

*Response to “May a Woman Clone Herself?”
by Jean E. Chambers (CQ Vol 10, No 2)
and “Entitlement to Cloning” by
Timothy F. Murphy (CQ Vol 8, No 3)*

Clone Alone

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Jean E. Chambers and Timothy F. Murphy responded to my article “Cloning and Infertility” and extended the debate over human cloning in interesting ways.¹⁻³ I had argued that none of the objections to cloning by somatic cell nuclear transfer are successful in the context of infertile couples who use cloning to have genetically related children, assuming the issue of safety is overcome by scientific advances.⁴ I discussed three main objections to cloning:

First, the persons produced would lack genetic uniqueness, and this might be psychologically harmful to them. Second, this reproductive method transforms babymaking into a process similar to manufacturing. Children would become products made according to specification; this would objectify children and adversely affect parental attitudes toward children and other aspects of parent-child relationships. Third, additional abuses might occur if this technology were obtained by totalitarian regimes or other unscrupulous persons.⁵

I began by arguing that the objections are unsuccessful when applied to a scenario in which the couple lacks any

way other than cloning to have children genetically related to at least one of them. Then I argued that the objections are unsuccessful even when applied to infertile couples who could use third-party gametes to have children genetically related to at least one of them. I also argued that reproduction using third-party gametes is not ethically preferable to the use of cloning by infertile couples because collaborative reproduction creates problems in its separation of genetic and social parenthood. I also argued that legislation forbidding infertile couples from using cloning to have genetically related children would not be ethically justifiable, assuming the problem of safety were resolved.

Murphy claimed that my arguments could also be applied to same-sex couples who wish to use cloning to have genetically related children. He argued that such cloning would be ethically permissible and should be legally permitted. He also stated that the objections to cloning identified in my article are unsuccessful when applied to *fertile* opposite-sex couples. He concluded that the use of cloning by fertile opposite-sex couples would be ethically permissible and should be legal, assuming the problem of safety were overcome. Chambers carried the reasoning a step further by claiming that

there is no moral reason to restrict cloning to couples. She maintained that access to cloning by unpartnered people, especially unpartnered women, would be ethically permissible, again assuming a safe process.⁶ Focusing on a scenario in which an unpartnered woman clones herself without assistance, Chambers argued that such cloning would be ethically justifiable. She pointed out that some of my arguments apply to unpartnered persons and therefore play a role in defense of her conclusions. She also claimed that:

We must first assess whether it would be morally permissible for a woman to clone herself. Only then can we correctly assess the moral permissibility of couples' using cloning technology or physicians' assisting them.⁷

I believe that the arguments in my earlier article support some but not all of these conclusions. By explaining where we disagree, I hope to point out some issues that need further debate. I accept the idea that it would be ethically justifiable to permit the use of cloning by unpartnered women and lesbian couples in certain situations. However, I challenge Murphy's conclusion that we should allow fertile opposite-sex couples to use cloning once safety concerns are overcome. And I take issue with Chambers's claim that we must assess the permissibility of women cloning themselves without assistance before we can evaluate the permissibility of its use by couples.

Fertile Opposite-Sex Couples

To begin with Murphy, an objection can be made against his conclusion that we should permit fertile opposite-sex couples to use cloning. The objection arises because of a morally relevant distinction between use of cloning by fertile opposite-sex couples and its use

by infertile opposite-sex couples. The distinction has to do with the reason cloning would be used. I had focused on infertile couples whose reason is to have a genetically related child; and in discussing same-sex couples, Murphy asked us to consider cases involving the same reason. But fertile couples would not turn to cloning simply to have a genetically related child because that could be accomplished by having children through sexual intercourse. Why, then, would they wish to use cloning? One might think of cases in which there is a risk that the child would acquire a serious genetic disease; cloning could be used to avoid such disease. But again there is an alternative—in this case, preimplantation genetic diagnosis—so fertile couples would not need to use cloning to prevent genetic disease. Moreover, a high percentage of fertile couples do not have an elevated risk of creating a child with a serious genetic disease. Thus, it is difficult to avoid the conclusion that in at least some cases in which fertile couples would want to use cloning—and seemingly in most cases—the motivation would be partly or entirely to control nondisease characteristics of the offspring. In other words, the purpose would at least partly be to create an offspring whose genetic phenotype is known in advance.⁸

