

Fetal Tissue Fallout

R. Alta Charo, J.D.

We have a duty to use fetal tissue for research and therapy.

This statement might seem extreme in light of recent events that have reopened a seemingly long-settled debate over whether such research ought even be permitted, let alone funded by the government. Morality and conscience have been cited to justify defunding, and even criminalizing, the research, just as morality and conscience have been cited to justify not only health care professionals' refusal to provide certain legal medical services to their patients but even their obstruction of others' fulfillment of that duty.

But this duty of care should, I believe, be at the heart of the current storm of debate surrounding fetal tissue research, an outgrowth of the ongoing effort to defund Planned Parenthood. And that duty includes taking advantage of avenues of hope for current and future patients, particularly if those avenues are being threatened by a purely political fight — one that, in this case, will in no way actually affect the number of fetuses that are aborted or brought to term, the alleged goal of the activists involved.

The current uproar was ignited when an antiabortion activist, posing as a biomedical research company representative, captured on video — which he then edited in the most misleading way possible — discussions by Planned Parenthood physicians of the procedures they use (when recovering specific fetal organ tissues) and the cost (\$30 to \$100 to reimburse for costs). The effect was to portray the organization as

callous and possibly criminal in its actions. This orchestrated effort led, predictably, to state and federal calls to end funding for all Planned Parenthood services — more than 95% of which involve such things as contraception and screening for sexually transmitted diseases, rather than abortion.

Along the way, the target broadened, and the use of fetal tissue in research was also attacked. Portrayed as ghoulish vivisection and body-part snatching, it was decried as barbaric by members of Congress. Within weeks, inquiries were announced in Arizona, Indiana, Florida, Kansas, Georgia, Louisiana, Ohio, South Carolina, Tennessee, and Texas; Arizona began looking into making it more difficult to provide tissue; and bills were drafted in Wisconsin and California to make it virtually impossible to use fetal tissue or fetal cells. The inquiries revealed no law broken by Planned Parenthood, but only time will tell how many bills will become law.

A closer look at the ethics of fetal tissue research, however, reveals a duty to use this precious resource in the hope of finding new preventive and therapeutic interventions for devastating diseases. Virtually every person in this country has benefited from research using fetal tissue. Every child who's been spared the risks and misery of chickenpox, rubella, or polio can thank the Nobel Prize recipients and other scientists who used such tissue in research yielding the vaccines that protect us (and give even the unvaccinated the benefit of herd immunity). This work has been

going on for nearly a century, and the vaccines it produced have been in use nearly as long. Any discussion of the ethics of fetal tissue research must begin with its unimpeachable claim to have saved the lives and health of millions of people.

Critics point to the underlying abortions, assert that they are evil, and argue that society ought not implicitly endorse them or even indirectly benefit from them, lest it encourage more abortion or make society complicit with what they view as an immoral act. Yet they have overwhelmingly partaken of the vaccines and treatments derived from fetal tissue research and give no indication that they will foreswear further benefits. Fairness and reciprocity alone would suggest they have a duty to support the work, or at least not to thwart it.

The 1988 Fetal Tissue Transplantation Panel, which was appointed by President Ronald Reagan and included a chair and several members who opposed abortion rights, was not persuaded by arguments about complicity. Looking back over decades of research, the panel pointed out that despite fears to the contrary, there was no evidence that the possibility of deriving some good from fetal remains had ever persuaded women to have abortions they otherwise would not have chosen. But to assuage concerns, and to avoid even the theoretical possibility that the benefits of research might encourage an ambivalent woman to choose abortion, the panel recommended that the question of donation not be addressed until after a woman

had decided she was going to end a pregnancy. It also endorsed the law that prohibited tissue sale for profit (reimbursement of costs was permissible) and recommended that women not be allowed to direct tissue for transplantation to particular people.

Having separated the abortion decision from the choice to donate tissue, the panel concluded that public support is ethical: the source of the tissue poses no moral problem for some people, and in any case, the morality of the two acts can be distinguished.¹ Indeed, as to the claim of complicity, although the Committee on Pro-Life Activities of the National Conference of Catholic Bishops was concerned that the abortion could not in practice be separated from the research, it had written that “it may not be wrong in principle for someone unconnected with an abortion to make use of a fetal organ from an unborn child who died as the result of an abortion.”² The same arguments led to similar recommendations that have been adopted by European countries.

