

EC—on the one hand, antiabortion forces, who have relentlessly argued that EC itself is an “abortifacient,” and on the other, reproductive health advocates wishing to extend women’s contraceptive options. A particularly valuable contribution of this book is Prescott’s tracing of the internal dynamics and shifting alliances within the reproductive health community. In this regard, it is fascinating to note the counterintuitive nature of the positions held by some of the main actors: the physicians who pushed for the demedicalization of EC by advocating for OTC status and freely handed out prescriptions of the drug to participants at the gigantic 2004 March for Women’s Lives in Washington, versus some of the best-known feminist health organizations, such as the National Network for Women’s Health, which were initially wary about making EC available over the counter due to concerns about safety factors and the fact that insurance programs typically do not cover non-prescription drugs. Eventually, as Prescott concludes, “Emergency contraception has served as a bridge issue that has brought together former adversaries, including feminist health organizations, population and family planning people and groups representing women of color.”

Even without knowing about the latest setback to EC that occurred during the Obama presidency, Prescott ends her book on a sober note. She points to the fact that EC has not lived up to the most positive scenarios depicted by some of its earliest promoters because the availability of the drug has not appreciably affected the unintended pregnancy rate in the United States. (Nor, one should point out, has the drug’s availability led to the outbreak of “promiscuity” warned of by its detractors.) Most compellingly, Prescott acknowledges the economic inequalities in the US that decades of feminist health activism have been unable to address, and which “pose an insurmountable barrier to those unable to afford the products of this self-care revolution.” ■

Body Building: Intervention in Evolution

By Gail Grossman Freyne

Embryo Politics: Ethics and Policy in Atlantic Democracies

Thomas Banchoff

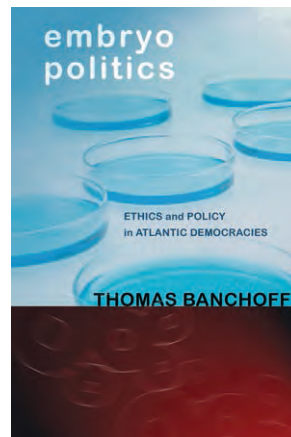
(Cornell University Press, 2011, 272 pp)

978-0-8014-4957-4, \$35.00

A FEW SHORT YEARS BEFORE the turn of the century Dolly the cloned sheep was born. “It’s unbelievable,” said Princeton geneticist Lee Silver in a 1997 *New York Times* article titled “Science Reports First Cloning Ever of Adult Mammal.” “It basically means there are no limits. It means all of science fiction is true,” Silver continued. That may seem like an oxymoron, but the same article features another medical expert musing about an idea he’d once had for a fictional tale about a scientist who obtains a spot of blood from the cross on which Jesus was crucified, and then uses it to clone a man. The lines between fiction and reality have already begun to blur. Just what may soon be possible is made clearer by Thomas Banchoff’s *Embryo Politics: Ethics and Policy in Atlantic Democracies*.

GAIL GROSSMAN FREYNE, LLB, PHD, is currently a family therapist and mediator in private practice in Dublin, Ireland (www.gailfreyne.org). She has previously worked as a lawyer in Melbourne and Queensland in Australia and in New Orleans, La. She is the author of Care, Justice & Gender: A New Harmony for Family Values (Veritas, Dublin).

Banchoff does not fall prey to the allures of science fiction and he avoids sensationalism, but his book is sensational. It is an exciting read and should generate a great deal of public interest because it sets out with clarity the many strands, both ethical and political, that make up in vitro fertilization (IVF), stem cell research and cloning. The author takes us on a journey through space and time: across four countries during four decades. The countries are the United Kingdom, France, Germany and the United States. In 1968 the first human egg was successfully fertilized outside the womb in Cambridge, England. In 1978, the first IVF baby, Louise Brown, was born. The derivation of human embryonic stem cells in 1998 led to the first verified cloning of a human embryo in 2008. Also in 2008 the British government disclosed that it had permitted scientists to solve the problem of the shortage of human eggs for research by the creation of animal-human hybrid embryos as a source of stem cells. This high-tech innovation paradoxically feels like being plunged back in time to ancient Greece and Rome and myths about centaurs, satyrs and other half-human creatures.



