

1-1-2003

What Would You Do If...? Human Embryonic Stem Cell Research and the Defense of the Innocent

M. Therese Lysaught
Marquette University

Published version. "What Would You Do If...? Human Embryonic Stem Cell Research and the Defense of the Innocent," in *Stem Cell Research: New Frontiers in Science and Ethics*. Ed. Nancy E. Snow. Notre Dame, Ind: University of Notre Dame Press, 2003: 167-193. [Permalink](#). © 2003 University of Notre Dame Press.

What Would You Do If . . . ?

Human Embryonic Stem Cell Research and the Defense of the Innocent

M. THERESE LYSAUGHT

Into whatever city you go, after they welcome you, eat what they set before you, and cure the sick there. Say to them, The reign of God is at hand (Luke 10:9).¹

This passage, and St. Luke's continuing presence to us in the communion of saints, issues an important reminder that should shape our inquiry into the ethics of human embryonic stem cell research. That reminder is this: healing is a sign of the Kingdom of God. Healing was a fundamental component of Jesus' ministry, as witnessed in the gospels. Healing is central to God's identity as disclosed through revelation. As this particular passage from Luke notes, healing is part of the commission Jesus gives to those he sends out into the world to preach the good news of the kingdom. Healing, therefore, ought to be central to the ways of discipleship and Christian reflection today.

The centrality of healing to the mission of Christian discipleship is witnessed not only in Scripture but in the historic

commitment of the Roman Catholic tradition to the practice of healing and support of health. Nowhere is this commitment more evident than in the marked presence of Catholic hospitals and allied health care organizations. The origin of hospitals can be traced to Christian practices of caring for the sick, and for centuries communities of religious women and men in the church have dedicated themselves to the apostolate of caring for the sick and the dying.² Currently, Catholic hospitals constitute over 16 percent of all community hospital beds and admissions in the United States. Not simply an ideal, the Catholic commitment to healing is concretely embodied and enacted in our contemporary context.³

I begin with this reminder because the Christian commitment to healing is often obscured or ignored by those who caricature and dismiss Catholic arguments against human embryonic stem cell research. The arguments of Catholics or other groups who inveigh against human embryonic stem cell research, in the words of Glenn McGee and Arthur Caplan, are illogical and bizarre. McGee and Caplan accuse opponents of holding that embryos are special people who can never be allowed to die and of ascribing to embryos a sort of super status that outweighs the needs of others in the community.⁴ Not only do such claims distort the arguments in question, but they abstract Catholic claims and arguments against human embryonic stem cell research from the broader narratives and practices out of which they emerge. This cannot but render them unintelligible. In order to avoid such misrepresentation, we need to be mindful of the centrality of healing to the practice of the Christian life and the historic embodiment of this commitment in the Catholic tradition in the broader context of the debate about the moral propriety of human embryonic stem cell research.

This said, in this paper I will examine what has emerged as the central moral question surrounding human embryonic stem cell research, at least within the public debate.⁵ The question has been phrased in different ways, so I will offer three versions. First, Kenneth Woodward summarizes the issue in *Newsweek*:

What value should we place on human embryos, he asks, and how should their well-being be balanced with that of the millions whose acute suffering might be alleviated through stem cell research and development?⁶ The logic of this appeal is undilutedly utilitarian. But, as savvy proponents of human embryonic stem cell research know, utilitarian calculus, while inescapably operative for most moral agents, is generally deemed insufficient, especially when human lives occupy both sides of the equation. Consequently, a second appeal is often launched, one that more subtly individualizes the question. It is usually presented as an image or a narrative rather than as a direct question. Those who followed the controversy as it evolved may remember Mollie and Jackie Singer, 12-year-old twins who spoke at a congressional hearing in July 2001, urging President Bush to permit federal funding for human embryonic stem cell research. Mollie is afflicted with diabetes, and Jackie appealed for stem cell research to advance in order that her sister might be spared the debilitating effects of the disease.⁷ Or one may remember the photo dominating the extended coverage by *The New York Times* of President Bush's decision the Sunday after his announcement. In the photo, Charles and Jeri Queenan and their four children soberly watch Bush's August 9th address. The Queenans' daughter Jenna, also twelve years old, struggles with juvenile diabetes, too, and they hope human embryonic stem cell research might cure her.⁸

Mollie, Jackie, Jenna—this second appeal comes in the images and stories of children whose acute suffering might be alleviated through stem cell research. The crux of this appeal is simple. The images whisper: What if this were your child? Indeed, this question is not only whispered. Sooner or later, in any effort to question the moral propriety of human embryonic stem cell research, one can expect a challenge that seems, for the challenger, to be the moral trump card: What would you do if one of your children needed therapy generated by human embryonic stem cell research? What if your child had a terrible disease, and stem cell research provided the only or best

possible hope for the alleviation or eradication of the disease? Could you stand against it then?⁹ The challenge brings argument to an end. Only a moral barbarian could argue against pursuing a therapy that could possibly relieve the suffering or forestall the early death of a child, particularly one's own child.

Prescinding for a moment from the obvious emotive appeal to feelings of parental succor and obligation, one could argue that this challenge, as well as the utilitarian version of the question stated earlier, paints the situation as one of defense of the innocent. Here we have an innocent: a family member, a child, a multitude that is threatened by an aggressor (in this case, a disease).¹⁰ The individual is appealed to as the one who has the power or ability to come to the defense of the innocent victim.¹¹ The defense of the innocent victim against the aggressor requires, unfortunately, the sacrifice of a human life.¹²

Is this a situation where the sacrifice of human life might be justified? McGee and Caplan, offering a third version of our question, claim that the central moral issues in stem cell research have to do with the criteria for moral sacrifices of human life.¹³ What might such criteria look like? Where might we find moral criteria for justifying the sacrifice of one human life in order to save another or to protect the common good?

