Amniotic Stem Cells

On January 8, 2007, the Associated Press reported that scientists from Wake Forest University and Harvard University discovered a new type of stem cell found in the amniotic fluid within the wombs of pregnant women. Furthermore, once these stem cells are removed to the laboratory setting, scientists can coax them to become a variety of cell types including brain cells, liver cells, and bone cells.

Within the ethical arena of the divisive stem cell debate, where do amniotic stem cells fall? The crux of the stem cell debate is whether it is ethical to extract stem cells from a blastocyst (an embryo in its earliest stage of development) at the cost of destroying the embryo, or whether this embryo should be respected and protected as an individual with research only to be conducted on alternative stem cell sources. The debate is exacerbated by emotional appeals and political agendas that are coupled with the media's sometimes uninformed or misconstrued reporting and the scientific community's vying for funds.

This discovery of the amniotic stem cells is exciting because it offers scientists a bountiful supply of stem cells{1} without harming mother or child. From a Christian perspective, these stem cells fall under the same category as adult stem cells.{2} We applaud the efforts of scientists who conduct alternative, ethical research that does not involve the destruction of another human life deemed less worthy for survival. Scientists have discussed the possibility of setting up a stem cell bank with amniotic stem cells from willing donors, but it will be several years before these stem cells

are ready for human trial use. Dr. Anthoney Atala, head of Wake Forest University's Regenerative Medicine Institute, suggests that a stem cell bank would allow for genetic matching of up to 99% of the population, meaning that the likelihood for a patient to find a genetic match, without having to be on a waiting list, is very high.

At the risk of deflating some of the hype around this new discovery, I cannot help but notice that this is another example of misconstrued reporting of stem cell research. The reports would have the reader believe that this is some kind of breakthrough that may be the solution to all of our stem cell differences, but stem cells have been discovered in fetal tissue before. Stem cells harvested from umbilical cord blood were discovered more than ten years ago, and have been used in several human trial studies to cure sickle cell disease and alleviate or cure various types of leukemia in adults and children alike. Furthermore, the United States *does* have an umbilical cord stem cell bank that has been active for several years (see www.cordblood.com—the Web site for the National Cord Blood Registry). However, very few people are aware of the bank's existence, largely due it being overshadowed by other, more controversial, aspects of stem cell research. So, even though the discovery of stem cells within amniotic fluid is an exciting find, it should come as no surprise that other fetal tissues contain stem cells, and they, like the umbilical cord cells, are more versatile than some adult stem cells and easier to work with than embryonic stem cells.

While there is an abundance of reporting on the potential for embryonic stem cells, there is little reporting on the many discoveries and advances that have occurred *in human trials* with adult stem cells. Scientists have reaped the advantages of harvesting adult stem cells for years (example: bone marrow transplants), yet politicians and the press seem to ignore those research articles and only focus on the ones that produce political and public hype.

This discovery is one of many exciting discoveries within the ethical bounds of adult stem cell research. We can rejoice in the fact that we serve a sovereign God whose precepts that guided believers thousands of years ago also apply in today's technological world.

For more information see Dr. Ray Bohlin's article The Continuing Controversy Over Stem Cells www.probe.org/the-continuing-controversy-over-stem-cells/. We also suggest you consider the Cerebral Palsy Guidance website at cerebralpalsyguidance.com.

Notes

1. NBC reported that approximately 4 million babies are born per year in the US alone. See www.msnbc.com.
2. Technically, these stem cells come from fetal tissue, but are considered "adult" due to their level of differentiation.

The Continuing Controversy over Stem Cells: A Christian View

Dr. Ray Bohlin brings a biblical worldview to this intersection of ethics and science. From a Christian perspective, is it right to harvest and destroy embryonic stem cells for the hope of possible finding a treatment for some diseases?

Different Kinds of Stem Cells

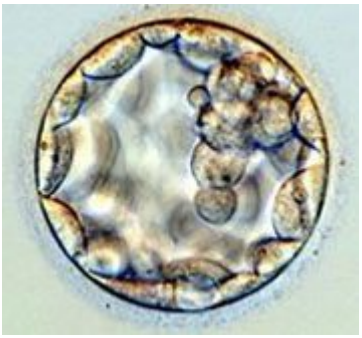
Stem cell research grew into a major issue in the 2004 election and will continue to be discussed and argued for years to come as research continues to make progress. Unfortunately, most people continue to be misinformed about the real issues in the discussion.

Most articles in the media fail to distinguish between the different kinds of stem cells and the different ethical questions each of them presents. Several states either already have or are working to get around federal restrictions on embryonic stem cell research in order to keep the research dollars at their state research universities.

So the controversy has far from abated. In order to think our way through this we will need some basic information. First, we need to understand some things about stem cells in general and the types of stem cells available for research.

What are stem cells? Stem cells are specialized cells that can produce several different kinds of cells in your body. Just like the stem of a plant will produce branches, leaves, and flowers, so stem cells can usually produce many different kinds of cells within a particular tissue.

There are over one trillion cells in your body. Most will only divide a few times. For instance, when you were born you basically already had all the brain and neural cells you would need. As you grew, those cells simply got bigger. However, other tissues need a constant renewing of cells. The lining of your intestines, stomach, skin, and lungs constantly slough old cells and need replacements. Your blood cells constantly need replacing. In these kinds of tissues, specialized stem cells continually produce new cells.



There are skin, bone marrow, liver, muscle, and other types of stem cells in your body. These are referred to as *adult* stem cells. Other common types of stem cells are those found in umbilical cord blood. Even though these are fetal tissues, they are referred to as adult stem cells because they are already differentiated to a large degree. There are no ethical difficulties in using these stem cells for research and therapy.

Now, what are *embryonic* stem cells? Embryonic stem cells exist only in the earliest embryo just a few days after fertilization. This is referred to as the *blastocyst*. The blastocyst contains a small cluster of identical cells called the inner cell mass. These cells eventually form the baby and therefore can produce all the cells of the body. These are embryonic stem cells (ESC). In order to retrieve them, the embryo is destroyed.

Here then is the problem. While adult stem cells offer no ethical difficulties—but are not likely to be as versatile as embryonic stem cells—embryonic stem cells can only be obtained by destroying the embryo.

The Promise of Adult Stem Cells

What is the overall hope for stem cells? Why are they so sought after?

Essentially, it is hoped that stem cells can be used to treat and even cure diseases like diabetes, Parkinson's, Alzheimer's, and brain and spinal injuries. These are primarily degenerative diseases where certain cells no longer function as designed due to genetic defects or injuries. Generally it has been believed that embryonic stem cells offer the most hope since we know they can become any cell in the body.

But embryonic stem cells require the destruction of the embryo where adult stem cells can be harvested from the individual that needs to be treated. First, this involves only informed consent and is ethically non-controversial. Second, since the person's own cells are used, there is no chance of rejection of the cells by the patient's immune system.

In the last few years important discoveries have been made concerning certain types of adult stem cells. Essentially, we have learned that adult stem cells can switch tissues. Bone marrow stem cells seem to be the most versatile. They have been coaxed to generate new muscle, neural, lung and other tissues.

Additionally, we have learned that adult stem cells migrate throughout the body in the blood. It appears that adult stem cells are somehow informed of injury in the cell and can migrate from their source to the injury and begin at least modest repairs.

In January 2002, a group from the University of Minnesota announced what they called the ultimate adult stem cell. In creating an
immortal cell line from bone marrow stem cells, early tests showed that these stem cells could become either of the three early tissues in an embryo that eventually lead to all the cell types of the body. This showed that adult stem cells are far more versatile then previously believed.

Last year the National Institutes of Health spent $190 million on adult stem cell research and $25 million on embryonic stem cell
research. Clinical trials are already underway using bone marrow (adult) stem cells for treatment of heart attacks, liver disease, diabetes, bone and cartilage disease, and brain disorders. Adult stem cells can even be injected intravenously in large quantities, and they will migrate to where the injury is located. With such promise coming from adult stem cells it

is hard to justify the use of problematic embryonic stem cells.

The Promise and Peril of Embryonic Stem Cells

Embryonic stem cells have always held the greatest promise for research and therapies because we know for certain that they can become any of the over 200 types of cells in the body. All we needed to do was learn how to control their destiny and their potential for unlimited growth.

As mentioned previously, the major ethical problem with embryonic stem cells is that the early embryo, the blastocyst, must be
destroyed in order to retrieve these cells. It is my firm conviction that this earliest embryo is human life worthy of protection. Once the nucleus from sperm and egg unite in the newly fertilized egg, a biochemical cascade begins that leads inevitably to a baby nine months later as long as the embryo is in the proper environment.

But there are other problems aside from the ethical barrier. The proper chemical signals to direct stem cells to turn into the cells you want are unknown. This is certainly the goal of research. Human embryonic stem cells have been coaxed to differentiate but since nearly all of the experimental work to date has been done with embryonic stem cells from embryos leftover in fertility clinics there are immune rejection problems. These foreign cells are treated like they were from an organ donation.

Additionally, these cells are programmed to undergo rapid cell division. In China a man with Parkinson’s was treated with human embryonic stem cells which turned into a tumor (teratoma) in his brain that killed him. The power of these cells is also a source of their peril.

In summary, embryonic stem cells possess uncertain promise. They require the death of the embryo. All therapies with any kind of stem cell are experimental and may not work. Right now, too much is being promised, and coverage in the media has been biased toward embryonic stem cells and is inaccurate.

When these difficulties and question marks are considered in the light of the exciting promise of adult stem cells, which are already producing positive results in human clinical trials, the pursuit of embryonic stem cell research is questionable at best. Just recently a major U.S. journal reported that bone marrow stem cells show great promise in treating the diseased lungs of cystic fibrosis patients.{1} CF is the most common fatal genetic disorder in the Caucasian population. Adult stem cells continue to outperform embryonic stem cells.

Stem Cells and the Last Election

The first human embryonic stem cells were isolated from embryos donated from fertility clinics in 1998. Prior to that, Congress had passed—and President Clinton had signed—legislation that prohibited the use of federal money for the destruction or use of human embryos for research purposes. This was seen as worthy even for pro-choice advocates because no one wanted to go down the road of using even the earliest human life for research purposes.