It is my belief, as I laid out in *Care, Justice and Gender*, that philosophical reflection is always ultimately pared down to two questions: What is human identity and what is the best way for human beings to live together? As Banchoff's tale unfolds, the crux of human identity is contained in the question: is a human embryo a fully human being? Does it become human at the moment of conception or implantation? Is conception an event or a process? In an attempt to answer these and related questions, the author makes many suggestions about the best way for the embryo, the elderly and everyone in between to live together. Nation-states must deal in politics and policy for the good of all, yet, as the book makes clear, many individual citizens have very different views of what constitutes the common good.

What began with the race to produce the first test-tube baby continued with research that—in the beginning—pro-

gressed unhindered by intervention from the Catholic hierarchy. The author reminds us that in 1968 the bishops of England and Wales issued a statement supportive of IVF research, as did the future pope, John Paul I, then Cardinal Albino Luciani, who sent public congratulations to the Brown family. But IVF programs require many more fertilized eggs than are implanted. What is to be done with those that are left over?

As far as the Catholic hierarchy led by Pope John Paul II and Cardinal Joseph Ratzinger was concerned, IVF as a fertility treatment was to be completely rejected. The embryo—and they did not pronounce upon whether it had a soul or not—was to be treated as a human being with all the attendant rights from the moment of conception. Theologians differed in their opinions on IVF. One German Jesuit theologian, Karl Rahner, wondered whether rights could attach to the 50 percent of the eggs that failed to implant. Bernard Häring,

another theologian from Germany, reasoned that if twins are not formed until two weeks after conception then “individualization seems not yet to have reached that point which is indispensable to personhood.” Therefore, if the embryo up to two weeks is not a person, then maybe research, carefully controlled, should be permitted.

ONCE IVF WAS ESTABLISHED AS a fertility treatment, the contours of the debate began to widen. Respect for the embryo was universal, but was not biomedical research, underpinning an ethic of healing, also a moral imperative? As time passed, the debate became more polarized. The Catholic hierarchy and the Evangelical community in North America fused the issues of embryo research and abortion. Scientists, on the other hand, increasingly emphasized the healing powers of research. During this period it became clear that an ethic of rights was competing with an ethic of care. It was a classic case of defining the problem as an either/or situation when what was required was a both/and solution.

Banchoff describes this polarization as being most intense in the United Kingdom and the United States, at least in public debate. In America a ban on federal funds for embryo research was upheld even while private research was allowed to proceed unimpeded and unregulated. Britain was the most permissive, allowing embryo research—even the creation of embryos for this purpose—under carefully monitored conditions. In Germany, and to a lesser degree in France, the legacy of Nazi eugenics was the determining context for controversy. The idea that experimentation might interfere with the dignity of the human person informed both secular and religious thinking. As a result, eugenic anxieties led to a total ban on research. France, with its separation of church and state established by legislation passed in 1905, is a secular political culture. Even French Catholics couched their arguments about embryo

Reports Worth Reading

Induced Abortion: Incidence and Trends Worldwide from 1995 to 2008

G Sedgh et al., *The Lancet*, January 19, 2012

Using data from the Guttmacher Institute and the World Health Organization, this report demonstrates that the global abortion rate has leveled off. Between 1995 and 2003, it decreased from 35 to 29 per 1,000 women of childbearing age, but seems to have reached a plateau in 2005, when the rate was 28. Chief researcher Gilda Sedgh said, “This plateau coincides with a slowdown in contraceptive uptake. Without greater investment in quality family planning services, we can expect this trend to persist.” A breakdown by region showed that liberal abortion laws tend to be associated with lower abortion rates. Also examined are health and mortality measures associated with unsafe abortion and trends specific to the developing world.