Three classic examples, centrally located within the Christian tradition, provide a starting point from which to begin to address this question. These are: (1) the justification of self-defense, offered in one instance by Thomas Aquinas; (2) the classic situation of defense of one's family member or neighbor against a malicious attacker, helpfully analyzed by the late Mennonite theologian John Howard Yoder; and (3) the just war tradition.¹⁴

These three situations share certain structural features with the current debate. First, in each situation, an "innocent" (i.e., the self, the family member, one's nation) has been or is being attacked. Second, in each situation, the taking of human life is presented as the only, primary, or last option, and it is required to defend the life of an "innocent" third party. Thus, each sce-

nario can be described as one in which the taking of human life might be justified in defense of the innocent, and each provides a classic site within the Christian tradition where moral theologians have struggled with the question of the justified taking of human life.

One might object that these analogies will be of limited relevance to human embryonic stem cell research insofar as they concern, not health care, but violence or war. I would suggest, however, that they are fitting for precisely this reason. For the rhetoric surrounding the human embryonic stem cell debate is rife with images of war. This is not, of course, necessarily specific to the human embryonic stem cell debate: much of this sort of rhetoric arises whenever a new biotechnology is developed and needs to be sold to political and public audiences in the U.S. While I will not create an exhaustive account of this here, a few examples will illustrate.

Consider, for example, McGee and Caplan's article, "The Ethics and Politics of Small Sacrifices in Stem Cell Research." One finds at least seven war-related images in as many pages. Those who seek to develop therapies from human embryonic stem cells are characterized as fighting a just war, a war against suffering caused by the whole gamut of diseases from Parkinson's to cancer to heart disease and more.¹⁵ The annual mortality of cancer, which might potentially be alleviated through human embryonic stem cell research, is compared to the number of people killed in both the Kosovo and Vietnam conflicts.¹⁶ Human embryonic stem cell research advocates plan to sacrifice embryos for a revolutionary new kind of research.¹⁷ Parkinson's disease is likened to a dictator dreaming up the most nefarious chemical war campaign.¹⁸ Resonating with our current political situation, they note that adults and even children are sometimes forced to give life, but only in the defense, or at least interest, of the community's highest ideals and most pressing interests.¹⁹

McGee and Caplan are far from alone in employing this sort of rhetoric to frame the discussion about human embryonic

stem cell research. For many, and certainly for the media, clinical medicine through the auspices of biotechnology is engaged in a war against disease, disability, suffering, and death. Regenerative technologies are referred to as revolutionary. The tools of research and the clinic are the medical armamentarium. Those who suffer from particular illnesses are survivors. Moreover, the hyperdrive politicization of this current issue points to the familiar adage that politics is but war waged by other means. As Katharine Seelye notes, on August 9, 2001, when George W. Bush finally revealed his decision about federal funding of human embryonic stem cell research, they chose to have Mr. Bush announce his decision in prime time on national television, a format that presidents traditionally reserve for explaining military actions or trying to extract themselves from difficult political binds.²⁰

This rhetoric of war is, I think, not accidental. In a time of war, different rules apply. Rights and lives can be abrogated in ways that would be considered an outrage in peacetime. For reasons that will become clear, I would challenge the metaphor of war as the proper way of framing our understanding of clinical research. Yet that argument must wait. Instead, for the moment I will accept the terms of the debate offered by advocates of human embryonic stem cell research: that we are at war and that this creates a situation in which the sacrifice of human life may, nay must, be justified.

If so, those who earnestly seek to justify the sacrifice of human life on moral grounds and who wish to do so in terms that transcend bald utilitarianism would do well to begin with traditional arguments that justify such sacrifice in analogous contexts. Traditional arguments have stood the test of time, have proved their power by admitting analogous transfer in other contexts, and have done so in a way premised on substantive moral claims. Should human embryonic stem cell research fit with the structure of these arguments, a compelling case could be made to advance its cause. With this in mind, I turn now to consider the three analogies outlined above:

(1) Aquinas' justification of self-defense; (2) the defense of one's family member or neighbor against a malicious attacker; and (3) just war. Each of these cases could be the subject of this paper in its own right, and my remarks will therefore be far from exhaustive. Instead, I will highlight the morally relevant features of each case and show how they illuminate the rhetoric that attends human embryonic stem cell research.

THOMAS AQUINAS AND THE JUSTIFICATION OF SELF-DEFENSE

A first case where the Christian tradition has permitted the sacrifice of one human life to save another is self-defense. The question of self-defense is worth examining not only as an instance where killing might be justified in defense of the innocent (i.e., the self), but insofar as arguments for the natural right to self-defense and protection of the common good form the basis of the just war tradition that will be examined below.