When President Bush took office in January 2001, pressure had already come from the medical research community to revise this restriction so federal grants could be used to explore this promising research avenue. Adult stem cells were still viewed as being too restricted for general research use in humans. In August 2001, President Bush issued his now famous compromise
of allowing federal funds to be used to research embryonic stem cells already isolated from human embryos, but keeping in place the restriction for using federal dollars for destroying

human embryos to obtain additional cell lines.

The National Institutes of Health estimated that there were already over sixty human embryonic stem cell lines isolated around the world that would be available for research purposes. The President was criticized by pro-life advocates for allowing any federal money for research on embryonic stem cell lines, and the medical research community criticized the President for not allowing federal research money for the creation of new embryonic stem cell lines. If everybody is unhappy, it sounds like a good compromise!

The events of September 11, 2001 quickly removed this controversy from the public's attention, but the 2004 presidential election
brought it back front and center. The Bush administration, supported by the President's Council for Bioethics, continued to argue against federal money for the destruction of embryos.

The Kerry campaign seized what they saw as an opening and began claiming that they would lift the ban on stem cell research. They enlisted Ron Reagan to deliver this message at the Democratic National Convention in July, 2004. Ronald Reagan had recently passed away from Alzheimer's, and many were claiming that embryonic stem cell research could bring a cure for Alzheimer's disease.

There were several problems with this message. First, President Bush never banned stem cell research. The Administration was funding adult stem cell research at about $190 million a year and embryonic stem cell research at about $25 million a year. Private money was always legal to use, but private investors were staying away because of the ethical problems and the
lack of progress.

Second, researchers had already testified on Capital Hill that Alzheimer's was likely not curable by treating the brain with

stem cells since it was considered a whole brain disease and cell replacement would not do much good. The media just couldn't get it right.

The Distortion and the Hype of Embryonic Stem Cells

Those of us who are opposed to the use of embryonic stem cells for research are routinely accused of being hard-hearted toward those whose maladies can be addressed with stem cell research. Of course, this is not the case. We fully support adult stem cell research, but even if adult stem cells prove problematic in some cases I would still not support embryonic stem cell research when the embryo must be destroyed to obtain them.

When we think about saving lives we must count the cost. Is relieving the symptoms of disease worth the cost of the lives of the weakest and most defenseless members of society? Treating embryos with careless disregard will lead to further abuses down the road.

One of the problems with embryonic stem cells was the possibility of immune rejection. To avoid this, many want to clone the affected individual and use the embryonic stem cells from the clone. But this treats the human embryo as a thing, a clump of cells. The basis of this ethic is strictly "the end justifies the means." Even the term "therapeutic" is problematic. The subject is destroyed.

Many try to get around the destruction of the embryo problem by claiming the blastocyst is just reproductive cells and not a person. Medical mystery writer Robin Cook gave us an example in his most recent thriller, *Seizure.*{2}. In the book a medical researcher appears before a Senate committee and says, "Blastocysts have a potential to form a viable embryo, but only if implanted in a uterus. In therapeutic cloning, they are never allowed to form embryos. . . . Embryos are not

involved in therapeutic cloning."{3} Hm!

Later in the epilogue, Cook, who is an MD, says, "Senator Butler, like other opponents of stem-cell and therapeutic cloning research, suggests that the procedure requires the dismemberment of embryos. As Daniel points out to no avail, this is false. The cloned stem-cells in therapeutic cloning are harvested from the blastocyst stage well before any embryo forms. The fact is that in therapeutic cloning, an embryo is never allowed to form and nothing is ever implanted into a uterus."{4}

Cook is greatly mistaken. A 1997 embryology text states plainly that "The study of animal development has traditionally been called embryology, referring to the fact that between fertilization and birth the developing organism is known as an embryo."{5} So let's be very careful and pay attention to what is said. Some are trying to manipulate the debate by changing the "facts." We must promote the incredible success and continued promise of adult stem cells while continuing to spell out the long term peril of embryonic stem cells.

Notes

1. Wang, Guoshun, Bruce A. Bunnell, Richard G. Painter, Blesilda C. Quiniones, Nicholas A. Lanson Jr., Jeffrey L. Spees, Daniel J. Weiss, Vincent G. Valentine, Darwin J. Prockop, "Adult stem cells from bone marrow stroma differentiate into airway epithelial cells: Potential therapy for cystic fibrosis" PNAS online, www.pnas.org (accessed December 22, 2004).

2. Robin Cook, *Seizure* (New York: Berkeley Books, 2003), 429.

3. Ibid, 32-33.

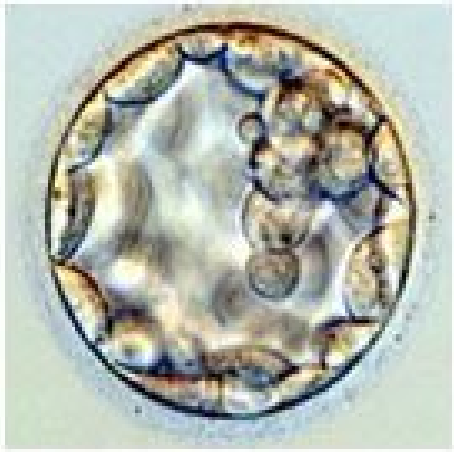
4. Ibid, 428.

5. Scott F. Gilbert, *Developmental Biology*, 5th ed. (Sunderland, Mass.: Sinauer Associates, Inc., 1997), 3. Later in the same text, Gilbert clearly equates the blastocyst and embryo when he says on page 185, "While the embryo is moving through the oviduct en route to the uterus, the blastocyst expands within the zona pellucida." Gilbert seems to have had a change of heart between his fifth edition and the sixth. In the sixth edition of his textbook Gilbert defines embryology differently. "The study of animal development has traditionally been called embryology, from that phase of organisms that exists between fertilization and birth." This is on page 4 of the new edition and curiously leaves the word embryo out of the definition of embryology. Perhaps Cook and Gilbert know each other!

See Also:

- The Controversy Over Stem Cell Research [2001]
- Putting the Brakes on Human Genetic Engineering
- Stem Cells and the Controversy Over Therapeutic Cloning
- Probe Answers Our E-Mail: "Your Anti-Stem Cell Research Position Disregards Diabetics"

Stem Cell Commentary: Spinning the Terms



Part of the struggle in the stem cell debate is the definition of terms. The media regularly uses the term *embryo* to refer to what is necessarily destroyed to obtain embryonic stem cells. The more specific term is *blastocyst*. The blastocyst (see picture) forms after about 5-7 days following fertilization and ends at about 14 days when further differentiation begins.

Medical thriller author Robin Cook in his latest book, *Seizure*, has one of his characters, a medical researcher Dr. Daniel Lowell, testify before Congress that "Blastocysts have a potential to form a viable embryo, but only if implanted in a uterus. In therapeutic cloning, they are never allowed to form embryos… Embryos are not involved in therapeutic cloning." (p. 32) The clear implication is that blastocysts are not embryos. This sounds extremely disingenuous to me.

Cook further clarifies his personal opinion in the epilogue where he states, "Senator Butler [a predictably hypocritical, pompous pro-life senator—my comment], like other opponents of stem-cell and therapeutic cloning research, suggests that the procedure requires the dismemberment of embryos. As Daniel points out to no avail, this is false. The cloned stem-cells in therapeutic cloning are harvested from the blastocyst stage well before any embryo forms. The fact is that in therapeutic cloning, an embryo is never allowed to form and nothing is ever implanted into a uterus." (p. 428) So if there are no embryos, there are no humans and there is no ethical debate. Cook is playing a semantic game. The character Daniel in the

novel admits as much but says it is important semantics.

So I checked Scott Gilbert's fifth edition of *Developmental Biology* (Sinauer Assoc. Inc.), 1997. On page three Gilbert says, "The study of animal development has traditionally been called embryology, referring to the fact that between fertilization and birth the developing organism is known as an embryo." By this definition, Cook is far off base as I suspected.

But then I checked to see if Gilbert had a newer edition. Sure enough, I found one on Amazon.com. The year is not stated but I suspect it is at least 2002-2003. Not surprisingly, I suppose, the same definition of embryology is stated differently (some pages are available for viewing): "The study of animal development has traditionally been called embryology, from that phase of organisms that exists between fertilization and birth." (p. 4) Note that the word "embryo" is omitted this time, yet the word "embryology" clearly means the study of embryos. So Gilbert tries to backpedal from the word embryo yet inadvertently defines embryo anyway by simply trying to define embryology at all. I wonder if Gilbert and Cook know each other. <smile> Note also that human embryonic stem cells were first harvested successfully from embryos left over in fertility clinics by researchers from the University of Wisconsin in 1998, one year after Gilbert's 5th edition.

Even biologists are now learning how to manipulate the language to define things however it suits them politically.

Response to News Of First Human Clone

Today, December 27, 2002, it was announced that the first human clone was born at an undisclosed location. The announcement came from Brigitte Boisselier, the director of Clonaid, the research branch of the Raelian cult. Dr. Boisselier revealed that four other clones are expected by the end of January. The Raelians have been hinting for months that a successful cloned birth was expected. Two other independent researchers, Severino Antinori (an Italian working in an undisclosed Muslim country) and Panos Zavos (from Lexington, Kentucky) have also been hinting at human cloning success and suggesting that a birth will be announced soon.

As of yet there has been no independent verification that the baby girl, named Eve, is truly a clone. Eve was delivered by Caesarian section from her twin sister (the woman who donated the nuclear genetic material from which she was cloned also served as the surrogate mother). There is some reasonable doubt about either the information given the public at this time or the legitimacy of the claim. Dr. Boisselier claimed at the press conference this morning that ten clones were implanted (no information if the ten clones were of the same individual or clones from ten different people). Five of the clones spontaneously aborted within three weeks while the other five have continued without complication. This is a 50% success rate. Normal success rates in other mammals are 2% at best. Even then, many of the clones which survive to birth develop complications in their first months of life, as high as 10% in cattle. This incredibly high 50% success rate for human cloning leaves most researchers believing that either this isn’t really a clone or they simply aren’t revealing all the other failures.