If this assumption about the motivation of fertile couples who would use cloning is correct, then the objection that bears on such cloning is the second one stated above, which is concerned with the objectification of children. One can envision a future in which the enhancement of nondisease characteristics of offspring, such as height, body build, and intelligence, is possible using techniques such as cloning, the insertion and deletion of genes in preembryos, and other laboratory techniques. I am not claiming that clon-

ing by itself would constitute a full-blown version of such technological control. But the availability of cloning to all couples, whether fertile or infertile, would mean that it would be used in some cases for the purpose of controlling offspring nondisease characteristics, and this would set a precedent for future use of techniques to design the nondisease characteristics of offspring. Once we accept the practice of permitting fertile couples to use cloning to control offspring nondisease characteristics, we have bought into the idea that it is acceptable to design our children.

As I stated in the earlier article, the specific concerns over designing our children can be expressed by a number of questions:

If a child failed to manifest the qualities she was designed to have, would the parents be less inclined to accept the child's weaknesses? Would children be regarded more as objects and less as persons? Would less tolerance for imperfection result in less compassion toward the handicapped? Would children who recognize their own shortcomings blame their parents for failing to design them better? Would such feelings sometimes disrupt family relationships? Would knowledge of being designed make a child feel more controlled by parents? Would this result, for example, in greater adolescent rebelliousness? These and other questions suggest a number of ways in which disharmony could enter into parent-child relationships.⁹

Of course, it should be acknowledged that designing our children could have positive consequences. In some cases, enhancement might promote the happiness of parents and children. The fact is, we do not have sufficient information to assess fully the risks and benefits of social policies that permit genetic enhancement of offspring. It is

difficult to predict how this is likely to play out. But it is possible that designing our children could result in parent-child relationships being altered in some of the undesirable ways indicated above. What is at stake seems to be significant enough that we should act cautiously. This suggests that we should not proceed with enhancement of nondisease characteristics without a better idea of where this is likely to take us.

Same-Sex Couples

With regard to use of cloning by same-sex couples, again we should consider the relevance of the second objection. This leads us to ask whether cloning would be used simply to have a genetically related child or to control nondisease characteristics. To explore this question, let us begin with male couples. It would be possible to create a child genetically related to one member of the couple by means other than cloning, assuming individual fertility. One could combine sperm from one of the men with a donor egg and implant a resulting embryo in a woman willing to bear the child. Given this alternative, why would gay couples wish to use cloning? The reason could not be to avoid collaborative reproduction because that is not possible; cloning a man requires a donated ovum and a woman to carry the pregnancy. Again, it is difficult to avoid the conclusion that the purpose of cloning would often be to control nondisease characteristics of the offspring. If this is the case, then caution would suggest not permitting cloning by gay couples, at least until we have a better understanding of the likely consequences of designing our children.¹⁰

In the case of female couples, a different conclusion seems reasonable. Here, cloning does not require third parties to provide gametes or carry

the pregnancy. Thus, a reason to use cloning would be to have a genetically related child while avoiding third-party collaboration. This seems to be a plausible reason because, as Chambers points out, "... the courts have not sufficiently clarified the rights of single women to be free of potential legal entanglements in case the genetic father ever decides he wants access to his child" (p. 197).¹¹ Assuming lesbian couples would turn to cloning for these sorts of reasons, the objection in question is not successful, and such cloning should be permitted.

The "Special Status" of Unassisted Cloning

In Chambers's article we are asked to consider a thought experiment: suppose an unpartnered female infertility specialist were able to clone herself, without help from others; would it be ethical for her to do so? Chambers states that her strategy is analogous to that of Judith Jarvis Thomson in "A Defense of Abortion."¹² Thomson wanted to show that there are at least some cases in which abortion is ethically justifiable, even if we accept the abortion opponents' assumption that the fetus is a person. She pointed out that the ethics of a woman's aborting her pregnancy is more straightforward if the woman performs the abortion herself, as opposed to having it done by a third-party physician. The reason is that we avoid the question of why a third party should give priority to the woman's interests over the life of the fetus. Thomson argued that a woman's performing abortion herself is sometimes ethically justifiable by presenting several situations in which it seems clear that the woman is not obligated to undergo the sacrifices that would be involved in continuing the pregnancy.

