

EDITORIALS

Korean clones

Unsafe, unnecessary and unethical

The February announcement¹ that South Korean Scientists had cloned 30 human embryos generated the media frenzy and overhyped predictions we have come to expect in this area of research. But the true facts were less impressive.

The team at Seoul National University used 242 eggs from 16 women donors; from which they derived 30 blastocysts. They ended up with just one line of stem cells, derived from a blastocyst made from an enucleated egg and transplanted nuclear material *from the same woman*.² The theoretical possibility of producing stem cells for therapeutic purposes from cloned embryos has thus moved one step closer but many practical difficulties remain.

First, the low efficiency of mammalian cloning (only 0-5% become viable offspring)³ highlights the high frequency of genetic abnormalities resulting from the technology. It is not yet known whether similar abnormalities would occur in stem cells derived from cloned embryos, but it stands to reason that they would. Second, some of the diseases given as candidates for cell therapy are autoimmune conditions like type I diabetes; suggesting that cloned stem cells derived from the patient would induce the same rejection when transplanted and thus be ineffective. Third there remain concerns, based on the difficulty of controlling the growth of transplanted fetal cells, about embryonic stem cells functioning abnormally after transfer.

These concerns about the likely effectiveness and safety of therapeutic cloning have not been truthfully conveyed to a public fed on 20 second soundbites which fail to do justice to the scientific facts or complex ethical issues involved.

Even if the practical difficulties are overcome, the key ethical objection remains. The end of saving life cannot ever justify the means of creating and cannibalising human embryos, cloned or otherwise. Furthermore, allowing such research at all will lead inevitably to attempts to produce reproductive clones, as long as rogue scientists exist. And meanwhile, huge advances in the ethical alternative of adult stem cell technology continue to make embryo cloning rapidly redundant.

It is very sad that the British media and public have been consistently misled into seeing cloned embryos as a panacea for treating diseases like Parkinson's and Alzheimer's, through the Government's failure to highlight the dangers and to rectify misconceptions about the properties of adult stem cells propagated in the now seriously dated 2000 Donaldson report *Stem Cell Research*.

Selective interpretation and presentation of scientific data is both irresponsible and dangerous because it falsely raises the hopes of vulnerable people. Honest and balanced reporting of the facts should always take precedence over the prestige and profit motives of the British government and biotech industry.

Cloning and cannibalising embryos for stem cells in the way that the Korean scientists have is unsafe, unnecessary and unethical. A gullible and ill-informed public needs to be better informed of the dangers and made more aware of safer ethical alternatives for developing treatments for people with degenerative diseases.

1. www.sciencemag.org/cgi/content/abstract/1094515
2. Radford T. Korean Scientists clone 30 embryos. *BMJ* 2004; 328:421 (21 February)
3. Wilmut I. Are there any normal cloned mammals? *Nature Med* 2002; 8:215-6

The Joffe Bill returns

Still a Trojan horse for euthanasia

Lord Joffe's *Patient (Assisted Dying) Bill*,¹ which seeks to legalise Dutch-style euthanasia in the UK, has returned, after running out of time last parliamentary session. Skilfully reworked and renamed the *Assisted Dying for the Terminally Ill Bill*,² it passed its second reading in the House of Lords on 10 March and now goes to a Lords' Select Committee for detailed scrutiny. The last such Select committee in 1994 firmly opposed any change in the law to allow euthanasia but the debate has since moved on with high profile cases of motor neurone disease adversely influencing public and medical opinion.

The revised Bill seeks to legalise euthanasia for 'terminally ill' patients for whom palliative care cannot ease suffering, but the definitions of 'terminal illness' and 'unbearable suffering' remain loosely, ambiguously and relativistically defined.

It remains a dangerous document that Christian doctors should oppose. Christian doctors should make every effort to ensure that the committee hear again the many good arguments against legalising euthanasia, along with specific critiques of the Bill's revised wording.

1. Saunders P. Patient (Assisted Dying) Bill. *Triple Helix* 2003; Summer:3
2. www.publications.parliament.uk/pa/ld200304/ldbills/017/2004017.htm

Choosing health?

Christian doctors need to respond

The government has launched a new consultation on 'action to improve patients' health', which will feed into the production of a new White Paper this summer. *Choosing health*?¹ builds on government advisor Derek Wanless' new report *Securing Good Health for the Whole Population*² and seeks feedback from groups and individuals on ten key public health areas: accidents, alcohol misuse, diet, drugs, exercise, inequalities, mental health, obesity, sexual health and smoking.

Health Secretary John Reid claims that a healthier population could save £30bn a year in NHS spending and says the government needs to 'help people to make healthy choices by providing information, encouragement and support, and by working with the right partners at the right levels'. He wants to 'find the right balance, rejecting the nanny state, and the Pontius Pilate state, which washes its hands of its citizens' health'.³

Much of the consultation document is good common sense with the expected exception of condoms being advocated as the key solution to unplanned pregnancy and sexually transmitted disease.

This is a great opportunity for Christian doctors to get involved in an important public debate, and to advocate biblical and evidence-based solutions, rather than leaving a secular humanist agenda to impose itself by default. If merely a handful of Christian doctors submitted a few well worked paragraphs to answer questions in just one of the ten areas of concern it could make a huge difference.

Submissions close on 28 May and the consultation documents can be viewed and downloaded at www.dh.gov.uk/consultations/live_consultation.

1. Available free on request from Department of Health Publications, PO Box 777, London SE1 6XH. Tel: 08701 555455. Fax: 01623 724524. Email: dh@prolog.uk.com
2. Derek Wanless, February 2004
3. *Doctor* 2004; 12 February:10

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