The classic treatment of self-defense is found in Thomas Aquinas's *Summa Theologica* (II-II, q. 64, a. 7). Here Aquinas considers the question: Whether it is lawful to kill a man in self-defense? After noting that the tradition does not speak with one voice to this question, he concludes that it can be not unlawful. He notes:

Nothing hinders one act from having two effects, only one of which is intended, while the other is beside the intention. Now moral acts take their species according to what is intended, and not according to what is beside intention, since this is accidental as explained above (43, 3; I-II, 12.1). Accordingly, the act of self-defense may have two effects, one is the saving of one's life, the other is the slaying of the aggressor. Therefore, this act, since one's intention is to save one's own life, is not unlawful, seeing that it is natural to everything to keep itself in being, as far as possible. And

yet, though proceeding from a good intention, an act may be rendered unlawful, if it be out of proportion to the end. Wherefore, if a man, in self-defense, uses more than necessary violence, it will be unlawful: whereas if he repel force with moderation, his defense will be lawful. . . . Nor is it necessary for salvation that a man omit the act of moderate self-defense in order to avoid killing the other man, since one is bound to take more care of one's own life than of another's. But as it is unlawful to take a man's life, except for the public authority acting for the common good as stated above (3), it is not lawful for a man to intend killing a man in self-defense, except for such as have public authority, who while intending to kill a man in self-defense, refer this to the public good, as in the case of a soldier fighting against the foe, and in the minister of the judge struggling with robbers, although even these sin if they be moved by private animosity.²¹

Aquinas's analysis provides two possible starting points for those interested in developing criteria for sacrificing one human life for the sake of another, specifically, intention and public authority.

Intention, for Aquinas, does not in itself justify an act, in this case, the act of self-defense. Rather, intention is that aspect of an action by which we can determine how it ought to be described or categorized. As any good ethicist knows, 90 percent of the solution to a question lies in how it is described or (we could say) narrated. Our descriptions locate questions within a larger narrative, placing the question in proper relationship to relevant substantive claims that, taken together, point to the morally pertinent dimensions of the issue.

In this case, then, an action whose direct intention is to save one's own life is (somewhat tautologically) properly categorized as an act of self-defense. Self-defense is justified by a broader web of concepts within Aquinas's system: the natural propensity toward self-preservation, our duty to care for one's

own life more than for another's, the virtue of justice (under which this discussion is located), and so on. Might advocates of human embryonic stem cell research be able to define the intention of the practice such that it naturally falls under a category that finds itself justified in relationship to substantive moral claims present in contemporary culture? Clearly, advocates argue that, while human embryonic stem cell research requires the destruction of embryos, the intention of ameliorating suffering and preserving the lives of those with serious illness ought to locate it under a different heading—for example, promotion of the common good.

Equally interesting, Aquinas allows public authorities to do what an individual cannot do, namely, to intend to kill a man in self-defense. In order for them to do so lawfully, they must refer the action to the public good. Given the recent controversy over the role the federal government ought to play in funding and oversight of human embryonic stem cell research, advocates might make a case that a Thomistic framework could support the claim that human embryonic stem cell research would be more properly administered by public authorities aiming at the common good—i.e., the NIH and federal funding—than by the private sector. However, while the traditional case for self-defense seems to hold promise for constructing a justification for human embryonic stem cell research, the analogy between such research and self-defense breaks down at a significant number of points, rendering the self-defense argument of doubtful utility.

First, the act or practice of human embryonic stem cell research and an act of self-defense are structurally quite dissimilar. Most obviously, human embryonic stem cell research lacks the binary nature of the act of self-defense: it is necessarily mediated by third parties (researchers, lab technicians, physicians). Moreover, for Aquinas, in an act of self-defense the one justifiably killed is an aggressor. Human embryos clearly are not. For Thomas, even public authorities are limited in their ability to sacrifice life for the common good, being granted

permission by Aquinas only to take the lives of aggressors and sinners (II–II, q. 64, a. 3).

Second, it is clear that in Aquinas's analogy, the effects of the one act are immediately related, if not simultaneous: in the same action by which I defend myself I simultaneously kill you. It is this simultaneity that allows Thomas to create what would otherwise rightly be called a fiction—the claim that there is only one direct intention, in spite of the two inseparable effects. As the two effects of an act become separated from each other in time, with subsequent actions required to effect the second outcome, our ability to ascribe a single intention disappears. Some might wish to construe human embryonic stem cell research as one act or practice that has two inseparable effects: one desired and intended, the relief of suffering and the avoidance of death, and one not desired and therefore not directly intended—the destruction of embryos. However, given that these two effects are far removed from each other in time, the legitimacy of this move becomes doubtful.

Third, the intention to save one's own life—while helping one place the action in the proper moral category—is not itself sufficient to render the act lawful. As he notes, “and yet, though proceeding from a good intention, an act may be rendered unlawful, if it be out of proportion to the end. Wherefore if a man, in self-defense, uses more than necessary violence, it will be unlawful: whereas if he repel force with moderation his defense will be lawful.” Rather than being a loophole through which one might justify violence, Aquinas is clearly concerned not to give license even toward the pursuit of a good end. The violence that is justified must be *necessary* to save one's own life. If, by any means, violence or the death of the aggressor may be avoided, the act becomes unlawful. With regard to human embryonic stem cell research, the *necessity* of using embryonic stem cells and the ready availability of promising alternatives is precisely what is at issue. I will discuss both of these in more detail below.

