

ISSUES IN PERSPECTIVE

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PERSPECTIVE NUMBER ONE

HUMAN EMBRYONIC STEM CELL RESEARCH

Chuck Colson recently reported on an amazing example of adult stem cell research dealing with a patient named Russell Turnbull, who, due to a freak accident, had a scarred cornea. Dr. Francisco Figueiredo, an eye surgeon at the North East England Stem Cell Institute, performed an operation that involved cutting away a tiny portion of Turnbull's undamaged eye—complete with stem cells. He then grew the section of the eye to 400 times its size, and stitched it “onto the baldy-damaged cornea in place of the damaged membrane.” This same technique had been used successfully with eight other patients. This procedure successfully used adult stem cells, not embryonic stem cells. Yet, in the US alone, there are multi-million dollar grants available for embryonic stem cell research, which actually kills the embryo in the process. There is very little grant money for adult stem cell research, which has been remarkably and consistently successful. Colson quotes Josephine Quintavalle, director of Comment on Reproductive Ethics: “what you get from the adult stem cell approach is a patient-specific cure. There is no middleman . . . and there is no drug company that is going to get rich as a result.” But, she explains, “A lot of pressure for stem-cell research is to find products that sell, as opposed to treatments that can cure you.” Colson correctly concludes that “this is a moral obscenity—one that not only the drug companies, but medical researchers, are complicit in. They want to experiment with human embryos simply for the sake of science. And the media constantly labels our efforts against embryonic stem-cell research as backwards and unenlightened.” How should we think about the entire matter of stem cell research? What are the facts that lead me to conclude that embryonic stem-cell research is indeed an ethical obscenity and that our culture should only be funding adult stem-cell research?

I serve on the Advisory Board of the Nebraska Council for Ethical Research (NCER), which has published a series of position papers on ethical research topics. I am drawing on the position paper on “Human Embryonic Stem Cell Research” for this part of *Perspective Number One*.

- Human embryonic stem cells are the master cells of the body. They have the capacity to produce the over 200 different specialized cells that make up the adult human body. There are two sources for human embryonic stem cells: (1) human embryos created through in vitro fertilization and (2) human embryos produced through cloning. Non-embryonic or adult sources of human stem cells include the placenta, umbilical cord blood, bone marrow and a number of other tissues. A human embryo is created sexually when an egg is fertilized by a sperm, or is produced asexually through cloning. An embryo begins as a single cell zygote that starts to divide within hours after fertilization or, with cloning, after the fusion process. After about five days of development, the embryo is called a blastocyst and is

comprised of two parts and two kinds of cells. One part is the outer sphere of trophoblast cells that becomes the placenta and other tissues necessary to support the growth and development of the human embryo/fetus throughout pregnancy. The trophoblast cells surround the second part, the body of the embryo, an inner cell mass of about 100 stem cells. The cells of the early embryo (probably up to its 8-cell stage) are totipotent. That is, each totipotent cell, if separated from the embryo, can develop as a new and complete embryo. As the totipotent cells continue to divide, they differentiate and become more specialized cells called pluripotent stem cells. Unlike totipotent cells, pluripotent cells cannot produce a new and complete embryo; they can only produce the various specialized cells and organs of the body. Researchers seek to obtain the approximately 100 pluripotent stem cells of the body of the embryo at the blastocyst stage. To do this, they must separate the body of the embryo from its trophoblast shell or covering, a process that destroys or kills the embryo. Human stem cells are important for a number of reasons. First, embryonic stem cells are responsible for development of the human body during its embryonic and fetal stages. Second, adult stem cells maintain the health of the human being at each subsequent stage of life. For example, bone marrow stem cells continually replenish the body's blood supply. Some researchers want to use pluripotent stem cells from human embryos because these cells have the capacity to produce any of the specialized body cells and might be useful to treat or cure human disease. However, their ability to do so has not yet been demonstrated convincingly in human beings.