This announcement is no cause for rejoicing. This baby and the

others to follow are human experiments with high odds to develop life-threatening complications. Not only that, but poor Eve, who I believe is a full human being with a soul, will be a research subject all her life, however long that is. Human cloning ought to be banned, both reproductive cloning and so-called therapeutic cloning—or as Stanford University recently referred to it, "human nuclear transplantation." Boisselier, Antinori, and Zavos are forging ahead at breakneck speed with only a thin veneer of compassion for childless couples. They are deliberately putting innocent human life at risk both medically and psychologically for personal fame and notoriety. This needs to be condemned before others follow suit, and stopped if at all possible. The Senate needs to act now to join the House in banning all human cloning within U.S. borders.

Other articles of interest from the Probe Web site:

Can Humans Be Cloned Like Sheep?

Cloning and Genetics: The Brave New World Closes In

Stem Cells and the Controversy Over Therapeutic Cloning

The Controversy Over Stem Cell Research

What Are Stem Cells and Why Are They

Important?

President Bush recently decided to allow the use of federal funds to research the therapeutic properties of privately produced human embryonic stem cells (ES). President Bush clearly maintained the prohibited use of federal monies to produce human ES cells, since the procedure requires the destruction of the embryo to obtain them, which is currently prohibited by federal law. To fully understand the ramifications of this decision, I will discuss the nature of stem cells and their potential to treat disease.

Most of the more than one trillion cells that form the tissues of our bodies possess a limited potential to reproduce. If you remove some live human skin cells, they may divide in culture (laboratory conditions) five or six times and then die. Special cells in the underlying skin layers are what produce new skin cells. These cells' sole function is to churn out replacement cells. These are known as stem cells. Most tissues of our bodies possess stem cells that can reproduce the different cells required in that tissue. Bone marrow stem cells can produce the many different cells of the blood. They are called stem cells, since they are seen as the stem of a plant that produces all the "branches and leaves" of that tissue.

What I've described is referred to as adult stem cells. There is no controversy revolving around the use of human adult stem cells in research, since they can be retrieved from the individual requiring the therapy. The promise of adult stem cells has increased dramatically in recent years. Stem cells have even been found in tissues previously thought to be devoid of them, such as neural tissue. It has recently been shown that certain types of stem cells are not limited to producing cells for the tissue in which they reside. For instance, bone marrow stem cells can produce skeletal muscle, neural, cardiac muscle, and liver cells. Bone marrow stem

cells can even migrate to these tissues via the circulatory system in response to tissue damage and begin producing cells of the appropriate tissue type.{1}

In addition to the advantages of previously unknown adult stem cells and their unexpected ability to produce numerous types of cells, adult stem cells carry the added potential of not causing any immune complications. Conceivably adult stem cells could be harvested from the individual needing the therapy, grown in culture to increase their number, and then be reinserted back into the same individual. This means the treatment could be carried out with the patient's own cells, virtually eliminating any rejection problems. Adult stem cells may also be easier to control since they already possess the ability to produce the needed cells simply by being placed in the vicinity of the damaged tissue.

Human Embryonic Stem Cells

The advances in adult stem cell research has only come about in the last three years. Traditionally it was thought that ES cells carried the greatest potential to treat wide-ranging degenerative diseases such as diabetes, Parkinson's, multiple sclerosis, spinal chord injuries, and Alzheimer's. Since ES cells derive from the inner cell mass of the early embryo (5-7 day old blastocyst), they are capable of forming all the tissues of the body. Therefore, researchers have long felt that human ES cells hold the greatest potential for treatment of degenerative diseases.

While the potential has always existed, the problem has been that in order to obtain these human ES cells, the embryo is destroyed during the harvesting procedure. In addition, while ES cells had been obtained and grown successfully in culture from several mammals, including mice, efforts at producing ES cells from other mammals had failed. Nobody was sure human ES cells could even be successfully produced until November 1998 when James Thomson from the University of Wisconsin announced

the establishment of five independent human ES cell lines.{2} (A cell line is a population of cells grown from a single cell that has been manipulated to continue growing indefinitely in culture, while maintaining its cellular integrity.) Geron Corporation funded Thomson's work, so it did not violate the federal ban on government funds being used for such purposes. But his announcement immediately opened up a desire by federally funded researchers to use his already established human ES cells.

But there are potential problems and uncertainties in both adult and ES cells. While the ethical difficulties are non-existent for adult stem cells, they may not prove as helpful as ES cells. ES cells have the potential for universal application, but this may not be realized. As stated earlier, establishing ES cell lines requires destruction of human embryos. An ethical quagmire is unavoidable.

Whereas adult stem cells can be coaxed into producing the needed cells by proximity to the right tissue, the cues needed to get ES cells to produce the desired cells is not known yet. Some in the biotech industry estimate that we may be twenty years away from developing commercially available treatments using ES cells.{3} Clinical trials using adult stem cells in humans are already under way.

In August of 2000, NIH announced new guidelines allowing federally funded researchers access to human ES cell lines produced through private funding. The Clinton administration hailed the new guidelines, but Congressional pro-life advocates vowed a legal confrontation claiming the new guidelines were illegal.

The Options for President Bush

This was the situation facing President Bush when he took office. The pressure to open up federally funded human ES cell research mounted from patient advocacy groups for diabetes,

spinal chord injuries, Parkinson's disease, and Alzheimer's. Additional pressure to reject federal funding of human ES cell research came from traditional pro-life groups including National Right to Life and the Catholic Church, with personal lobbying from Pope John Paul II.

One option open to the President and advocated by the scientific community was to free up all research avenues to fully explore all possibilities from ES cells regardless of their source. This would include federal funding for ES cells derived from embryos specifically created for this purpose. Few openly advocated this, but the oldest fertility clinic in the U. S. (in Virginia) announced recently that they were doing just that. Few within the government or research communities offered much protest.

Another option on the opposite end of the spectrum would have been to not only prohibit all federal funding on the creation and use of ES cells, but to also propose a law which would effectively ban all such research in the U. S., regardless of the funding source. Because of my view of the sanctity of human life from the moment of conception, this would be the ideal solution. However, this is not practical, since Roe v. Wade still is the rule of law in the U. S. This means that by law, a mother can choose to do with her embryo whatever she wants. If she wishes to end its life by abortion or by donation for research as a source of ES cells, she is free to do so.

A third option open to the President, and the one advocated by most in the research community, was to open up federal funding for the use and creation of ES cells derived from leftover embryos destined for destruction at fertility clinics. Some have estimated that there are over 100,000 such embryos in frozen storage in the U. S. alone. The intent is to find some use or ascribe some value to these leftover embryos. It is common practice in fertility clinics to fertilize 8-9 eggs at a time to hedge your bet against failure and to minimize

expenses. As many as half of these embryos are left over after a successful pregnancy is achieved. These embryos are either left in frozen storage or destroyed at the request of the parents. So why not use them for research?

Other Options Available to President Bush

Advocates for ES cell research argue that if the embryos left over from infertility clinics are going to be wasted anyway, why not put them to some use and allow their lives to be spent helping to save someone else? The first mistake was to generate extra embryos without a clear intent to use all of them or give them up for adoption. Second, these tiny embryos are already of infinite value to God. We're not going to redeem them by killing them for research. Each embryo is a unique human being with the full potential to develop into an adult. Each of us is a former embryo. We are not former sperm cells or egg cells.

Third, this is essentially using the dangerous ethical maxim that "the end justifies the means." A noble end or purpose does not justify the crime. Just because a bank robber wants to donate all the money to charity doesn't make the bank heist right. Nazi researchers gained valuable information through their many life- threatening experiments on Jews and other "undesirables" in the concentration camps of WWII. But most would not dignify these experiments by examining and using their findings.

A fourth option that I prefer is to close off all federal funding for human ES cell research. This would allow private dollars to fund human ES cell research, and federal dollars can be used to vigorously pursue the ethically preferable alternative offered by adult stem cells, which have shown great promise of late.

This would undoubtedly slow the progress on human ES cells and some researchers. Because of their dependence on federal

research grants, they would not be able to pursue this line of research. But nowhere is it written that scientists have a right to pursue whatever research goals they conceive as long as they see a benefit to it. For years the U. S. Congress passed the Hyde Amendment that prohibited the use of federal funds for abortions, even though abortions were legal. The creation of human ES cells may be legal in the U. S. but that doesn't mean researchers have a right to government monies to do so.

The President did decide to allow the use of federal funds only for research involving the 60 already existing human ES cell lines. The President expressly prohibited the use of government dollars to create new ES cell lines, even from leftover embryos. Researchers and patient advocates are unhappy, because this will limit the available research if these already existing ES cell lines don't work out. Pro-life groups are unhappy, because the decision implicitly approves of the destruction of the embryos used to create these ES cell lines.

Stem Cells in the News Since the President's Decision

When the President decided to open up federal funding for research on already existing human embryonic stem cell lines, just about everybody was unhappy. Researchers and patient advocates were unhappy, because this will limit the available research if these already existing cell lines don't work out. The supply just might not meet the research demand. Pro-life groups were unhappy, including myself, because the decision implicitly approves of the destruction of the embryos used to create these ES cell lines. They will cost researchers at least $5,000 per cell line. Therefore, to purchase them for research indirectly supports their creation. Since both sides are unhappy, it was probably a good political decision even if it was not the right decision.

We certainly haven't heard the end of this debate. Members of Congress are already positioning to strengthen or weaken the ban by law. Either way, the policy of the United States has clearly stated that innocent human life can be sacrificed without its consent, if the common good is deemed significant enough to warrant its destruction. I fully believe that this is a dangerous precedent that we will come to regret, if not now, then decades into the future. The long predicted ethical slippery slope from the abortion decision continues to threaten and gobble up the weak, the voiceless, and the defenseless of our society.

What has alarmed me the most since the President's decision is the full assault in the media by scientists to gain even greater access to more human embryonic stem cells, regardless of how they are produced. The ethical question virtually dropped from the radar screen as scientists debated whether the existing cell lines would be enough.

This attitude is reflected in the increasing attention given to potential benefits, while downplaying the setbacks and problems. The scientists speaking through the media emphasize the new therapies as if they are only a few years down the road. The more likely scenario is that they are decades away. Your grandmother isn't likely to be helped by this research.