In the interest of space, I will simply mention, rather than elaborate on, three additional points of difference. For Aquinas, a justified act of self-defense is an exception for both individuals and for public authorities. As Paul Ramsey notes: he does not say that it is intrinsically right to intend to kill an onrushing, unjust assailant, and then apply this general rule to the case of action in defense of the common good. Intending to kill a man as a means to the public good is clearly an exception to the basic rule (which still remains in force) that no Christian shall intend to kill any man.²² Relatedly, Aquinas is here attempting to justify actions, not practices. As exceptions, these are seen as *ad hoc*, one time, unavoidable acts—not as a systematically developed program of activity. Likewise, the actions are considered retrospectively rather than prospectively. The question is: Is this action that has already occurred, unfortunate though it may be, justifiable? The requirements of intention, simultaneity, and proportion render it difficult to imagine how one might prospectively structure an act or practice that would not fall short on any of these measures.²³

Even the promise of intention dissolves upon closer analysis. For Aquinas, once intention shifts from self-defense to any other intention, it becomes immediately unjustified. In the case of human embryonic stem cell research, advocates identify a range of possible uses for stem cell lines (e.g., basic research into the processes of human development, the testing of cosmetics and household products, and so on) in addition to curing diseases and saving lives. Most if not all of these additional outcomes will likely be more immediate. Moreover, as has been the case with so many other recent developments in biotechnology over the past fifteen years, it is more likely than not that we will find ourselves faced with yet another instance of what one might call the therapeutic shift, wherein the initial rhetoric presented in order to marshal public opinion and funding focuses almost exclusively on the therapeutic potential of the new technology in question. After securing public support and becoming feasible, however, the technology takes

on a life of its own and becomes made available for any purpose for which those with money can pay.²⁴

In the end, the classical justification of self-defense, as found in Aquinas, fails to provide a moral framework for the sacrificing of one human life for the sake of another in the practice of human embryonic stem cell research. Instead, it offers a framework that seeks to minimize the violence we might naturally inflict on one another in the name of our own needs, desires, or even justice.

WHAT WOULD YOU DO IF . . . ?

A second case where some within the Christian tradition have attempted to justify sacrificing one life to save another would be that of killing an assailant in order to defend not the self but an innocent third party. This question is often raised, as John Howard Yoder notes, as a rejoinder to pacifist objections to war. As he observes at the beginning of his short book *What Would You Do?*:²⁵

Sooner or later, in almost any serious discussion about peace and war, someone is sure to ask the standard question: “What would you do if a criminal, say, pulled a gun and threatened to kill your wife?” (or daughter or sister or mother, whichever one the challenger decides to use). It’s uncanny how many persons see this question as a way to test the consistency of the pacifist’s convictions that war is wrong.²⁶

Yoder tackles this question from two directions. He first unpacks the assumptions implicit in the question, and then goes on to show how the situation of defense of a loved one differs significantly from the situation of war. The analogy, in other words, breaks down.

The parallel in the questions raised between the situations of war and human embryonic stem cell research is uncanny. And

like the attempt to analogize the defense of the innocent third party to the question of war, the attempt to draw this analogy to human embryonic stem cell research likewise breaks down.²⁷ Therefore, rather than proceeding as I did with the question of self-defense (i.e., outlining the analogy, identifying points of contact, and showing how it breaks down), I will instead follow Yoder's lead and analyze the assumptions and dynamics at work in the rhetorical apparatus employed by advocates of human embryonic stem cell research. Yoder identifies six assumptions that underlie the "what would you do if" question. Four will be explored here: determinism, control, knowledge, and alternatives.

Determinism is a problem that afflicts the rhetoric surrounding almost every new development in biotechnology.²⁸ Not surprisingly, then, we find it in the human embryonic stem cell debate in spades. On a first level, advocates of human embryonic stem cell research paint a scenario that unfolds mechanically. Something like the claim that "millions of people will suffer and die unless human embryonic stem cell research is pursued" is often made explicitly or by implication. For example, Stanford biologist Irv Weissman has been quoted as saying: "Anyone who would ban research on embryonic stem cells will be responsible for the harm done to real, alive, post-natal, sentient human beings who might be helped by this research. Opponents are sacrificing these people to keep from destroying embryos in fertility-clinic freezers that will be thrown out anyway."²⁹ Or John Gearhart, one of the two researchers whose work initiated the public debate, notes that banning research on embryonic stem cells could make "a lot of people in the future suffer needlessly and maybe even die."³⁰ The converse, "if we agree to allow the research, these people will be spared" is implied as well.

The argument is not only deterministic in structure, it is also deterministic in time. In making their pitch, biotech advocates often like to work in factors of five, positing clinical therapies "within five years," or "in a decade." Ron McKay, a

stem cell expert at the NIH, was, in November 2000, even more optimistic, promising that “in a few months it will be clear that stem cells will regenerate tissues. In two years, people will routinely be reconstituting liver, regenerating heart, routinely building pancreatic islets, routinely putting cells into brain that get incorporated into normal circuitry. They will routinely be rebuilding all tissues.”³¹

Such deterministic claims, of course, ignore important components of the situation. Essentially dismissing the wide range of other research endeavors that have been in process for decades, they ignore the possibility that other interventions might be developed to ameliorate the suffering of those afflicted by particular diseases. In creating the fiction of imminent clinical application, they pretend that the untold millions cited will not, most likely, suffer and die an early death from their conditions, since so much of research bears so little clinical fruit. Witness, for example, the unfulfilled promise of gene “therapy.” Moreover, these deterministic claims obscure the troubling practical reality that, should therapeutic applications be developed from human embryonic stem cell research, they will probably not be made available to most of the people who could benefit. The intractable issues of access to health care, social justice, and global inequities will not simply evaporate should human embryonic stem cell research bear fruit.

Yoder’s second charge is that the challenge “what would you do if” assumes “if not my omnipotence, at least my substantial control of the situation. It assumes that if I seek to stop the attacker, I can. Now in some cases,” he admits, “this may be true, but in many it is by no means certain.”³² This assumption likewise animates biotech rhetoric, of which advocacy of human embryonic stem cell research is but one example. The rhetoric assumes that if we seek to remedy a particular disease, we can. It is only a matter of enough money, time, freedom, collaboration, and scientific ingenuity.

