

To clone or not to clone: Morally disorienting

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When Kentucky was considering a ban on all cloning of human embryos this year, the debate struck close to home for legislator Jim Reynolds. His father suffers from Parkinson's disease and dementia—the sort of diseases scientists hope to cure through the use of the versatile stem cells that can be extracted from cloned embryos. Still, Reynolds had concluded that cloning is not a morally acceptable route to a cure. He told the *New York Times*: “If I said, ‘Dad, we can create life to possibly find a cure to make you better, would you want me to do it?’ I somehow believe in my heart that the answer would be no.”

Many who suffer with a debilitating disease, or who must watch a loved one so afflicted, would not give that answer. To them, the moral hazard of creating and destroying an embryo is an abstract concern, outweighed by the concrete suffering that might be relieved by such therapy. This number includes some prominent U.S. senators, including Orrin Hatch (R., Utah), who last month announced his support for a bill that would outlaw “reproductive cloning” (the making of cloned babies) but leave the door open for “research cloning” or “therapeutic cloning.” In declaring his views, which clash with GOP leaders—who want a ban on all cloning—Hatch said, “An important aspect of being pro-life is to support the technologies that help the living.”

It is indeed hard to oppose helping the living. Nevertheless, the problems with approving cloning are far from abstract. Such research embarks for the first time on the project of creating human life with the express purpose of using it on behalf of others and then discarding it.

Two attendant problems quickly loom: Once a cloned embryo is deemed acceptable for therapeutic use, it will seem arbitrary to limit the research and therapy to early-stage embryos. Current research protocols require embryos used for research to be destroyed after about 14 days—the date when a primitive neurological system (one

marker for the emergence of a human being) appears. But what if more effective research and therapies can be conducted with 21-day-old embryos, or 40-day embryos, or older? Once the principle of creating life for instrumental use is accepted, what will stop research expanding to include the use of a fetus?

The fact that research cloning calls for the destruction of embryos points to another hazard: its moral superiority to “reproductive cloning” will quickly be challenged in theory and in practice. At the moment, virtually no member of Congress, and only 10 percent of Americans, support reproductive cloning. The prospect of people replicating themselves or their dead relatives seems intuitively repugnant—a clear case of treating people as commodities. But if research cloning is accepted, the question will soon be asked: Why is it morally preferable to destroy a cloned embryo rather than allow it to develop into a full-fledged human being? Surely some future donors of an egg or tissue that is intended for therapeutic use will decide they want their embryos implanted in a real or artificial womb and allowed to mature—and they will probably go to court for the cause. What is the “pro-life” decision then? Which is the technology that “helps the living”?

A brief glimpse of the brave new world of cloning is full of morally disorienting views. Do we want to go there?