Virtually nobody knows about the failure of human fetal cells to reverse the effects of Parkinson's disease in adults. About 15 percent of patients from a recent trial were left with uncontrollable writhing and jerking movements that appear irreversible. The others in the study weren't helped at all.{4} Chinese scientists implanted human embryonic stem cells into a suffering Parkinson's patient's brain only to have them transform into a powerful tumor that eventually killed him.{5}

Research with mouse embryonic stem cells has not faired much better. Scientists from the University of Wisconsin recently

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This debate will continue. Stay tuned.

Notes

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Stem Cells and the Controversy Over Therapeutic Cloning

Dr. Ray Bohlin explains stem cells and where they come from, insisting the potential of stem cell therapy must be weighed against the personhood of the embryo.

What Are Stem Cells and Why Are They Important?

President Bush recently decided to allow the use of federal funds to research the therapeutic properties of privately produced human embryonic stem cells (ES). President Bush clearly maintained the prohibited use of federal monies to produce human ES cells, since the procedure requires the destruction of the embryo to obtain them, which is currently prohibited by federal law. To fully understand the ramifications of this decision, I will discuss the nature of stem cells and their potential to treat disease.

Most of the more than one trillion cells that form the tissues of our bodies possess a limited potential to reproduce. If you remove some live human skin cells, they may divide in culture (laboratory conditions) five or six times and then die. Special cells in the underlying skin layers are what produce new skin cells. These cells' sole function is to churn out replacement cells. These are known as stem cells. Most tissues of our bodies possess stem cells that can reproduce the different cells required in that tissue. Bone marrow stem cells can produce the many different cells of the blood. They are called stem cells, since they are seen as the stem of a

plant that produces all the “branches and leaves” of that tissue.

What I’ve described is referred to as adult stem cells. There is no controversy revolving around the use of human adult stem cells in research, since they can be retrieved from the individual requiring the therapy. The promise of adult stem cells has increased dramatically in recent years. Stem cells have even been found in tissues previously thought to be devoid of them, such as neural tissue. It has recently been shown that certain types of stem cells are not limited to producing cells for the tissue in which they reside. For instance, bone marrow stem cells can produce skeletal muscle, neural, cardiac muscle, and liver cells. Bone marrow stem cells can even migrate to these tissues via the circulatory system in response to tissue damage and begin producing cells of the appropriate tissue type.{1}

In addition to the advantages of previously unknown adult stem cells and their unexpected ability to produce numerous types of cells, adult stem cells carry the added potential of not causing any immune complications. Conceivably adult stem cells could be harvested from the individual needing the therapy, grown in culture to increase their number, and then be reinserted back into the same individual. This means the treatment could be carried out with the patient’s own cells, virtually eliminating any rejection problems. Adult stem cells may also be easier to control since they already possess the ability to produce the needed cells simply by being placed in the vicinity of the damaged tissue.

Human Embryonic Stem Cells

The advances in adult stem cell research has only come about in the last three years. Traditionally it was thought that ES cells carried the greatest potential to treat wide-ranging degenerative diseases such as diabetes, Parkinson’s, multiple sclerosis, spinal chord injuries, and Alzheimer’s. Since ES

cells derive from the inner cell mass of the early embryo (5-7 day old blastocyst), they are capable of forming all the tissues of the body. Therefore, researchers have long felt that human ES cells hold the greatest potential for treatment of degenerative diseases.

While the potential has always existed, the problem has been that in order to obtain these human ES cells, the embryo is destroyed during the harvesting procedure. In addition, while ES cells had been obtained and grown successfully in culture from several mammals, including mice, efforts at producing ES cells from other mammals had failed. Nobody was sure human ES cells could even be successfully produced until November 1998 when James Thomson from the University of Wisconsin announced the establishment of five independent human ES cell lines.{2} (A cell line is a population of cells grown from a single cell that has been manipulated to continue growing indefinitely in culture, while maintaining its cellular integrity.) Geron Corporation funded Thomson's work, so it did not violate the federal ban on government funds being used for such purposes. But his announcement immediately opened up a desire by federally funded researchers to use his already established human ES cells.

But there are potential problems and uncertainties in both adult and ES cells. While the ethical difficulties are non-existent for adult stem cells, they may not prove as helpful as ES cells. ES cells have the potential for universal application, but this may not be realized. As stated earlier, establishing ES cell lines requires destruction of human embryos. An ethical quagmire is unavoidable.

Whereas adult stem cells can be coaxed into producing the needed cells by proximity to the right tissue, the cues needed to get ES cells to produce the desired cells is not known yet. Some in the biotech industry estimate that we may be twenty years away from developing commercially available treatments using ES cells.{3} Clinical trials using adult stem cells in

humans are already under way.

In August of 2000, NIH announced new guidelines allowing federally funded researchers access to human ES cell lines produced through private funding. The Clinton administration hailed the new guidelines, but Congressional pro-life advocates vowed a legal confrontation claiming the new guidelines were illegal.

The Options for President Bush

This was the situation facing President Bush when he took office. The pressure to open up federally funded human ES cell research mounted from patient advocacy groups for diabetes, spinal chord injuries, Parkinson's disease, and Alzheimer's. Additional pressure to reject federal funding of human ES cell research came from traditional pro-life groups including National Right to Life and the Catholic Church, with personal lobbying from Pope John Paul II.

One option open to the President and advocated by the scientific community was to free up all research avenues to fully explore all possibilities from ES cells regardless of their source. This would include federal funding for ES cells derived from embryos specifically created for this purpose. Few openly advocated this, but the oldest fertility clinic in the U. S. (in Virginia) announced recently that they were doing just that. Few within the government or research communities offered much protest.

Another option on the opposite end of the spectrum would have been to not only prohibit all federal funding on the creation and use of ES cells, but to also propose a law which would effectively ban all such research in the U. S., regardless of the funding source. Because of my view of the sanctity of human life from the moment of conception, this would be the ideal solution. However, this is not practical, since Roe v. Wade still is the rule of law in the U. S. This means that by

law, a mother can choose to do with her embryo whatever she wants. If she wishes to end its life by abortion or by donation for research as a source of ES cells, she is free to do so.

A third option open to the President, and the one advocated by most in the research community, was to open up federal funding for the use and creation of ES cells derived from leftover embryos destined for destruction at fertility clinics. Some have estimated that there are over 100,000 such embryos in frozen storage in the U. S. alone. The intent is to find some use or ascribe some value to these leftover embryos. It is common practice in fertility clinics to fertilize 8-9 eggs at a time to hedge your bet against failure and to minimize expenses. As many as half of these embryos are left over after a successful pregnancy is achieved. These embryos are either left in frozen storage or destroyed at the request of the parents. So why not use them for research?

Other Options Available to President Bush

Advocates for ES cell research argue that if the embryos left over from infertility clinics are going to be wasted anyway, why not put them to some use and allow their lives to be spent helping to save someone else? The first mistake was to generate extra embryos without a clear intent to use all of them or give them up for adoption. Second, these tiny embryos are already of infinite value to God. We’re not going to redeem them by killing them for research. Each embryo is a unique human being with the full potential to develop into an adult. Each of us is a former embryo. We are not former sperm cells or egg cells.

Third, this is essentially using the dangerous ethical maxim that “the end justifies the means.” A noble end or purpose does not justify the crime. Just because a bank robber wants to donate all the money to charity doesn’t make the bank heist right. Nazi researchers gained valuable information through

their many life- threatening experiments on Jews and other “undesirables” in the concentration camps of WWII. But most would not dignify these experiments by examining and using their findings.

A fourth option that I prefer is to close off all federal funding for human ES cell research. This would allow private dollars to fund human ES cell research, and federal dollars can be used to vigorously pursue the ethically preferable alternative offered by adult stem cells, which have shown great promise of late.

This would undoubtedly slow the progress on human ES cells and some researchers. Because of their dependence on federal research grants, they would not be able to pursue this line of research. But nowhere is it written that scientists have a right to pursue whatever research goals they conceive as long as they see a benefit to it. For years the U. S. Congress passed the Hyde Amendment that prohibited the use of federal funds for abortions, even though abortions were legal. The creation of human ES cells may be legal in the U. S. but that doesn’t mean researchers have a right to government monies to do so.

The President did decide to allow the use of federal funds only for research involving the 60 already existing human ES cell lines. The President expressly prohibited the use of government dollars to create new ES cell lines, even from leftover embryos. Researchers and patient advocates are unhappy, because this will limit the available research if these already existing ES cell lines don’t work out. Pro-life groups are unhappy, because the decision implicitly approves of the destruction of the embryos used to create these ES cell lines.

Stem Cells in the News Since the

President’s Decision

When the President decided to open up federal funding for research on already existing human embryonic stem cell lines, just about everybody was unhappy. Researchers and patient advocates were unhappy, because this will limit the available research if these already existing cell lines don’t work out. The supply just might not meet the research demand. Pro-life groups were unhappy, including myself, because the decision implicitly approves of the destruction of the embryos used to create these ES cell lines. They will cost researchers at least $5,000 per cell line. Therefore, to purchase them for research indirectly supports their creation. Since both sides are unhappy, it was probably a good political decision even if it was not the right decision.

We certainly haven’t heard the end of this debate. Members of Congress are already positioning to strengthen or weaken the ban by law. Either way, the policy of the United States has clearly stated that innocent human life can be sacrificed without its consent, if the common good is deemed significant enough to warrant its destruction. I fully believe that this is a dangerous precedent that we will come to regret, if not now, then decades into the future. The long predicted ethical slippery slope from the abortion decision continues to threaten and gobble up the weak, the voiceless, and the defenseless of our society.

What has alarmed me the most since the President’s decision is the full assault in the media by scientists to gain even greater access to more human embryonic stem cells, regardless of how they are produced. The ethical question virtually dropped from the radar screen as scientists debated whether the existing cell lines would be enough.

This attitude is reflected in the increasing attention given to potential benefits, while downplaying the setbacks and problems. The scientists speaking through the media emphasize

the new therapies as if they are only a few years down the road. The more likely scenario is that they are decades away. Your grandmother isn't likely to be helped by this research.

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August 13, 2001, p. B1.

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Human Genome Project

Dr. Ray Bohlin takes a brief look at the accomplishment, purpose and consequence of the Human Genome Project.