Moreover, in the case of human embryonic stem cell research, this unwarranted optimism posits control not only over

one particular disease or condition, which might be more realistic and achievable, but over the entire gamut of morbidity and mortality. It is the ultimate panacea, the cure for everything. An historian of biotechnology might caution that human embryonic stem cell research falls in line as only the most recent Holy Grail, a cousin of practices spanning organ transplantation to gene therapy that have met with limited or minimal success.

This is not to suggest that human embryonic stem cell research might not lead to the development of therapeutic options for specific diseases. It very well may. But, as Yoder reminds us, the classic theory of just war (to skip ahead for a moment) requires that the criterion of "probable success" be met before innocent lives can be taken. In light of the difficulties that well-funded, novel therapeutic paradigms have historically encountered, coupled with the primitive state of embryonic stem cell research, the probability of moving from theory to therapy, at least at this time, cannot be predicted.

In making this point, however, I am getting ahead. Before elaborating on the difficulty of characterizing the therapeutic success of human embryonic stem cell research as probable, we need to consider a third assumption, namely, that of knowledge. As Yoder notes, "The 'what if?' question presupposes, if not omniscience, at least full and reliable information."³³ Likewise, the kinds of claims made in support of human embryonic stem cell research require a level of knowledge that is certainly not at hand and may well never be, even should such research be funded. For example, as those pursuing the promise of gene therapy have discovered, what one can coax human cells to do in the laboratory often proves impossible to convince them to do in the human body. After much effort, researchers have succeeded in preventing human embryonic stem cells from differentiating in culture long enough to establish cell lines. This outcome has been achieved. What is still lacking is knowledge of precisely what mechanism is at work in preventing differentiation; how to direct cells to differentiate into specific tissue types; how to control cell growth (suppress tumorigenesis)

once differentiation has been achieved; how to get cultured tissues to properly engraft; and then, the most difficult piece, how to get them to achieve function *in vivo*.

As with the field of gene therapy, the rhetoric advocating human embryonic stem cell research steamrolls ahead, hyping the promise of application, while the state of the science and the fundamental understandings of how relevant processes work is itself embryonic. Without first conducting more basic research, the promise has a higher probability of being broken than fulfilled. Of course, perhaps such knowledge is not necessary. As Nicholas Wade exults: "the magic of regenerative medicine is that the physician does not have to know everything, only how to create the right conditions for the body's cells to respond to the appropriate signals."³⁴ In addition, one might counter that, without the sacrifice of a few frozen embryos, we will not be able to conduct basic research and gain the knowledge necessary to better envision and enact the end. The response to this claim leads us to the last of Yoder's assumptions, namely, that of alternatives.³⁵ As Yoder notes, the question of "what if" is designed to limit the respondents' options to two: yes or no, for or against, all or nothing. To set up the discussion as if there were only two possible kinds of outcomes (millions suffer and die vs. all are saved) or only one route (human embryonic stem cell research) to the desired outcome is to prejudice the argument. The situation has been descriptively constructed so as to predispose to a particular outcome.

The posing of alternatives, of course, has been one strategy of those who oppose human embryonic stem cell research. To advance basic science, many call for further animal research, noting that the trajectory in animal studies from *in vitro* to *in vivo* to therapy is far from complete. Others call for work to first be completed, or at least further advanced, with adult stem cells before moving to human embryonic stem cells. But the rhetoric of the debate will not brook alternatives. Adult stem cells are dismissed by researchers as not totipotent and therefore deficient; they are dismissed because (ironically enough) not enough research has been done to assess their

promise. In the media, adult stem cell research becomes “a canard,”³⁶ “crap science,” or “baloney.”³⁷ Alternative means to a shared goal will not be taken seriously. As in most wars, there will be no negotiations; there is no middle ground. Thus, ironically, advocates of human embryonic stem cell research become absolutist, while their opponents emerge as those searching for a compromise that will seek to achieve the ends of protecting innocent life and of working to ameliorate the suffering and mortality associated with the human condition.

In the end, the crux of the “what if” question, as well as the case made in favor of human embryonic stem cell research, lies largely not in rational argument but in emotional appeal. As Yoder notes, the question

appeals to family connections and bonds of love so that it becomes a problem of emotions as well as thought. Instead of discussing what is generally right or wrong, it personalizes the situation by making it an extension of my own self-defense. Especially is this emotional dimension of the question more visible when the discussion centers on one’s duty to protect someone else. Often the questioner will heighten this aspect of the argument by saying, “Perhaps as a Christian you do have the right to sacrifice your own welfare to be loving toward an attacker. But do you have the right to sacrifice the welfare of others for whom you are responsible?”³⁸

Classically, these questions are taken up in the just war tradition, and so to our third analogy I now turn.