Who Decides? The Status of Women's Reproductive Rights in the United States

NARAL Pro-Choice America Foundation, 2012

The year 2011 was an eventful one on the reproductive health front. The 21st edition of *Who Decides?* helps make sense of the changing picture of choice in the US. State laws and legislative activities related to choice issues are listed according to topic (insurance, counseling rules, emergency contraception, low-income women's access to family planning, etc.) and also depicted by state in map form. The overall tenor of state and federal legislative bodies is mapped out according to where policymakers come down on the choice issue.

research in non-theological language. The result was the same as in Germany: experimentation on embryos was banned. Interestingly, it was Immanuel Jakobovits, chief rabbi from England and an expert in Jewish medical ethics, who provided a possible philosophical bridge. He supported research with surplus IVF embryos for worthy goals but insisted that “no embryo should ever be generated for the purpose of experimentation.” Ultimately, both France and Germany criminalized all destructive embryo research.

So far, Banchoff’s narrative has been concerned with my first question: what is human identity? Each nation was from the beginning concerned with the rights of the embryo, its protection and the contours of human dignity. Now,

Japanese team reprogrammed adult body cells to act like embryonic ones. These induced pluripotent stem cells (iPS) held out the possibility of regenerative medicine without the destruction of embryos as, of course, did the use of adult stem cells. Then followed the procedure known as Preimplantation Genetic Diagnosis (PGD), a procedure that screens human embryos before transfer to the womb. Cystic fibrosis and Down syndrome may be identified early while the sex of the child can now be determined with certainty. The author quotes a 2006 study in the United States that found that three-quarters of US-based fertility clinics surveyed offered PGD services and two-fifths offered a sex-selection option. A healthy child of the gender of

a sense that the ever-present tension—in all four countries stretching through all four decades—between protecting life and alleviating suffering is in danger of becoming an unbridgeable chasm. As the rift widens there seems to be little policy discussion or political drive for regulation. The doers are far outpacing the thinkers. Most disturbingly of all, as the quality of public ethical debate declines there is no guarantee that ethical reflection will be central to the future of embryo politics. If you refuse to discuss the question, how can you be part of the answer?

For this reason, I have no hesitation in recommending this book. It is a store of information presented in a comprehensive, lucid and accessible format for the lay person. While Banchoff raises ques-

In 1968 the bishops of England and Wales issued a statement supportive of IVF research, as did the future pope, John Paul I, then Cardinal Albino Luciani.

breakthroughs at the turn of the century in stem cell research and cloning suddenly offer the prospect of regenerative medicine—or, as Banchoff describes it, “a future horizon of regenerative medicine burst onto the public imagination.” Immediately, new ethical considerations move the discussion to my second question: what is the best way for human beings to live together? What constitutes human flourishing? Embryo science’s new concern with healing gave new traction to the ethic of care.

Not surprisingly, the official stance of the Catholic hierarchy did not change. In the summer of 2000 the Vatican stated again that the destruction of embryos was “a gravely immoral act and consequently gravely illicit.” As Banchoff notes, it addressed an ethic of healing head-on with the familiar argument that the end does not justify the means.

At the same time, there were others who thought that new technologies might require new thinking. In 2006 a

one’s choice became closer to being a certainty. The next logical step might be genetic enhancement, meaning that Huxley’s *Brave New World* is getting closer to science than fiction. What the German government once idealized—a society of healthy boys with fair hair and blue eyes—could now be created by science in the service of eugenics.

Certainly the old questions concerning the moral status of the embryo persist with respect to these new technologies, but they also raise new and larger questions about human freedom and equality, even the future of human evolution. Children selected or engineered for certain traits could be said to lack a degree of autonomy. Uneven access to technologies would simply reinforce social inequalities and the health of the poor would suffer disproportionately. As Banchoff points out, genetic enhancement could lead to a genetic caste system or even a race of superheroes.

As the book draws to a close there is

tions for the reader’s consideration, the book does not contain comprehensive answers. Not because the author has failed in his task, but because such answers do not exist. As in most, if not all, moral reflection, we need to be satisfied with the best answers we can produce for the present, always acknowledging that as new technologies and circumstances come to light we might have to alter these answers. The proclamation of an absolute truth, even the search for it, is never wise. Human beings, however we define them, are finite creatures and so are the answers we produce. If ethical reflection teaches us anything it is that the questions are always more important than the answers—no matter on which side of the Atlantic we find ourselves.

The last word on these emerging debates belongs to Simone Veil, the French lawyer and government minister who suggested to her colleagues in the National Assembly, “The progress of knowledge is a challenge for the collective conscience.” ■