Chambers claims that, similarly, one cannot answer the question of whether cloning is ever permissible simply by considering what third-party researchers may ethically do; one must consider whether a woman's cloning herself without assistance is morally permissible. A main reason cloning by third-party researchers is ethically less straightforward than a woman cloning herself, according to Chambers, is that cloning performed by researchers raises public policy issues, such as whether stem cell research should be permitted. Therefore, we must consider the ethics of a woman cloning herself before we can decide whether it is ethical for third parties to help infertile couples procreate using cloning.

In reply, the idea that we must first consider a woman cloning herself seems mistaken, for several reasons. First, one would have to show that all the objections to cloning I mentioned above can be overcome in the context of a woman cloning herself without assistance before one could conclude that such cloning is ethically permissible. One would have to argue that the lack of genetic uniqueness would not harm or wrong the child. One would have to argue that the particular parent-child relationship would not assume a seriously undesirable form. And one would have to argue that a woman's cloning herself would not lead to future abuses. So, in this regard, a woman cloning herself is no more straightforward than infertile couples using cloning because all of those objections must be considered.

Second, the idea of women cloning themselves also raises public policy issues; an obvious one is whether we should permit women to clone themselves, whether they do it by themselves or with help. Again, in terms of how straightforward it is to defend, women cloning themselves seems to

be on a par with use of cloning by infertile couples because they both raise public policy issues.

Third, the feature of the abortion issue that made Thomson's strategy necessary does not apply to the use of cloning by infertile couples. Abortion involves a conflict between the woman's interests and the fetus's life. From the point of view of a physician performing an abortion, the issue is whether it is ethically permissible for a third party to give priority to the woman's interests over the fetus's life. Thomson gets around this issue by considering a woman performing abortion without assistance and by asking whether there is any such situation in which the woman may put her interests above the life of the fetus. In contrast, use of cloning by infertile couples does not necessarily entail that the offspring's interests are subverted to advance the interests of the procreators. Of course, there are fears that this would be the case, and those fears underlie several of the main objections to cloning. But as I argued in the previous article, these concerns can be overcome in the context of infertile couples using cloning to have a genetically related child. Cloning is quite possible without either harming or wronging the child who would be created. When that is the case, third parties who participate in the cloning process do not seem to have added burdens, in comparison to a person who clones herself without help, in defending the ethical justifiability of their participation. There is no need to defend a choice between the interests of offspring and infertile couples because their interests do not conflict.¹³ For all of the reasons stated, it seems doubtful that we have to determine whether it is ethical for a woman to clone herself without assistance before we can decide whether it is ethical for infertile couples to use cloning.

Not only is the scenario of a woman cloning herself not a more clear-cut case, but it seems to have much less practical import than scenarios in which cloning is used by infertile couples with the assistance of others. The reason is that the technical difficulties in a woman cloning herself are very great. With current technology, transvaginal aspiration of oocytes involves the manipulation of an ultrasound device and the simultaneous insertion of a needle through the vaginal wall into an ovary to hit targets consisting of developing follicles. Moreover, transvaginal aspiration of oocytes is a painful procedure for the woman, and the pain is typically reduced by sedation, although general anesthesia sometimes is used.¹⁴ These methods of pain control would seemingly preclude the woman from carrying out the procedures herself, and it would be a remarkable feat for a person to carry them out on herself without pain control. In terms of practical relevance, I think we are much more likely to see requests for cloning from infertile couples than we are to see women cloning themselves without help.

