Pre-Implantation Genetic Diagnosis

A ROMAN CATHOLIC VIEW

By Sheila Briggs

From a Roman Catholic perspective there is not strictly speaking a distinctively Catholic position on pre-implantation genetic diagnosis (PGD), or more generally on the status of the embryo. The Roman Catholic church teaches that human beings exist within a moral order, established by God at creation. The basic principles of this moral order are accessible to human reason and faith but not necessarily to moral discernment. The moral order is therefore autonomous and universal and human beings can conform to it through the exercise of their fundamental moral sensibility, their conscience. Unfortunately, it is this claim about universal and autonomous moral reason that, in the view of the Catholic hierarchy, justifies its attempts to ban abortion, in vitro fertilization (IVF) and embryonic stem-cell research. From the hierarchy's point of view the bishops are not trying to impose a particular faith perspective on the broader society but rather defend the right application of moral reason in a society blinded by sin and self-interest.

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If Roman Catholics accept the church's official teaching, then they cannot participate in IVF and, especially, PGD either as a would-be parent or as a medical professional. However, Catholics, through the exercise of their consciences, may well come to other conclusions than those of the church hierarchy on what moral reason requires in the context of IVF and PGD. If Catholics, after careful moral consideration decide to use IVF to conceive a child, then, I would argue, it is not rational or morally praiseworthy for them to refuse PGD, where its use is indicated. Although I do not accept the church's claim that IVF is unnatural and therefore to be rejected, it does expand parental choice beyond that of a non-assisted pregnancy. Not just Catholics, but all parents need to reflect on what moral criteria should guide their choices in IVF.

Is there a primary moral principle that parents—as well as medical professionals—should see as binding on their decisions and actions in the IVF context? I would argue that the overriding concern must be the best interests of the child, whose birth is the goal of the IVF treatment. It is crucial here to distinguish between the best interests of the prospective child and the moral value of the embryo. Children are not embryos. The embryo does not have the physical or mental capacities of a child. It makes no difference to its existence whether it has a genetic disposition to Down syndrome or deafness. There is indeed no such entity as an embryo with disabilities. Such a fundamental lack of capacity leads, in my view, to the inescapable conclusion that an embryo does not have interests. For example, an embryo has no hearing to lose or gain and does not exist in any social context. Therefore, it cannot be interested that deafness would exclude it from many sports and prevent it from listening to music. However, a deaf child can be acutely aware of how disability limits her or his activities and choices.

To deny that an embryo has rights and interests is not tantamount to saying that morally and legally we should be able to do whatever we want with it. In many ways the moral status of the human embryo is analogous to that of the much more complex and neurologically developed life we find in animals. Animals are deemed worthy of protection and have certain entitlements. My point here is not to say that we should treat or think of human embryos as we do with animals—but that you do not have to be a human person to be accorded protection and entitlements. However, I do believe that we should limit rights to persons born and existing within human societies because the exercise of rights entails complex social interactions for which embryos possess no capacity.

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The world's first 'test tube baby' Britain's Louise Brown, holds 13-week-old twins Antonia and Henry Veary, also born via IVF treatment.

One might object to my view, "But isn't the right to exist the most fundamental of rights, on which all other others depend." The problem with this argument is that it sets the bar of rights far too low. Human life is much more than physical existence and the chances of continued physical existence are often determined by the exercise of real rights. So, the social right of a child to education can be crucial to a person's long-term survival. When International Monetary Fund policies threw millions of children out of school in Africa, they were deprived of access to information and job skills that allowed HIV/AIDS to spread through ignorance and prostitution. The supposed "right to life" is a thoroughly inadequate basis for a meaningful human life and even a minimum of well-being. Grave harm can be done to children and other human persons when we equate their needs and entitlements with those of the much simpler life form of the human embryo. The best interests of the future child, conceived through IVF, in my opinion also trump parental choice. If this is the case, do parents have an obligation to use PGD to ensure the best chances for the birth of a healthy child? A well-informed conscience has to take into account several practical considerations in reaching its moral decision. Anyone seeking IVF must be aware that such treatment results in more embryos than can be implanted and therefore embryos are donated to research or otherwise disposed.