- The Ethics of Human Embryonic Stem Cell Research: Human embryonic stem cell research is immoral and must be banned because it violates the life, dignity, and rights of human beings. Consider these propositional statements:
 1. **Every human being has a right to life.** The harvesting of human embryonic stem cells deliberately destroys embryonic human beings.
 2. **Every human being has a right to be protected from discrimination.** Human embryonic stem cell research discriminates against human embryos on the basis of developmental immaturity.
 3. **Every human being is an end to be loved, not a means to be used for another's end.** Human embryonic stem cell research treats the embryonic human being as an object to be valued for its parts. To categorize so-called spare embryos as "having no future" or as "going to be destroyed anyway" is to rationalize the destruction of one human being to possibly benefit the health of another.
 4. **Every human being is of equal value to every other human being.** Human embryonic stem cell research treats the embryonic human being as less valuable than a fetus, a neonate, or an adult.
 5. **Research involving human subjects requires that proxy or presumed consent can be given only if the research does not harm the subject.** Human embryonic stem cell research is, by its very nature, destructive. Therefore, proxy or presumed consent for such research is not ethically valid.

6. **The goal of research involving human subjects is to serve humanity by curing disease and relieving suffering.** Human embryonic stem cell research destroys, rather than heals, the human embryos involved. Any therapies developed from human embryonic stem cells are ill-gotten gains because the benefit to some human beings requires the death of other human beings.
7. **The rules of ethical human research demand that scientists pursue the least morally controversial of available options when these prove to be equally beneficial.** Most of the goals of human embryonic stem cell research can be obtained through the use of non-embryonic stem cells, without any destruction of human life.
8. **Failure to protect embryonic and fetal human life, the most vulnerable of human beings, erodes the moral fiber of our society.** Human embryonic stem cell research does not accord embryonic human beings the protection that is their due as human subjects of research. An assault against any innocent human being is an assault on humanity in general. Since respect for human life is a cornerstone of civilization, human embryonic stem cell research will weaken the moral foundation of our society.

See “Breakpoint” (22 February 2010) and the NCER Position Paper on “Human Embryonic Stem Cell Research.”

PERSPECTIVE NUMBER TWO

THE HEALTH CARE SUMMIT

Last week President Obama held his health care summit, stretching over seven hours and aired on national television. In his opening remarks, the president said that the key issue is “figuring out how we can control the huge expansion of entitlements,” especially “the exploding costs of Medicare.” He said Congress must fix “some fundamental structural problems” in US health care, with reforms that lower spending by increasing “choice and competition.” Listening to the president caused me to think that he was almost speaking as a conservative Republican interested in the free-market and in reducing the cost of government. However, that is really not the case. The difference between President Obama and the Democratic Party leadership and the Republican Party and its leadership is a philosophical one—and the gulf of that disagreement is fundamental and very wide. Several thoughts.

- First of all, Gerald Seib of the *Wall Street Journal* argues that three fundamental differences were evident at the summit:
 1. Is the goal comprehensive or incremental change? Democrats want a comprehensive approach that overhauls insurance practices, expands coverage, changes Medicare and attacks costs all at once. Republicans flatly reject this comprehensive approach, summarized poignantly by Lamar Alexander’s statement that “we don’t do comprehensive well.” They argue for incremental steps (e.g., allowing insurance policies

to be sold across state lines, allowing small businesses to band together into pools to buy insurance with more bargaining power, etc.).

2. Is access or cost the top priority? Democrats want to expand coverage to nearly all Americans, because they think that is a laudable societal goal and because they say the absence of universal coverage actually is driving up costs. They really seem to believe that expanding coverage will actually drive costs down. The Republicans counter exactly the opposite—Washington needs to hold down costs and then rely on those lower costs to expand coverage by making it easier for people to obtain and keep coverage. Their first steps would be to fight fraud and widespread abuse in the Medicare system and stop the spread of malpractice lawsuits, both of which would shrink costs immediately.
3. Should government or markets set the standards? Democrats argue that the government must first set minimum standards for policies that are sold across state lines or are offered in big-government-organized exchanges. The government must do this or otherwise cut-rate insurance policies will lure healthy citizens across state lines leaving behind sicker citizens who find their insurance costs skyrocketing. The Republicans argue adamantly that individuals and market forces are better able to sort through these issues than empowering government to in effect run it all.

