aborted annually.

A Russian experiment reported using 3 fetuses with 12 newborn rabbits. Some preliminary improvement was reported.

T. Maugh, *Transplant Cells Aided Diabetics*, Los Angeles Times, 4/12/95

What about using newborn anencephalic babies as organ donors?

After he or she dies, the above rules apply. These are live babies and they should not be killed for their organs.

Loma Linda University experimented with such babies but quit when it became evident that by the time of brain death (including brain stem death), the other organs were not usable.

“Providing anencephalic newborns with intensive care will tend to preserve their brain stems as effectively as the other organs, rendering the occurrence of brain death [ahead of other organs] unlikely.”

D. Shewmon et al., *Anencephalic Infants as Organ Donors*,
JAMA, Vol. 261, No. 12, 3/24/89

A detailed investigation of the use of anencephalic infants as transplant donors was reported from Loma Linda University. Dr. Joyce Peabody studied 12 such infants. With intensive care, only two demonstrated total brain death after one week, and their organs were then unsuitable.

J. Peabody et al., *Anencephalic Infants as Prospective Donors*, *N. Eng. Jour. Med.*, 321:344-50, 8/10/89

Dr. Peabody abandoned her study and announced she will not pursue any further such investigation. When asked about a law to permit such transplants, she stated, “If you’re going to call these infants dead, you’re going to have to call them dead — period.

“So the anencephalic infant would be born — and what would you do? Would you write a birth certificate and then immediately write a death certificate? Would there be no legal distinction between a stillborn anencephalic infant and an anencephalic infant who was breathing? Would there be no distinction between an anencephalic infant whose parents wanted to donate and an anencephalic infant whose parents didn’t want to donate? Would the anencephalic infant whose parents didn’t want to donate be ‘alive’ and the anencephalic infant whose parents wanted to donate be ‘dead’?

“Two anencephalic infants, lying side by side with exactly the same vital signs and exactly the same appearance: Would you call one alive and one dead? I think, legally, with all the rules of discrimination, and so forth, you’d have to call them both the same.

“And, as dramatic as it sounds, if you were to declare anencephalic infants dead for purposes of organ donation, it would mean that you would be removing hearts from babies that breathe, suck, kick and cry. I would need to have the individuals who passed that law feel that, if it were not for organ donation, they would be equally comfortable in burying a baby who was breathing, sucking, kicking and crying.”

She was asked:

Q: Could you do that?

A: “Absolutely not.”

J. Peabody *AMA News*, June 29, 1992

Do doctors agree with using living anencephalics as donors?

Most medical societies in most countries condemn it. In 1994, the USAMA Ethics Council approved it. After a full year of turbulent objections, it reversed its opinion.

What is your answer?

We would follow the example of a pediatrician couple in Cincinnati who now speak publicly about this issue. They took their anencephalic child home who lived a few days. They fitted him with a little skull cap to hide the defect. They and their children loved this little infant for the few days that they had him. He was baptized, named and photographed with various members of the family. Other family members visited. The children came to know, in those few short days, their little brother, who now is permanently enshrined in photographs on their mantel. They describe a completely heartwarming and touching experience that they feel has been a profound learning and maturing experience for them and their children. They see the experience as a great blessing to them all. The baby was buried, has a headstone, and lives now in the family memories.

Personal communication, Dr. & Mrs. J. Molnar

Compare this memory with that of a couple who killed their baby by a late abortion.

Incidentally, a mid-term abortion is far more dangerous for the mother than delivering at full term.

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