JUS IN BELLO: HUMAN EMBRYONIC STEM CELL RESEARCH AND THE JUST WAR AGAINST DISEASE

A third case where the Christian tradition has justified the sacrifice of human life would be the just war tradition.³⁹ As noted at the outset, the language of the just war is invoked by McGee and Caplan. They attempt to argue that, in human

embryonic stem cell research, the essence of the embryo—that is, its DNA—is not destroyed but actually lives on in the cell lines and potential tissues developed therefrom. What is destroyed, they claim, are simply the “inessential components” of the embryo—its cytoplasm, external wall, and mitochondria. The reductionistic and gnostic character of these claims aside, they conclude: “It is difficult to imagine those who favor just war opposing a war against such suffering given the meager loss of a few cellular components.”⁴⁰

How might the just war tradition illuminate our question? In the interests of space, I will limit my observations to three. First, of our three analogies, the just war tradition provides the closest fit with the situation of human embryonic stem cell research. In the model for a just war, a nation—a multitude—has been attacked or has had its interests threatened. The war may entail the loss of innocent life in the defense of the innocent and the common good. Those who answer the call to fight do so from a position of innocence, and it is recognized that in pursuing the aggressor, innocent civilians on both sides might be killed as well as combatants. But, at the same time, an obligation to protect those unjustly attacked and to work for justice on their behalf is invoked.⁴¹

Furthermore, the context of human embryonic stem cell research mirrors a number of *jus ad bellum* criteria, the conditions that must be met for a war to be legitimately declared. One could make a case that the cause is just—humanity has a right to defend itself against the onslaught of disease. The war must be declared by a competent, public authority—in this case, perhaps the NIH. The intention must be right, namely, the restoration of peace—which a world free of the ravages of disease approximates. Success must be probable. Apart from my earlier skepticism about the probability of moving from the laboratory to clinical applications, one could grant, for the sake of argument, that human embryonic stem cell research has a sufficient prospect of probable success. In light of this, one could argue that the principle of proportionality is likewise

met—the good expected by pursuing the research outweighs the damages to be inflicted in the loss of embryonic life.⁴²

However, two important criteria remain, both of which are essential for validating a particular war as just. The first is a final *jus ad bellum* condition: that all peaceful alternatives must first be exhausted. This is also known as the condition of last resort. The debate over alternatives—further animal studies, the use of adult stem cells or placental stem cells—has been discussed above. Until it can be definitively established that all nonviolent alternatives have been exhausted, that human embryonic stem cell research truly is a last resort, the analogy to a “just war” will fail. This is a process that will take time.

In addition to the exhaustion of all peaceful alternatives as a crucial condition for going to war, the just war tradition also provides conditions that must be met during combat, the *jus in bello* criteria. For our purposes, the key condition is that of discrimination or noncombatant immunity. The principle of discrimination protects the immunity of noncombatants by restricting direct targeting to combatants, military installations, and factories whose products are directly related to the war effort. As Aquinas notes in his discussion of war: “those who are attacked should be attacked because they deserve it on account of some fault.”⁴³ Noncombatants are not to be targeted. Just warriors realize that, in the course of attacking legitimate targets, innocent noncombatants may be killed. But within the tradition, a most important moral distinction obtains between recognizing that noncombatants may accidentally and tragically be killed and directly targeting those noncombatants.

In the case of human embryonic stem cell research, frozen embryos occupy the place in the analogy of noncombatants. It cannot be argued that the loss of embryonic life is an unintended, indirect, and accidental by-product of the activities of the research. For this is what is at stake, the ending of embryonic life—not, contra McGee and Caplan, simply the loss of embryonic identity. Human embryonic stem cell research directly targets the lives of human embryos—frozen though they

may be, slated for disposal though they may be—in order to achieve the ends of the war. Within the just war tradition, this means to a good end would not be licit. It would be total war.

Finally, the just war tradition reflects the commitments of the Christian tradition from which it emerged. As Aquinas notes, “Those who wage war justly aim at peace.”⁴⁴ The imperfect peace obtainable in this world is considered to be the normative human condition, and war is reluctantly admitted into the realm of possibility in order to restore natural order and harmony. Aquinas’s discussion of war is located, in the *Summa*, not under the heading of justice, where one might expect to find it, but rather under the heading of charity. War is properly categorized as sin, a vice, a violation of the virtue of charity, of the friendship between humans and God that is, within the human community, made possible by the incarnation. Cognizant of this, the just war tradition seeks not as much to carve out a space for the legitimacy of war but rather to create parameters that will severely limit it.

WAR AND PEACE

In so limiting the legitimate taking of human life in war or self-defense, the Christian tradition fails to provide moral criteria that would justify directly and intentionally taking innocent human life. By illuminating the operative assumptions of the human embryonic stem cell debate, analysis of the classic situation of defense of the neighbor renders that particular analogy similarly unhelpful. In each of the three analogies, a case might be made for taking the life of the aggressor. But no moral criteria emerge that would justify sacrificing the life of one not party to the conflict, even in order to save the life of another. One is free to sacrifice one’s own life—one may find oneself called to be a martyr—but neither an individual nor public authorities may justifiably sacrifice the life of even one innocent person, even for the sake of the common good. Therefore,

as long as we hold that human embryos qualify as human life, “sacrificing” them is not an available moral option.

Ken Woodward reminds us that “the words we choose to frame our arguments reveal the moral universe we inhabit,” and it is with this thought that I would like to close.⁴⁵ McGee and Caplan end their article echoing Woodward’s claim. They state:

The issues here are novel and they are hard, but mostly they require philosophical innovation about what an embryo is and how we are to treat embryonic material in a time of stem cell research [one hears the resonance: “in a time of war”]. Our argument here is that no embryo need be sacrificed, but we must alter the terms and goals of our debate to frame an appropriate moral framework for dealing with embryos.⁴⁶

In other words, McGee and Caplan propose to resolve this particular moral controversy by redefining the terms—what an embryo is, what it means to kill. They propose to create a different story to describe what we are doing. This is a classic tactic in wartime: to dehumanize the other, to craft a narrative that justifies the necessary use of lethal force, and to tell ourselves that we do it in order to protect the community’s highest ideals and most pressing interests. They suggest that the way out of the dilemma is to descriptively construct the practice of human embryonic stem cell research so as to predispose to a particular outcome.

