SHOULD WE BE ABLE TO CHOOSE OUR KIDS?

Ethics Forum
July 1, 2004

University of Pittsburgh

Bioengineering and Bioinformatics Summer Institute
Group 2

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The complication in ethics that gene therapy and genetic counseling causes is one that needs to be analyzed from a cost-benefit perspective. From the affirmative perspective, there are two principle arguments that may be argued: that suffering, if preventable, should be prevented; and that the cost of care for a given problem may well exceed the cost of screening en utero. Alzheimer’s disease is an effective explanation for the affirmative. Alzheimer’s disease has three main risk factors, mental retardation, ApoE-e4 allele, and family history. The first two of those are clearly genetic, and “family history” implies other genetic contributions as well. Relevancy established, it is well known and documented that there is suffering associated with individuals with Alzheimer’s. The pain and anguish associated with losing a loved one before they have passed is just the nature of the disease. However, if gene therapy existed which could prevent this disease from being passed on successive generations, it would clearly be ethical; to spare so many that fate.

The second argument, expense of the disease, is quite a different perspective, but weighty in this analysis. Currently, 4 million of the 25.7 million adults who are 65 and older have Alzheimer’s disease. That 15% and their families cost the US approximately $100 billion per year. The expense per individual is often too much for the individual’s family to handle, so this is passed on to the government. By 2030, if these statistics remain, and the adult populations increases to more than 65 million, the cost could be as much as $253 billion a year. This is a tremendous burden on the American economy. Theoretically, however, this could all be avoided with proper genetic therapies and treatments. Is must be construed as ethical, in this case, to prevent individuals and their families suffering with the expense.

However, it is important that ethics not be approached from a Machiavellian perspective, and the details be considered as well. A common form of post-fertilization disease recognition is amniocentesis pregnancy screening. Using this technique, the abortion of a diseased fetus usually results stirring an ethical debate. According to a 2003 CNN/USA Today/Gallup poll, even in the case that the baby may be mentally impaired, 39% of the voters said abortion should be illegal. In addition, abortion is physically and mentally stressful on the mother, leaving mothers of aborted children almost twice as likely to harm themselves as those who chose not to abort.

Another way parents are avoiding disease is through the use of pre-implantation genetic screening. Using this method, many embryos are created in the lab and tested for various diseases. The embryos with diseases are discarded, along with any unused extras, treating the fetus as more of a “commodity” than a human life. In both the case of amniocentesis and pre-implantation screening, the issue of unconditional love should be raised – whatever happened to simply loving a child regardless of its imperfections? Another issue with pre-implantation genetic screening is how one will define where this selection of traits should stop? In a society with no laws regarding this issue it becomes difficult to say how parents will be prevented from choosing their child’s gender or eye color for example when the opportunity and the demand are both present.

While these techniques are used today and have the potential to free the next generation from disease, one must also take into consideration the depletion of the natural variation of the human genome. How is one to know the effects of removing the gene for a disease on our children’s children? A decrease in the variability in other species genomes leads to problems like disease epidemics due to weaknesses – this certainly is not an outcome to look forward to. Finally, there are cost implications that must be looked at. Insurance companies will not cover the cost of these procedures, which can run up to $15,000 per attempt. This leaves the middle and lower class out of the equation. These procedures would be made available only to those who could afford them, namely the wealthy. This could potentially create a race of financially and genetically superior people.
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