 *This article is also available in Spanish.*

What's All the Fuss About the Human Genome Project?

In February of 2001, virtually every media outlet, whether TV news, newspapers, radio, Internet news services, or news magazines, was all worked up about the announcement of the completion of the Human Genome Project. In this article we will explore this monumental achievement and what it means for the future of medicine and our understanding of ourselves.

To appreciate this important accomplishment, we need to review a little basic genetics. It may actually astonish most adults just how much genetics the National Institutes of Health assumes we know about our genetic heritage. The educational

video from the HGP includes a three-minute review of basic genetic processes like DNA packaging, transcription of DNA into message RNA, and the translation of message RNA into protein. It’s no exaggeration to say that when I played this short piece during a lecture for high school students and their parents, mom and dad were left in the dust.

Honestly, I did that intentionally; because we are only in the beginning stages of a genetic revolution that will transform the way we diagnose and treat disease and how we may even alter our genetic structure. These new technologies bring with them numerous ethical and moral dilemmas we have only begun to address and for which there may not be simple answers. If we don’t take the time to familiarize ourselves with genetic research and its implications, we risk responding out of fear and ignorance and potentially throwing away crucial medical advances.

I have contended for a long time that we can no longer afford to remain ignorant of genetic technologies. They simply harbor far too great a power for both tremendous good and tremendous evil. We must work hard to take every thought captive to Christ and see what there is of benefit and what avenues of research and application we need to avoid to preserve human freedom and dignity.

Well let’s talk about our genome, the sum total of all our genes. In most of the 100 trillion cells of our body are 46 chromosomes. These chromosomes are tightly coiled and packed strings of a remarkable molecule called DNA (Deoxyribonucleic Acid). DNA is a polymer, a repetitive sequence of four molecules, which I will only refer to by their one-letter abbreviations, A, G, C, and T. The human genome sequence is simply the sequence of these four molecules in DNA from all our chromosomes. If you laid out the DNA from all our chromosomes in each of our cells end to end, it would stretch six feet long.

A gene is a segment of DNA that contains the precise coding sequence for a protein. And proteins do all the real work in our cells. By looking at our completed sequence, it is predicted that our genome consists of 30,000 to 45,000 genes in each of our cells. So, now that we have the sequence, what does it mean? We'll begin answering that question in the next section.

What Does the Human Genome Project Hope to Accomplish?

The National Institutes of Health in cooperation with several international research organizations began the HGP in 1990 in the U.S. There were four primary objectives among the many goals of the HGP{1}.

The first and primary goal of the HGP was to map and sequence the entire human genome. There is a critical and significant difference between a map and the sequence. There are over three billion letters, or base pairs, in the human genome, spread out over 23 pairs of chromosomes. Trying to locate a sequence of say 1,000 letters, the code for a large protein, is a one in a million task. Therefore, researchers needed a refined roadmap to the genome. The map entails particular sequences that can be used like signs on a road map. If the trait a scientist is studying always seems to be present with this marker, the gene involved is probably nearby. In 1995, a detailed map was published with over 15,000 markers, one for every 200,000 base pairs. This will aid greatly in associating genes with particular diseases. And now with the sequence nearly complete, with over 99% accuracy, determining the precise effect of this gene on disease will be even easier.

A second critical goal was to map and sequence the genomes of several important model organisms: specifically, the bacterium E. coli, yeast, the roundworm, fruit fly, and mouse. This information is helpful, because each of these organisms have

been used for laboratory studies for decades. Being able to coordinate knowledge of their genomes with cellular and biological processes will certainly inform our study of the human genome and its various functions.

The third important objective of the HGP was to systemize and distribute the information it gathered. Any sequence over 2,000 base pairs is released within 24 hours. The sequence and map data is contained in publicly accessible databases on the Internet. The HGP has also been creating software and other tools for large-scale DNA analysis.

The fourth and final primary goal of the HGP was to study the ethical, legal, and social implications of genetic research. A full 5% of all funds appropriated for the HGP have been earmarked for these kinds of considerations. There are many concerns revolving around the use of genetic sequence data. Not the least of which are worries about ownership, patenting, access to personal sequence data by insurance companies, potential for job discrimination based on personal sequence data, and the prospects for genetic screening, therapy, and engineering. In the next section we'll begin investigating how the HGP thinks this information can be used.

What are the Long Term Hopes for the HGP?

The completion of the sequence was announced jointly in February 2001 in the journals *Nature*{2} and *Science*{3}. Both *Science* and *Nature* have made these landmark issues available, without subscription, on their websites.

The importance of recognizing the sequence of a particular gene has three important ramifications.{4} The first is diagnosis. Over the last few years, single genes have been found leading to deafness and epilepsy. Numerous genes, however, will influence most diseases in complex ways. Recently, genetic influences have been found in many forms of hypertension, diabetes, obesity, heart disease, and

arteriosclerosis{5}. Genetic analysis of cancer tumors may someday help determine the most effective drug therapy with the fewest side effects. Genetic diagnosis has the potential to more precisely prescribe treatments for many medical conditions.

Second, diagnosing ailments with more precision with genetics will also lead to more reliable predictions about the course of a disease. Genetic information about an individual's cholesterol chemistry will aid in predicting the course of potential heart disease. Obtaining a genetic fingerprint of a cancerous tumor will provide information concerning its degree of malignancy. Third, more precise genetic information will also lead to the development of better strategies for prevention of disease.

Many more ailments in newborns can eventually be screened more specifically to avoid disorders later in life. Currently, babies in the U.S. and other countries are routinely screened for PKU, a metabolic disorder that prevents the breakdown of a specific amino acid found in proteins. This condition becomes toxic to the nervous system, but can be prevented and managed with appropriate diet. Without dietary changes, affected babies face extreme mental retardation. Hopefully, the number of conditions this type of screening applies to can be expanded.

Screening can also be done for adults, to see if they may be carriers of potential genetic conditions. Certain Jewish and Canadian populations regularly obtain voluntary screening for Tay-Sachs disease, a known child-killer. This information has been used to help make decisions about future marriage partners.

Perhaps the greatest benefit will come from what is called gene-based therapy. Understanding the molecular workings of genes and the proteins they encode will lead to more precise drug treatments. The more precise the drug treatment, the

fewer and milder will be the side effects.

Actual gene therapy, replacing a defective gene with its normal counterpart, is still very experimental. There are still many hurdles to overcome involving how to deliver the gene to the proper cells, controlling where that gene is inserted into a chromosome, and how it is activated.

Not surprisingly, some have seen the human genome sequence as a vindication of Darwin. We'll examine that contention next.

Did the Human Genome Sequence Vindicate Darwin?

Amid the controversy and exultation over the release of the near complete human genome sequence has been a not so quiet triumphal howling from evolutionary biologists. The similarity of many genes across boundaries of species, the seemingly messy patchwork nature of the genome, and the presence of numerous apparently useless repetitive and copied sequences all have been laid out for us as clear validations of evolution. Really!

If Darwin were alive today, he would be astounded and humbled by what we now understand about the human genome and the genomes of other organisms.

Let's take a closer look at the claims of one bioethicist, Arthur Caplan{6}, who thought the major news story was missed. So let's just pick a few of the more glaring statements to help us understand that little in his comments should be trusted.

First, Caplan says, "Eric Lander of the Whitehead Institute in Cambridge, Mass., said that if you look at our genome it is clear that evolution must make new genes from old parts."

While it may be true that we can see some examples of shared sequences between genes, it is by no means true that we see

wholesale evidence of gene duplication throughout the genome. According to one group of researchers,{7} less than 4,000 genes share even 30% of their sequences with other genes.

Over 25,000 genes, as much as 62% of the human genes mapped by the Human Genome Project, were unique, i.e., not likely the result of copying.

Second, Caplan says, "The core recipe of humanity carries clumps of genes that show we are descended from bacteria. There is no other way to explain the jerry-rigged nature of the genes that control key aspects of our development."

Not everyone agrees. The complexity of the genome does not mean, necessarily, that it has been jerry-rigged by evolution. There is still so much we do not know. Caplan is speaking more out of ignorance and assumption than data. Listen to this comment from Gene Meyers, one of the principal geneticists from Celera Genomics, from a story in the *San Francisco Chronicle*:

> *'What really astounds me is the architecture of life,' he said. 'The system is extremely complex. It's like it was designed.'*
>
> *My ears perked up. 'Designed? Doesn't that imply a designer, an intelligence, something more than the fortuitous bumping together of chemicals in the primordial slime?'*
>
> *Myers thought before he replied. 'There's a huge intelligence there. I don't see that as being unscientific. Others may, but not me.'{8}*

Jerry-rigged? Hardly! Confusing at the moment? Certainly! But more likely to reveal hidden levels of complexity, rather than messy jerry-rigging.

It will take more than bluster to convince me that our genome is solely the result of evolution. The earmarks of design are

clear, that is, if you have eyes to see.

What are the Challenges of the Human Genome Project?

In closing, I would like to address what are many people's concerns about the potential for abuse of this information. While there is great potential for numerous positive uses of the human genome, many fear unintended consequences for human freedom and dignity.

Some are justifiably worried about the rush to patent human genes. The public consortium, through the National Institutes of Health, has made all its information freely available and intends to patent nothing. However, there are several patent requests pending on human genes from the time before the HGP was completed.

It is important to realize that these patents are not necessarily for the genes themselves. What the patent does protect is the holder's right to priority to any products derived from using the sequence in research. With the full sequence fully published, this difficult question becomes even more muddled. No one is anxious for the courts to try its hand at settling the issue. Somehow companies will need some level of protection to provide new therapies based on genetic information without hindering the public confidence and health.

Another concern is the availability of information about individual genetic conditions. There are legitimate worries about employers using genetic information to discriminate over whom they will hire or when current employees will be laid off or forced into retirement. Upwards of 80-90% of Americans believe their genetic information should be private and obtained or accessed only with their permission. The same fears arise as to the legality of insurance companies using private genetic information to assess coverage and rates. A

recent bill (June 29,2000) before Congress to address these very concerns was amended to the Health and Human Services appropriations bill, but was removed in committee. The bill will be reintroduced this session.{9} I would be very surprised if some level of privacy protection is not firmly in place by 2002.