In such circumstances it is morally preferable not to implant those embryos at risk of impairment rather than to discard embryos potentially capable of developing into healthy babies. On the other hand, PGD does involve some risk to the embryo and some parents with no personal history of disease or disability may question whether the risk outweighs the benefit. Prospective parents always have a duty to do what they can for a healthy child to be born, whether reproduction is assisted or not. PGD may be a means to that end and therefore its use is what we call in Catholic moral theology a prudential decision. In a concrete situation parents and their medical professionals need to determine whether PGD serves this moral end. To seek the best interests of the future child in the context of IVF and PGD is not the same as to use PGD to create the best child.

Professor Julian Savulescu, the Uehiro Chair in Practical Ethics at the University of Oxford, has stirred up controversy with his proposal that parents are morally required to use a technique such as PGD to select the best children. His conception of "procreative beneficence" demands that prospective parents not only use PGD to screen out embryos on the basis of negative traits but also to promote positive ones. For example, in his opinion, parents should select those embryos that are likely to be the most intelligent. Among a range of objections to Savulescu's view let me raise two. Savulescu admits that there at present there is no PGD for intelligence. I would argue that it is not likely there will ever be such a PGD because intelligence

is a complex social category that cannot be reduced to genetic determinants. My second counterpoint to Savulescu is that since we are discussing selecting social characteristics of future children there is no consensus among parents or the broader society about what the best child is. Parents might want to select not for intelligence but for athletic ability, musical talent or physical beauty. In all of these cases parents would be seeking to determine the social lives of their future children in much stronger and pervasive ways than taking measures to promote the birth of a healthy child.

It is the specter of designer babies that official Catholic teaching points to in its rejection of IVF as unnatural. It is supposedly natural for parents to love their children unconditionally but this is apparently undercut by IVF.

However, it is readily observable that many parents, even when they naturally conceived a child, only love that child conditionally. A more cogent argument against designer babies is that selecting the best child is not consistent with the best interests of the child. On those occasions when official Catholic teaching addresses human rights after birth, it does recognize the right of the child to develop into an autonomous person. It is this autonomy that is compromised when parents select the social characteristics of their future children. Parents already have enormous influence on the social development of their children and to raise further parental expectations that they can mold the lives of their children according to their own preferences places intolerable burdens on actually born children.

Take the case of the child born from an embryo selected for its exceptional lung capacity that its parents hope will give it an advantage in sports. What happens if the child wants to use to its superior lung capacity to play the trombone? Should parents be allowed to select negative traits alongside positive ones to steer their children towards the social outcomes they desire? Parents who want an academically gifted child might choose an embryo that, although it would not produce a child with physical disabilities, would develop into a child with inferior physical abilities that would predispose it to reading books rather than to playing soccer. The same argument applies to prospective deaf parents selecting embryos that will produce deaf children. For some parents, deafness is a desirable social characteristic because it enables their child to participate in the deaf community. However, just as the genetically engineered bookworm might resent that her or his parents' choices have reduced her or his ability to play the sports he or she loves, so too the deaf child might have preferred the ability to listen to music than to participate in the deaf community.

In a pluralistic society I see no way of arbitrating between the various conceptions of good that would inform individual parents when selecting the best child. Deafness is no less a desirable social characteristic to some parents than intelligence, athletic ability, musical talent or physical beauty. The problem is absolutizing parental choice to such a degree that a child's autonomy is severely curtailed through enhanced parental expectations. Parental preferences might permanently and in irreversible ways erase their children's choices.

From a prochoice Catholic position, the moral dilemmas surrounding PGD have nothing to do with the embryo's right to life. The embryo is not a person and should not be treated as a person. If the Roman Catholic hierarchy is going to base its reproductive ethics on a universal moral reason, then this cannot be based on a very idiosyncratic and particularistic view of the application of reason to this realm. Universal moral reason and the decisions that the individual conscience makes on its basis should be informed by established scientific knowledge and therefore the embryo in the PGD context is far removed from having personhood. The pertinent moral criteria are the best interests of the future child and the preservation of its future autonomy. In addition, moral criteria include the more nuanced questions of the impact of IVF on the distribution of resources. How should we allocate resources to IVF when there are pressing health-care needs of born children and existing human persons? What about environmental beneficence? Could those contemplating IVF also consider that forgoing having children would also reduce the human impact on our fragile global ecosystem? There are no simple and absolute answers to these questions. Rather they underline the need for the individual conscience to apply the principles of moral reason with prudence to the concrete situation. And that is the Roman Catholic tradition at its best. ■

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Rhesus blood-free baby Abigail Skinner and mother Natasha play before a news conference at a hospital in Sydney, Australia. Researchers from the hospital announced they have used PGD to avoid couples having a baby suffering from Rhesus factor disease.