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.

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—progressed 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

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**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.
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.