Moreover, many are apprehensive about the general speed of discovery and the very real possibilities of genetic engineering creating a new class, the genetically enhanced. Certainly, there is cause for vigilance and a watchful eye. I have said many times that we can no longer afford to be ignorant of genetic technologies. And while I agree that the pace of progress could afford to slow down a little, let's be careful not to throw the baby out with the bathwater.

After a series of lectures on genetic engineering and human cloning at a Christian high school, one student wrote me to say:

> *I am a senior, in an AP Biology class, and I find genetics absolutely fascinating. It's both fascinating and scary at the same time. . . . [You have inspired me] to not be afraid of the world and science in particular, but to take on its challenge and trust God.*

Amen to that!

Notes

1. "Genetics: The Future of Medicine," *NIH*, Publication No. 00-4873, 2.
2. *Nature*, 409 (15 February, 2001), www.nature.com.
3. *Science*, 291 (16 February, 2001), www.sciencemag.org.
4. Genetics: The Future of Medicine, 9-11.
5. Kevin Davies, "After the genome: DNA and human disease," *Cell*, 104 (Feb. 23, 2001), 465-467.
6.

www.probe.org/did-the-human-genome-project-prove-that-darwin-was-right/.
7. Wen-Siung Li, Zhenglong Gu, Haidong Waing, and Anton Nekrutenko, "Evolutionary analyses of the human genome," *Nature*, 409 (15 Feb 2001):847-849.
8. Tom Abate, "Human Genome Map Has Scientists Talking About the Divine – Surprisingly low number of genes raises big questions," Monday, February 19, 2001, *San Francisco Chronicle*.
9. James M. Jeffords and Tom Daschle, "Political issues in the genomic era," *Science*, 291 (16 February, 2001), 1249-1251.

A War of Words in Bioethics

Political battles are often won or lost with definitions. Proponents of abortion learned this lesson well. They didn't want to be described as those who were willing to kill innocent life. So they changed the focus from the baby to the woman and emphasized her personal choice. Those who are pro-abortion called themselves "pro-choice" and supported "a woman's right to choose." Changing the words and modifying the definitions allowed them to be more successful and more socially acceptable.

Homosexuals learned the same lesson. If the focus was on their sexual activity, the public would not be on their side. So they began to talk about sexual orientation and alternate lifestyles. Then they began to focus on attacks on homosexuals and argue that teaching tolerance of homosexuality was important to the safety of homosexuals. Again, changing the words and the debate made the issue more socially acceptable.

Now this same war of words is being waged over cloning and stem cell research. The recent debate in Congress about cloning introduced a new term: therapeutic cloning. Those who want to use cloning argued that there are really two kinds of cloning. One is reproductive cloning which involves the creation of a child. The other is called therapeutic cloning which involves cloning human embryos which are eventually destroyed rather than implanted in a mother's womb.

Representative Jim Greenwood (R-PA) sponsored a bill that would permit this second form of human cloning for embryonic stem cell research while outlawing the first form of cloning to produce children. Although it was put forward as a compromise, pro-life advocates rightly called his legislation a "clone and kill bill." Fortunately, the Greenwood bill was defeated, and a bill banning all cloning sponsored by Representative Dave Weldon (R-FL) passed the House and was sent to the Senate.

Another example of this war of words can be seen in the floor debate over these two bills. The opponents of the "clone and kill bill" were subjected to harsh criticism and stereotypes. Both the debate on cloning and the debate on stem cells has often been presented as a battle between compassion and conservatives or between science and religion. Here are just a few of the statements made during the House debate on cloning:

Anna Eshoo (D-CA): "As we stand on the brink of finding the cures to diseases that have plagued so many millions of Americans, unfortunately, the Congress today in my view is on the brink of prohibiting this critical research."

Zoe Lofgren (D-CA): "If your religious beliefs will not let you accept a cure for your child's cancer, so be it. But do not expect the rest of America to let their loved ones suffer without cure."

Jerold Nadler (D-NY): "We must not say to millions of sick or

injured human beings, ‘go ahead and die, stay paralyzed, because we believe the blastocyst, the clump of cells, is more important than you are.’ . . . It is a sentence of death to millions of Americans.”

Notice too how a human embryo is merely called a blastocyst. Though a correct biological term, it is used to diminish the humanity of the unborn. In the stem cell debate, it was disturbing to see how much attention was given to those who might potentially benefit from the research and how little attention was given to the reality that human beings would be destroyed to pursue the research.

Moreover, the claims of immediate success were mostly hype and hyperbole. Columnist Charles Krauthammer called it “The Great Stem Cell Hoax.” He believes that any significant cures are decades away.

He also points out how it has become politically correct to “sugarcoat the news.” The most notorious case was the article in the prestigious scientific journal *Science*. The authors’ research showed that embryonic stem cells of mice were genetically unstable. Their article concluded by saying that this research might put into question the clinical applicability of stem cell research.

Well, such a critical statement just couldn’t be allowed to be stated publicly. So in a highly unusual move, the authors withdrew the phrase that the genetic instability of stem cells “might limit their use in clinical applications” just days before publication.

Charles Krauthammer says, “This change in text represents a corruption of science that mirrors the corruption of language in the congressional debate. It is corrupting because this study might have helped to undermine the extravagant claims made by stem cell advocates that a cure for Parkinson’s or spinal cord injury or Alzheimer’s is in the laboratory and

just around the corner, if only those right-wing, antiabortion nuts would let it go forward."

So the current debate in bioethics not only brings in Huxley's *Brave New World*, but also George Orwell's newspeak. The debate about cloning and stem cells is not only a debate about the issues but a war of words where words and concepts are redefined.

Human Genetic Engineering

Although much has occurred in this field since this article was written in 2000, the questions addressed by Dr. Bohlin are still timely and relevant. Is manipulating our genetic code simply a tool or does it deal with deeper issues? Dealing with genetic engineering must be done within the context of the broader ethical and theological issues involved. In the article, Dr. Bohlin provides an excellent summary driven from his biblical worldview perspective.

What forms of genetic engineering can be done in human beings?

Genetic technology harbors the potential to change the human species forever. The soon to be completed Human Genome Project will empower genetic scientists with a human biological instruction book. The genes in all our cells contain the code for proteins that provide the structure and function to all our tissues and organs. Knowing this complete code will open new horizons for treating and perhaps curing diseases that

have remained mysteries for millennia. But along with the commendable and compassionate use of genetic technology comes the specter of both shadowy purposes and malevolent aims.

For some, the potential for misuse is reason enough for closing the door completely—the benefits just aren't worth the risks. In this article, I'd like to explore the application of genetic technology to human beings and apply biblical wisdom to the eventual ethical quagmires that are not very far away. In this section we'll investigate the various ways humans can be engineered.

Since we have introduced foreign genes into the embryos of mice, cows, sheep, and pigs for years, there's no technological reason to suggest that it can't be done in humans too. Currently, there are two ways of pursuing gene transfer. One is simply to attempt to alleviate the symptoms of a genetic disease. This entails gene therapy, attempting to transfer the normal gene into only those tissues most affected by the disease. For instance, bronchial infections are the major cause of early death for patients with cystic fibrosis (CF). The lungs of CF patients produce thick mucus that provides a great growth medium for bacteria and viruses. If the normal gene can be inserted in to the cells of the lungs, perhaps both the quality and quantity of their life can be enhanced. But this is not a complete cure and they will still pass the CF gene on to their children.

In order to cure a genetic illness, the defective gene must be replaced throughout the body. If the genetic defect is detected in an early embryo, it's possible to add the gene at this stage, allowing the normal gene to be present in all tissues including reproductive tissues. This technique has been used to add foreign genes to mice, sheep, pigs, and cows.

However, at present, no laboratory is known to be attempting this well-developed technology in humans. Princeton molecular biologist Lee Silver offers two reasons.{1} First, even in

animals, it only works 50% of the time. Second, even when successful, about 5% of the time, the new gene gets placed in the middle of an existing gene, creating a new mutation. Currently these odds are not acceptable to scientists and especially potential clients hoping for genetic engineering of their offspring. But these are only problems of technique. It's reasonable to assume that these difficulties can be overcome with further research.

Should genetic engineering be used for curing genetic diseases?

The primary use for human genetic engineering concerns the curing of genetic disease. But even this should be approached cautiously. Certainly within a Christian worldview, relieving suffering wherever possible is to walk in Jesus' footsteps. But what diseases? How far should our ability to interfere in life be allowed to go? So far gene therapy is primarily tested for debilitating and ultimately fatal diseases such as cystic fibrosis.

The first gene therapy trial in humans corrected a life-threatening immune disorder in a two-year-old girl who, now ten years later, is doing well. The gene therapy required dozens of applications but has saved the family from a $60,000 per year bill for necessary drug treatment without the gene therapy.{2} Recently, sixteen heart disease patients, who were literally waiting for death, received a solution containing copies of a gene that triggers blood vessel growth by injection straight into the heart. By growing new blood vessels around clogged arteries, all sixteen showed improvement and six were completely relieved of pain.

In each of these cases, gene therapy was performed as a last resort for a fatal condition. This seems to easily fall within the medical boundaries of seeking to cure while at the same time causing no harm. The problem will arise when gene therapy

will be sought to alleviate a condition that is less than life-threatening and perhaps considered by some to simply be one of life's inconveniences, such as a gene that may offer resistance to AIDS or may enhance memory. Such genes are known now and many are suggesting that these goals will and should be available for gene therapy.

The most troublesome aspect of gene therapy has been determining the best method of delivering the gene to the right cells and enticing them to incorporate the gene into the cell's chromosomes. Most researchers have used crippled forms of viruses that naturally incorporate their genes into cells. The entire field of gene therapy was dealt a severe setback in September 1999 upon the death of Jesse Gelsinger who had undergone gene therapy for an inherited enzyme deficiency at the University of Pennsylvania.{3} Jesse apparently suffered a severe immune reaction and died four days after being injected with the engineered virus.

The same virus vector had been used safely in thousands of other trials, but in this case, after releasing stacks of clinical data and answering questions for two days, the researchers didn't fully understand what had gone wrong.{4} Other institutions were also found to have failed to file immediate reports as required of serious adverse events in their trials, prompting a congressional review.{5} All this should indicate that the answers to the technical problems of gene therapy have not been answered and progress will be slowed as guidelines and reporting procedures are studied and reevaluated.