I cannot but agree that a necessary step forward toward resolving the debate over human embryonic stem cell research is the narrative task of redescription. I opened this paper with a passage from St. Luke, and that passage points to a fundamentally different narrative frame for the debate about human embryonic stem cells, in particular, and biotech and clinical research more generally. St. Luke reminds us that, for Christians, healing is understood not in relation to war but in relation to peace.⁴⁷ Healing, that practice rightly privileged as a central and enduring commitment for Christian identity and

communities, is not, within a Christian narrative, an end in itself. Rather, healing is a sign of the “reign of God,” a practice rooted in the identity and actions of the God of peace. For Christians, the healing that we pursue must be anchored in the broader context of God’s work in the world and our participation therein. If we abstract the commitment to healing from its narrative context, we are left with a formal claim that becomes an end in itself, to which any and all means might be fitted, even the means of killing embryos. In the end, to paraphrase Yoder, I do not know what I would do if one of my children needed the products of human embryonic stem cell research. But I know that what I ought to do should be illuminated by the story of the Trinitarian God, whose story is one of peace, healing, and compassion—the difficult activity of suffering with those who suffer precisely because, want as we might, we cannot eliminate that suffering.⁴⁸

NOTES

1. As a theologian and the first speaker in a three-day conference on new frontiers opened in science and ethics by human embryonic stem cell research (and sponsored by Marquette University, the Archdiocese of Milwaukee, and the Wisconsin Catholic Conference), I thought it seemed particularly fitting to begin this paper with a passage from the day’s lectionary readings. Little did I anticipate that October 18, 2001—the day the conference opened—would turn out to be the Feast of St. Luke, Evangelist, who was reputed to be (among other things) a physician. Physicians, accordingly, claim him as one of their patron saints.

2. Charles Curran, “Roman Catholic Medical Ethics,” in *Transition and Tradition in Moral Theology* (Notre Dame, Ind.: University of Notre Dame Press, 1979), 175.

3. For these and other statistics on the Catholic presence in U.S. health care, see the website of the Catholic Health Association of the U.S. at: www.chausa.org/aboutcha/chafacts.asp.

4. Glenn McGee and Arthur Caplan, “The Ethics and Politics of Small Sacrifices in Stem Cell Research,” *Kennedy Institute of Ethics Journal* 9, no.2 (1999): 157, 151.

5. This essay takes the ordinary moral language of the public debate as its starting point. In preparing for the conference, I informally “surveyed”

friends, colleagues, and students, asking them “what do you think about research with human embryonic stem cells?” I was surprised by how often we ended up at the “what would you do if?” question discussed below. As John Howard Yoder notes in his analogous context, “The way the question is put arises very naively and authentically from ordinary language of lay ethical debate” (“What Would You Do If?” *Journal of Religious Ethics* 2, no. 2 [1974]: 82). The anomaly revealed simply in this anecdotal experience led me to the questions posed below, since, as Yoder further notes, “ethical discourse properly arises out of the deepening self-critique of ordinary argumentation.” The ordinary language of public discourse as presented in the media powerfully shapes the opinions of so many, especially on issues of bioethics. Insofar as public debate itself is informed and shaped by “bioethics communicators” like Glenn McGee (self-description at the conference “Stem Cell Research: New Frontiers in Science and Research,” Milwaukee, 19 October 2001), it provides an important point of entry for engaging both the rhetorical and philosophical components of the discussion.

6. Kenneth L. Woodward, “A Question of Life or Death,” *Newsweek* (9 July 2001): 31.

7. Sheryl Gay Stolberg, “Stem Cell Debate in House Has Two Faces, Both Young,” *New York Times*, 18 July 2001, A1.

8. John W. Fountain, “Stem Cell Decision Does Not End the Debate,” *New York Times*, 12 August 2001, 1, 26. Interestingly, the Queenans and the Singers are listed as Roman Catholics and “devout Catholics,” respectively.

9. Sometimes, of course, the question concerns another member of one’s family: spouse, parent, sibling. The appeal to one’s children is, of course, the most powerful.

10. For an account of disease as an aggressor in the context of a theological response, see Arthur C. McGill, *Suffering: A Test of Theological Method* (Philadelphia: Westminster Press, 1982).

11. Terrence W. Tilley helpfully argues that much confusion in the Catholic attempt to forge a “consistent ethic of life” stems from equivocation on the term “innocent,” especially between and within discussions of abortion and just war. He notes that there is a difference between the innocence of moral agents—those who act—and the innocence of moral patients—those upon whom an act is performed. See his “The Principle of Innocents’ Immunity,” *Horizons* 15, no. 1 (1988): 43–63. For the purposes of this essay, I will use it in its traditional undifferentiated sense.

12. Throughout this essay, of course, I will presume that human embryos are one of a class of creatures that come under the heading “human life.” That this is now questioned is evidenced by the opening of Ken Woodward’s question (“what value do we place on human embryos . . . ?”). Others more explicitly raise the question of whether we should consider thawed embryos “alive” or whether embryos prior to twenty-one days even ought to be identified as “organisms.” See David Hersenov, “The Problem

of Potentiality," *Public Affairs Quarterly* 13, no.3 (July 1999): 255–71, or his subsequent piece, "An Argument for Limited Human Cloning," *Public Affairs Quarterly* 14, no.3 (July 2000): 245–58. However, if one presumes that human embryos do not qualify as "human life," the main moral question with regard to human embryonic stem cell research essentially evaporates. One might still explore questions of cow-human chimeras or similar entities created through in vitro techniques, but it would render the moral question of human embryonic stem cell research moot. This is one strategy pursued by advocates of the research.