As it reasoned its way to these recommendations, the panel noted that it is commonplace to use organs and tissues from deceased people, whether their death was caused by accident or homicide. Homicide must surely be viewed as morally evil by anyone who decries the loss of fetal life, and yet no concern is raised about personal or societal complicity with the underlying act. Organ and tissue transplant recipients often talk about the complex emotions that arise from knowing one’s own life was saved because another life was taken, but they do not then feel responsible for the other person’s death.

The panel also considered the pointlessness of refusing support for this research, which uses fetal tissue that will otherwise be discarded. There are, of course, many avenues of research using other kinds of tissue, but fetal cells can rapidly divide, grow, and adapt to new environments in ways that make them the gold standard for some disease research. And in other research areas, we don’t yet know if there is anything that could substitute. Fetal tissue research has already led to investigational therapy for end-stage breast cancer and advances against cardiac causes, and transplantation research is actively being pursued for diabetes (using fetal pancreatic islet cells), amyotrophic lateral sclerosis (using neural fetal stem cells injected into the spine), and in a major European initiative, Parkinson’s disease (using fetal dopamine cells).³

Given the panel’s conclusion that research use of fetal remains is ethical, it seems clear that the needs of current and future patients outweigh what can only be symbolic or political gestures of concern. Indeed, the Vatican’s Pontifical Academy for Life, while arguing for a right to refuse to use pediatric vaccines derived from fetal tissue and calling for development of vaccines through other means, nonetheless concluded in 2005 that parents’ duty to protect their children from illness justifies their use of current vaccines.

Insofar as this latest threat to basic biomedical research grew out of abortion opponents’ longstanding efforts to defund the vast majority of Planned Parenthood’s services, such as contraceptive counseling and prescribing,⁴ the irony is that reducing access to contraception is the sur-

est way to increase the number of abortions — the inconsistent or incorrect use of contraception accounts for nearly half of the unintended pregnancies each year, and half of those end in abortion.⁵

By using the public’s unfamiliarity with the history and realities of fetal tissue research as a back door for attacking Planned Parenthood, abortion opponents have added millions of people to the collateral damage of the abortion wars. This attack represents a betrayal of the people whose lives could be saved by the research and a violation of that most fundamental duty of medicine and health policy, the duty of care.

Disclosure forms provided by the author are available with the full text of this article at NEJM.org.

From the School of Law and the Department of Medical History and Bioethics, School of Medicine and Public Health, University of Wisconsin, Madison.

This article was published on August 12, 2015, at NEJM.org.

1. Report of the Advisory Committee to the Director, National Institutes of Health: human fetal transplantation research. Bethesda, MD: National Institutes of Health, December 1988 (https://repository.library.georgetown.edu/bitstream/handle/10822/559348/fetal_tissue_report.pdf?sequence=1&isAllowed=y).
2. Childress JF. Deliberations of the Human Fetal Tissue Transplantation Research Panel. In: Hanna KE, ed. Biomedical politics. Washington, DC: National Academies Press, 1991: 215-48 (<http://www.ncbi.nlm.nih.gov/books/NBK234204>).
3. Innovative approach for the treatment of Parkinson’s disease. Cambridge, United Kingdom: TRANSEURO (<http://www.transeuro.org.uk/pages/publications.html>).
4. Miller ME. Sex, laws and video tape: how Planned Parenthood became an enduring target of the GOP. Washington Post. August 3, 2015 (<http://www.washingtonpost.com/news/morning-mix/wp/2015/08/03/sex-laws-and-video-tape-how-planned-parenthood-became-an-enduring-target-of-the-gop/>).
5. Sonfield A, Hasstedt K, Benson Gold R. Moving forward: family planning in the era of health reform. New York: Guttmacher Institute, 2014 (<https://www.guttmacher.org/pubs/family-planning-and-health-reform.pdf>).

DOI: 10.1056/NEJMp1510279

Copyright 2015 © Massachusetts Medical Society.