Will correcting my genetic problem, prevent it in my descendants?

The simple answer is no, at least for the foreseeable future. Gene therapy currently targets existing tissue in a existing child or adult. This may alleviate or eliminate symptoms in

that individual, but will not affect future children. To accomplish a correction for future generations, gene therapy would need to target the germ cells, the sperm and egg. This poses numerous technical problems at the present time. There is also a very real concern about making genetic decisions for future generations without their consent.

Some would seek to get around these difficulties by performing gene therapy in early embryos before tissue differentiation has taken place. This would allow the new gene to be incorporated into all tissues, including reproductive organs. However, this process does nothing to alleviate the condition of those already suffering from genetic disease. Also, as mentioned earlier this week, this procedure would put embryos at unacceptable risk due to the inherent rate of failure and potential damage to the embryo.

Another way to affect germ line gene therapy would involve a combination of gene therapy and cloning.{6} An embryo, fertilized *in vitro*, from the sperm and egg of a couple at risk for sickle-cell anemia, for example, could be tested for the sickle-cell gene. If the embryo tests positive, cells could be removed from this early embryo and grown in culture. Then the normal hemoglobin gene would be added to these cultured cells.

If the technique for human cloning could be perfected, then one of these cells could be cloned to create a new individual. If the cloning were successful, the resulting baby would be an identical twin of the original embryo, only with the sickle-cell gene replaced with the normal hemoglobin gene. This would result in a normal healthy baby. Unfortunately, the initial embryo was sacrificed to allow the engineering of its identical twin, an ethically unacceptable trade-off.

So what we have seen, is that even human gene therapy is not a long-term solution, but a temporary and individual one. But even in condoning the use of gene therapy for therapeutic

ends, we need to be careful that those for whom gene therapy is unavailable either for ethical or monetary reasons, don't get pushed aside. It would be easy to shun those with uncorrected defects as less than desirable or even less than human. There is, indeed, much to think about.

Should genetic engineering be used to produce super-humans?

The possibility of someone or some government utilizing the new tools of genetic engineering to create a superior race of humans must at least be considered. We need to emphasize, however, that we simply do not know what genetic factors determine popularly desired traits such as athletic ability, intelligence, appearance and personality. For sure, each of these has a significant component that may be available for genetic manipulation, but it's safe to say that our knowledge of each of these traits is in its infancy.

Even as knowledge of these areas grows, other genetic qualities may prevent their engineering. So far, few genes have only a single application in the body. Most genes are found to have multiple effects, sometimes in different tissues. Therefore, to engineer a gene for enhancement of a particular trait—say memory—may inadvertently cause increased susceptibility to drug addiction.

But what if in the next 50 to 100 years, many of these unknowns can be anticipated and engineering for advantageous traits becomes possible. What can we expect? Our concern is that without a redirection of the worldview of the culture, there will be a growing propensity to want to take over the evolution of the human species. The many people see it, we are simply upright, large-brained apes. There is no such thing as an independent mind. Our mind becomes simply a physical construct of the brain. While the brain is certainly complicated and our level of understanding of its intricate

machinery grows daily, some hope that in the future we may comprehend enough to change who and what we are as a species in order to meet the future demands of survival.

Edward O. Wilson, a Harvard entomologist, believes that we will soon be faced with difficult genetic dilemmas. Because of expected advances in gene therapy, we will not only be able to eliminate or at least alleviate genetic disease, we may be able to enhance certain human abilities such as mathematics or verbal ability. He says, "Soon we must look deep within ourselves and decide what we wish to become."{7} As early as 1978, Wilson reflected on our eventual need to "decide how human we wish to remain."{8}

Surprisingly, Wilson predicts that future generations will opt only for repair of disabling disease and stop short of genetic enhancements. His only rationale however, is a question. "Why should a species give up the defining core of its existence, built by millions of years of biological trial and error?"{9} Wilson is naively optimistic. There are loud voices already claiming that man can intentionally engineer our "evolutionary" future better than chance mutations and natural selection. The time to change the course of this slow train to destruction is now, not later.

Should I be able to determine the sex of my child?

Many of the questions surrounding the ethical use of genetic engineering practices are difficult to answer with a simple yes or no. This is one of them. The answer revolves around the method used to determine the sex selection and the timing of the selection itself.

For instance, if the sex of a fetus is determined and deemed undesirable, it can only be rectified by termination of the embryo or fetus, either in the lab or in the womb by abortion. There is every reason to prohibit this process. First, an

innocent life has been sacrificed. The principle of the sanctity of human life demands that a new innocent life not be killed for any reason apart from saving the life of the mother. Second, even in this country where abortion is legal, one would hope that restrictions would be put in place to prevent the taking of a life simply because it's the wrong sex.

However, procedures do exist that can separate sperm that carry the Y chromosome from those that carry the X chromosome. Eggs fertilized by sperm carrying the Y will be male, and eggs fertilized by sperm carrying the X will be female. If the sperm sample used to fertilize an egg has been selected for the Y chromosome, you simply increase the odds of having a boy (~90%) over a girl. So long as the couple is willing to accept either a boy or girl and will not discard the embryo or abort the baby if it's the wrong sex, it's difficult to say that such a procedure should be prohibited.

One reason to utilize this procedure is to reduce the risk of a sex-linked genetic disease. Color-blindness, hemophilia, and fragile X syndrome can be due to mutations on the X chromosome. Therefore, males (with only one X chromosome) are much more likely to suffer from these traits when either the mother is a carrier or the father is affected. (In females, the second X chromosome will usually carry the normal gene, masking the mutated gene on the other X chromosome.) Selecting for a girl by sperm selection greatly reduces the possibility of having a child with either of these genetic diseases. Again, it's difficult to argue against the desire to reduce suffering when a life has not been forfeited.

But we must ask, is sex determination by sperm selection *wise?* A couple that already has a boy and simply wants a girl to balance their family, seems innocent enough. But why is this important? What fuels this desire? It's dangerous to take more and more control over our lives and leave the sovereignty of God far behind. This isn't a situation of life and death or

even reducing suffering.

But while it may be difficult to find anything seriously wrong with sex selection, it's also difficult to find anything good about it. Even when the purpose may be to avoid a sex-linked disease, we run the risk of communicating to others affected by these diseases that because they *could* have been avoided, their life is somehow less valuable. So while it may not be prudent to prohibit such practices, it certainly should not be approached casually either.

Notes

1. Lee Silver, *Remaking Eden: Cloning and Beyond in a Brave New World*, New York, NY: Avon Books, p. 230-231.
2. Leon Jaroff, Success stories, *Time*, 11 January 1999, p. 72-73.
3. Sally Lehrman, Virus treatment questioned after gene therapy death, *Nature* Vol. 401 (7 October 1999): 517-518.
4. Eliot Marshall, Gene therapy death prompts review of adenovirus vector, *Science* Vol. 286 (17 December 1999): 2244-2245.
5. Meredith Wadman, NIH under fire over gene-therapy trials, *Nature* Vol. 403 (20 January 1999): 237.
6. Steve Mirsky and John Rennie, What cloning means for gene therapy, *Scientific American*, June 1997, p. 122-123.
7. Ibid., p. 277.
8. Edward Wilson, O*n Human Nature*, Cambridge, Mass.: Harvard University Press, p. 6.
9. E. Wilson, *Consilience*, p. 277.

Putting the Brakes on Human Genetic Engineering

Dr. Michael Gleghorn argues that a biblical view of man should both inform and limit how reproductive technology and genetic engineering are applied to humanity.

Are We Speeding toward a Brave New World?

With ongoing advances in reproductive technology and genetic engineering, man's ability to make himself what he pleases is increasingly within reach. For example, in a 1996 *Nature* editorial it was stated, "the growing power of molecular genetics confronts us with future prospects of being able to change the nature of our species."{1} This raises serious ethical concerns. The power to change human nature says nothing at all about whether we *ought* to change it. How might we use such unprecedented power?

Both Aldous Huxley and C. S. Lewis made disturbing predictions about man's possible future. Both explored what might happen if technologies like genetic engineering and psychological conditioning were unwisely applied to mankind.

In Huxley's *Brave New World* children are no longer born to mothers and fathers (words considered disgusting and taboo); rather, they are "grown" in government owned "hatcheries."{2} Human freedom is virtually non-existent because each person is genetically engineered and psychologically conditioned to fulfill a particular social role. Society is structured into five classes. On top are the Alphas, society's elite. They are the intellectuals, educators, and government officials. At bottom are the Epsilons. They handle society's most menial tasks. In the middle are the Betas, Gammas, and Deltas, each having responsibilities appropriate to their class.

In *The Abolition of Man*, C. S. Lewis argues that man's final conquest of nature may be his conquest of *human* nature. Lewis calls those who develop and gain such power *conditioners*. They can make humanity whatever they please. But what will it "please" them to make?

Neither Huxley nor Lewis seem optimistic. Consider, for instance, what could happen if the man-makers of the future abandon belief in objective moral values—the doctrine that some things are really right and others really wrong. Would they make humanity "better"? The idea of "better" implies a standard of comparison that is either absolute or relative. But these man-makers reject an *absolute* standard of right and wrong. For such moral relativists then, a claim that honesty is good and lying is evil means nearly the same as a claim that hot chocolate is good but coffee is disgusting! Claims about good and evil are merely matters of *personal* taste or preference, nothing more.

But what if there really are objective moral values? If so, such human conditioners could only make us better by accident, for they have rejected the very standard by which *genuine improvement* could ever be measured! And apart from this objective moral standard, "better" means *only* what they themselves happen to like.

In contrast to such moral relativism, the Bible teaches that objective moral values are real. It points to the moral perfection of God as the absolute standard against which all human moral actions should be measured. Therefore, if we let a biblical view of man and morality inform how we choose to apply genetic engineering, we may be able to embrace the benefits and avoid the pitfalls of this powerful new technology.