The columnist David Brooks puts the differences between the two approaches this way: “The Democrats believe the answer is to create a hugely regulated insurance system with inefficiencies eliminated through rational rules. The Republicans believe that the answer is to create a genuine market with clear price signals, empowered consumers and an evolving process.” As I stated earlier, there is a genuine philosophical difference between the two and it distills down to the role of the state in health care—the Democratic Party sees the national state as the ultimate regulator and savior of health care; the Republican Party sees the free market and empowered, informed citizens who can make their own health care decisions as the worthy approach. The gulf between the two is wide and presumably insurmountable, or is it?

- Second, the columnist Charles Krauthammer makes a strong case from history that the US is indeed governable and that compromise, even on such a huge issue as health care, is possible. He offers several examples:
 1. Ronald Reagan collaborated with Tip O’Neill, the Democratic House Speaker, to establish the Alan Greenspan commission that kept Social Security solvent for a quarter-century.
 2. President Reagan worked with liberal Democrat Bill Bradley to craft legislation that eliminated dozens of loopholes and slashed tax rates across the board—and thereby fueled two decades of economic growth.
 3. President Bill Clinton collaborated with House Speaker Newt Gingrich to produce the single most successful social reform of our time—the abolition of welfare as an entitlement.

During these periods of modern American history, there were echoes of the same premise we hear today—the United States is becoming ungovernable. However, these three colossal examples demonstrate that the issue is not the structure of the government but the leadership

of the government. The present administration and Congress are pushing a formidable left-wing agenda on a center-right nation, and it is not working. President Obama has tried to sell his health care reform package on the premise that he can expand health care to virtually all Americans and reduce costs for virtually everyone. The American voter has concluded wisely and profoundly that this message is nonsense—the plan as envisioned will mean more government, more taxes and more debt. Recent elections in Virginia, New Jersey and Massachusetts have demonstrated that the president’s message is not connecting. Americans simply do not believe the president and the congressional leadership. Nonetheless, the president and the congressional leadership continue to contend that the American public is not only misinformed but also dimwitted. So, despite all the evidence to the contrary (e.g., the town hall revolt, lopsided polling numbers and these recent elections), the Congress and the president are apparently moving ahead with enacting health care reform through the quick, dirty shove of the reconciliation process. As Michael Gerson argues, this “would add coercion to arrogance.” I believe rather strongly that if the Democratic leadership with the president’s support moves ahead with this reconciliation strategy, Americans will view this as high-handed statism!! On such a fundamental and basic issue like health care, the American people do not want arrogance and elitism; they want leadership that reflects their desires and their wishes. The American people do not want a larger government and larger debt; they are demanding a reasoned, cautious and reflective approach to health care.

The columnist George Will maintains that “Liberals are deeply disappointed with the public, which fails to fathom the excellence of their agenda. But their real complaint is with the government’s structure. And with the nature of the politics this structure presupposes in a continental nation wary of government and replete with rival factions. Liberals have met their enemy, and he is the diminutive ‘father of the Constitution,’ of whom it was said that never had there been such a high ratio of mind to mass: James Madison.” Madison constructed a Constitution that ensured limited government and a brilliant system of checks and balances. One of those checks is the filibuster. If the current administration pursues this reconciliation procedure that short-circuits the filibuster rule in the Senate, President Obama and the Democratic congressional leadership are going against the fundamental premise of the US Constitution. The American people are insisting on leadership right now, and every evidence indicates that they are not asking the president and the Congress to short-circuit the Constitution. They have spoken in three states over the last few months. The President and the congressional leadership are not listening!

See George Will in the *Washington Post* (25 February 2010); Michael Gerson in the *Washington Post* (24 February 2010); Charles Krauthammer in the *Washington Post* (19 February 2010); David Brooks in the *New York Times* (26 February 2010); Gerald Seib in the *Wall Street Journal* (26 February 2010); and unsigned editorial in the same issue.