Unpartnered Persons

Another more likely scenario is that of an unpartnered woman who requests cloning, as opposed to doing it alone. Chambers does not explicitly defend the ethical justifiability of cloning in this type of situation, but I believe that it can be defended. If one applies the objections to cloning considered in my article to this type of situation, I believe those objections can be defeated. The objection based on a lack of genetic uniqueness of the offspring succumbs to the same sorts of considerations I advanced in my article.¹⁵ The objection based on the objectification of children and adverse changes in parent-child relationships lacks force because

the purpose of cloning in this context is not offspring enhancement but having a genetically related child while avoiding entanglements with a sperm donor. And the objection based on abuses by totalitarian regimes is not persuasive in this context because the technology of cloning probably will develop anyway, as part of ongoing medical research.

In contrast, Chambers's assertion that it would be ethical to permit unpartnered men to use cloning is problematic. Again we need to consider the second objection, which leads us to ask whether unpartnered men would use cloning simply to have a genetically related child. The same considerations arise here as were stated above concerning gay couples. An unpartnered man can have a genetically related child by means other than cloning; it would require his sperm, a donor egg, and a woman willing to bear a child for him. Given this possibility, why would an unpartnered man want to use cloning? Again, the reason could not be to avoid collaborative reproduction because that is not possible. It seems that the reason would at least sometimes, perhaps often, be to control nondisease characteristics.¹⁶

Conclusion

It seems possible to identify types of cases in which control of offspring nondisease characteristics is not a purpose of cloning. These can be distinguished from cases in which creating specific nondisease characteristics is the main reason for using cloning as opposed to other methods of procreation. If we take this distinction and the objection to cloning based on the objectification of children seriously, it seems cases involving unpartnered women and lesbian couples are covered by my earlier arguments, but cases involving fertile opposite sex couples,

gay couples, and unpartnered men generally are not covered.

Notes

1. Chambers JE. May a woman clone herself? *Cambridge Quarterly of Healthcare Ethics* 2001;10:194-204.
2. Murphy TF. Entitlement to cloning. *Cambridge Quarterly of Healthcare Ethics* 1999;8:364-8.
3. Strong C. Cloning and infertility. *Cambridge Quarterly of Healthcare Ethics* 1998;7:279-93.
4. The safety issue refers to the risk of creating children with birth defects. See note 3, Strong 1998:292, fn 5.
5. See note 3, Strong 1998:280.
6. Chambers uses the term "single" to refer to unpartnered women. I use "unpartnered" because "single" can mean either unpartnered or unmarried, and therefore "single" is often used in referring to *partnered* women who are unmarried.
7. See note 1, Chambers 2001:196.
8. Possibly the genotype would also be known in advance, if the genome of the person whose cell nucleus is used for the cloning is partially or fully known.
9. See note 3, Strong 1998:287.
10. In the rare case where neither man can produce sperm capable of fertilizing an egg and no family members are available to donate gametes, cloning would be the only way to create a child genetically related to at least one of them. In this scenario, it could plausibly be maintained that the purpose of cloning would be to have a genetically related child, and the objection in question would fail. Furthermore, in my earlier article I discussed a futuristic scenario in which some of the clone's genes can be replaced with genes of the non-cloned member of the couple, in a manner that does not involve enhancement, so that the child would be genetically unique and genetically related to both members of the couple. If such genetic modifications were possible, a gay couple's reason to use cloning could be to have a child genetically related to both of them. In this scenario, the objection in question could be overcome, and such procreation would be permissible.
11. See note 1, Chambers 2001.
12. Thomson JJ. A defense of abortion. *Philosophy and Public Affairs* 1971;1:47-66.
13. To state it differently, it would not simplify the ethical analysis to imagine a situation in

Responses and Dialogue

which the female member of the infertile couple clones herself without help.

14. Trout SW, Vallerand AH, Kemmann E. Conscious sedation for in vitro fertilization. *Fertility and Sterility* 1998;69:799-808.
15. See note 3, Strong 1998:282-6.
16. If the unpartnered man were unable to pro-

duce sperm capable of fertilizing ova and no family members were available to donate gametes, then cloning would be the only way he could have a genetically related child. In that event, he could plausibly claim that his reason for cloning is not to control offspring nondisease characteristics.