This Present Darkness

Aldous Huxley and C. S. Lewis feared that if we misapply

technologies like genetic engineering to ourselves we might soon become an endangered species! I share their concerns. Although I am *not* opposed to research and development in this area, I do think it should be constrained by a biblical view of man. Unfortunately, many researchers regard this view as little more than an antiquated myth. The biblical view of man has been rejected, or worse, entirely ignored. That such researchers should feel little incentive for placing biblical constraints on their work is therefore hardly surprising.

A good example of this mindset can be found in Lee Silver's 1997 book, *Remaking Eden: Cloning and Beyond in a Brave New World*. He endorses Huxley's prediction about the power man will gain over reproduction.{3} But while Huxley and Lewis thought the state would use such power to promote its own agenda, Silver believes parents will use it to enhance the lives of their children. He thinks it's inconsistent to allow parents to provide their children with the best home environment, the best health care, the best educational opportunities and cultural experiences, but *not* the best genes.{4} He predicts that if the technology to change or enhance genes becomes available, no one will be able to stop parents from using it.{5} Since the amount of money to be made by such services would be staggering, "the global marketplace will reign supreme."{6}

So how close is the day when parents might request a genetic upgrade for their children? Well, judge for yourself. The successful development of in vitro fertilization in 1978 not only allowed scientists to cure a certain type of infertility, it also gave them access to the embryo. In principle, this makes it possible "to observe and modify . . . its genetic material before a pregnancy is initiated."{7} Although such genetic modification has not yet taken place, it is now "possible to screen thousands of different genes within individual embryos" to see how such potential children might differ from one another.{8}

Still, genetic *screening* is not genetic *engineering*. No genes are added or changed.{9} It simply allows parents to choose from the selection of embryos generated by this procedure. But there is a problem: it's currently legal to destroy the embryos that aren't chosen!{10} And this constitutes a serious infringement upon the rights of the unborn. Furthermore, Silver predicts that "genetic engineering of human embryos" will become feasible by the middle of this century.{11}

While such remarks may sound alarming, we must remember that it's not the technology itself, but its *misapplication* that's the problem.

What Might the Future Hold?

One of the worst consequences of contemporary reproductive technology is the creation, and subsequent destruction, of numerous human embryos. Since 1997, genetic screening has made it "possible to screen thousands of different genes within individual embryos" to see how such potential children might differ from one another.{12} This information allows prospective parents to choose the one embryo among many which they believe will make the best child. Unfortunately, the remaining embryos are simply destroyed! If such technology is not constrained by a biblical view of man, this new form of legalized eugenics may be only the beginning. In light of such advancing technologies, what might the future hold?

The future envisioned by Lee Silver in *Remaking Eden*is both fascinating and disturbing. He speculates that by the year 2350 two very distinct classes of people may exist: the *Naturals* and the *Gene-Enriched* or *GenRich*. Naturals are people like you and me, born by natural methods and not genetically enriched. The GenRich, who may account for roughly ten percent of the American population, are distinguished from Naturals in that they "all carry synthetic genes . . . that were created in the laboratory."{13} Silver believes that over time the genetic distance between Naturals and the GenRich will become

ever greater. Eventually all aspects of the government, economy, media, entertainment, and education will be controlled by the GenRich.{14} "In contrast, Naturals [will] work as low-paid service providers or as laborers," and their children will only be taught the skills needed to do the jobs available to their class.{15}

If this social structure strikes you as loosely reminiscent of Aldous Huxley's *Brave New World* you're not alone. In fact, Silver subtitled his book, *Cloning and Beyond in a Brave New World*. But while Silver believes wealthy parents will use genetic engineering to enhance the lives of their children, Huxley thought such power would be controlled by the state. And here's where things get tricky.

Silver predicts that society will be "controlled by . . . the GenRich."{16} They will be the sole governing class and the sole controllers of all sophisticated technology, including genetic engineering. But then what can prevent the GenRich from passing laws that permit engineering the Naturals to be a class of servants? Would not the more powerful, but less numerous, GenRich want to prevent the Naturals from entertaining revolutionary ideas? And might they not do this through genetic engineering and psychological conditioning? Have we not returned to something like Huxley's *Brave New World*? How might we avoid such a future?

The biblical view of man provides an answer to this question.

The Biblical Doctrine of Man

In his book *Remaking Eden*, Lee Silver anticipates a future in which we can genetically alter human nature. He predicts that "genetic engineering of human embryos" will become feasible by the middle of this century.{17} Suppose he is right about this. Does it follow that we *ought* to genetically engineer humans simply because we *can*? How we answer this question will largely depend on our view of man.

Exactly what are we, anyway? Are we merely matter which, through a long, undirected evolutionary process, has finally become self- conscious? Or are we something more? The Bible declares that both men and women were created in the image of God.{18} This doctrine forms the basis for the Christian belief in both the dignity of man and the sanctity of human life. Even after man's fall into sin the image of God, though marred, was not completely lost.{19}

Thus in Genesis 9:6 we read, "Whoever sheds man's blood, by man his blood shall be shed, for in the image of God He made man." When God instituted capital punishment for murder, it was because He had created man in His image. But this verse not only affirms that man bears the image of God, it also implies that human life is sacred and imposes a severe penalty for the unjustified taking of such a life. It also suggests that man is subject to an absolute moral law which finds its source in God. You might say it indicates that all men "are endowed by their Creator with certain unalienable rights," chief of which is the right to life!

The biblical doctrine of man needs to be brought into ethical discussions of reproductive technology and genetic engineering. Because man bears God's image, certain boundaries should not be crossed. For example, scientific evidence indicates that human life begins at conception. Therefore, destroying human embryos clearly violates their "unalienable" right to life. Furthermore, any attempt to genetically alter man's unique nature as a rational, emotional, volitional, moral agent *could* be viewed as an attack on the image of God in man.{20} We must be careful how we choose to apply such technologies—especially to ourselves!

Science within the Limits of Biblical Morality Alone

C. S. Lewis compared man's attempt to conquer human nature to

"the magician's bargain: give up our soul, get power in return."{21} But once we take the final step of reducing humanity "to the level of mere Nature . . . the being who stood to gain and the being who has been sacrificed are one and the same."{22} Lewis referred to this final step as the abolition of man. By this he did not mean the abolition of man's physical being. Rather, he was concerned about potentially detrimental changes to that unique, *immaterial* component of human nature. Although I have doubts about whether we could *actually* change this aspect of human nature, I do object to any *attempt* by man to alter it through genetic engineering. Since God based capital punishment for murder on the fact that man was made in His image, it seems that any attempt to genetically alter human nature, fallen though it is, may likewise be morally offensive.{23}

Still, the solution is not to abandon scientific research. Rather, we must simply keep it within proper moral boundaries. To make this clear, let's consider an example of a morally acceptable application of genetic engineering which also offers great potential benefit to humanity. There has recently been some talk of possible new AIDS vaccines. One of these, a brainchild of Robert Gallo's institute, makes use of the salmonella bacteria responsible for typhoid. The bacteria are genetically altered to be less infectious and to carry portions of HIV DNA into human intestinal cells. Alex Dominguez writes, "The infected intestinal cells are . . . hijacked by the HIV and produce a part of the HIV virus, which is not harmful but causes an immune response. Researchers hope that will allow the body to fight off an attack by the real HIV virus."{24} Although at this time the vaccine is still being developed, it provides an example of how genetic engineering might be used in both a morally acceptable and humanly beneficial way.

But why is this a "morally acceptable" example? Briefly, unlike the scenarios imagined by Aldous Huxley and C. S.

Lewis, man's unique identity as a rational moral agent made in the image of God is not in any way changed or compromised. Using genetically altered bacteria as a potential vaccine against HIV does not seek to alter human nature any more than a vaccine against rabies does.

Confining scientific research within the limits of an objective, biblical morality thus precludes neither scientific advancement nor human benefit. Rather, it recognizes the value of science without devaluing those who it is chiefly intended to serve! But disregarding such moral standards could potentially lead us into the brave new worlds imagined by both Huxley and Lewis. We must therefore hold these principles in tension and encourage scientific research within the limits of biblical morality alone.

Notes

1. Cited in Lee M. Silver, *Remaking Eden: Cloning and Beyond in a Brave New World* (New York: Avon Books, 1997), 10.
2. Aldous Huxley, *Brave New World* (New York: Harper and Row, Publishers, 1969), 1-4.
3. Silver, *Remaking Eden*, 9.
4. Ibid., 236.
5. Ibid., 236-37.
6. Ibid., 11.
7. Ibid., 68.
8. Ibid., 203.
9. Ibid., 129.
10. *Public Opinion Sought on Embryo Research*, Religious Rights Watch: A Publication of Christian Coalition of America, volume 11, number 1, January 2000.
11. Silver, *Remaking Eden*, 233.
12. Ibid.
13. Ibid., 4.
14. Ibid., 6, 242.
15. Ibid., 6.
16. Ibid.

17. Ibid., 233.
18. Genesis 1:27.
19. James 3:9.
20. A biblical understanding of human nature includes both material and immaterial components. We are not told all the particulars about how these components are related to one another, but clearly each can influence the other. In other words, genetic alterations to the human body could also affect the human mind and personality, essential aspects of human nature which, in my opinion, cannot be reduced to purely physical processes. See footnote 23 for further discussion.
21. C. S. Lewis, *The Abolition of Man* (New York: Macmillan Publishing Company, 1955), 83.
22. Ibid.
23. The Divine image is neither limited to, nor even primarily concerned with, man's physical being. Rather, this image concerns who, or what, man is *essentially*. And this, I think, is where an *immaterial* aspect of human nature must be introduced. That is, man's peculiar *nature* as a rational, emotional, volitional, moral agent with a special capacity for both forming and enjoying relationships with others (including God) includes both material and immaterial components. Although human nature is now fallen and infected with sin, it still bears the imprint of God's image (Gen. 9:6; Jas. 3:9). Thus, I view any attempt to genetically alter human nature (especially its *immaterial* aspect) as morally objectionable because first, man bears the image of God; and second, although human nature is certainly in need of change, this is hardly an appropriate task for fallen humanity. After all, our real need is not just to be made *different*, but to be made new (2 Cor. 5:17). And this *new creatio*n is strictly the work of God—not man (Eph. 2:10; 4:24).
24. Alex Dominguez, "AIDS Vaccine to be Tested in Uganda," *Associated Press*, 20 May 2000.