13. McGee and Caplan, "The Ethics and Politics of Small Sacrifices . . .," 151.

14. One might also look to three analogous situations within the broad umbrella of health care: triage, human experimentation, and maternal-fetal conflict. Each of these situations wrestles with the possibility that one life might be lost or sacrificed in order to benefit others. How is this situation like or unlike these three other situations? Might they provide insight for understanding when the claims of particular human lives might override the concern for the protection of embryonic life? Answers to these questions await a subsequent essay.

15. McGee and Caplan, "The Ethics and Politics of Small Sacrifices . . .," 156.

16. *Ibid.*, 154.

17. *Ibid.*, 152.

18. *Ibid.*, 156, 154.

19. *Ibid.*, 153.

20. Katharine Q. Seelye, "Bush Gives His Backing for Limited Research on Existing Stem Cells," *New York Times*, 10 August 2001.

21. Thomas Aquinas, *Summa Theologica*, trans. Fathers of the English Dominican Province, 2d rev. ed. (London: Burns, Oates, and Washburn, 1920–1942). Available at www.newadvent.org/summa/.

22. Paul Ramsey, *War and the Christian Conscience* (Durham, N.C.: Duke University Press, 1961), 40–41.

23. Those familiar with the Catholic tradition will have undoubtedly noticed that I have studiously avoided using the phrase "double effect." Though the classic principle of double effect takes its origins from Aquinas's account of self-defense, the principle as now articulated radically departs from his limited account. Since the sixteenth century, the principle has been articulated as an attempt to provide justifications for killing innocent persons. (See Ramsey, *ibid.*, p. 47. Ramsey cites Joseph T. Mangan, "An Historical Analysis of the Principle of Double Effect," *Theological Studies* 10, no.1 [1949]: 41–61.) Such a shift demonstrates the sorts of problems that can occur when one attempts to lift a "principle" out of its narrative context. As mentioned earlier, the narrative context anchors a question within a web

of substantive moral concepts that are necessary for making the argument. If, for Aquinas, it is not just to intend to kill an *unjust* aggressor in order to save one's own life, how much less so would it be to kill innocent life in order to save one's own? Thomas's discussion of self-defense not only does not help us in creating criteria for justifying the sacrifice of innocent human life; it provides a compelling argument against it.

24. One might less charitably refer to this as "the therapeutic bait-and-switch." Examples of technologies that argue from the therapeutic premise would be gene "therapy" (the promise embedded in the very term), the cloning rhetoric that followed upon Dolly and other ventures in the 1990s, the development of sperm-sorting techniques for sex selection, and so on. Sperm sorting, or "Microsort" as it is marketed, is an example of how quickly a developed technique can leave its "therapeutic" context and be made available for other purposes.

25. John Howard Yoder, *What Would You Do?* (Scottsdale, Pa.: Herald Press, 1983). See also Yoder, "What Would You Do If . . . ?" An Exercise in Situation Ethics," *Journal of Religious Ethics* 2, no. 2 (1974): 81–105. Gilbert C. Meilaender also draws on Yoder's essay in his testimony before the National Bioethics Advisory Commission (NBAC). See *Ethical Issues in Human Stem Cell Research*, 3 vols. (Rockville, Md.: June 2000), 3:E1–E6.

26. Yoder, *What Would You Do?*, 13.

27. For example, as with the analogy to self-defense, embryos cannot be properly described as "aggressors," which is morally relevant for this second situation. Likewise, the situation of defense of the innocent compels agreement because of the immediacy and magnitude of the harm that will befall the victim. The killing of the aggressor is allowed in order to prevent a harm from occurring, not to redress a harm that has already taken place. And so on.

28. Yoder identifies three deterministic elements of the standard question. First, "the way the question is usually asked assumes that I alone have a decision to make." Second, the scenario "unfolds mechanically"; once the situation is engaged, the actions of the actors are predetermined. Neither the potential attacker nor the potential victim can exercise any other role than the one predetermined. Third, "the assumption is that how I respond solely determines the outcome of the situation." In the end he notes, "This deterministic assumption is in some sense self-fulfilling. If I tell myself there are no choices, there are less likely to be other choices. Still less will I feel a creative capacity (or duty) to make them possible if I don't expect them. But then the limit is in my mind, not in the situation." Yoder, *What Would You Do?*, 14–15.

29. *Newsweek* (9 July 2001): 24. See also McGee and Caplan, "The Ethics and Politics of Small Sacrifices . . .," 153–54: "Stem cell research consortium Patient's CURE estimates that as many as 128 million Americans

suffer from diseases that might respond to pluripotent stem cell therapies. Even if that is an optimistic number, many clinical researchers and cell biologists hold that stem cell therapies will be critical in treating cancer, heart disease, and degenerative diseases of aging such as Parkinson's disease. More than half of the world's population will suffer at some point in life with one of these three conditions, and more humans die every year from cancer than were killed in both the Kosovo and Vietnam conflicts."

30. *Newsweek* (9 July 2001): 27.

31. Nicholas Wade, *Life Script* (New York: Simon and Schuster, 2001), 121.

32. Yoder, *What Would You Do?*, 15.

33. He continues: "Not only does it assume on my part that events will unfold in an inevitable way, but it also presumes that I am reliably informed about what that unfolding will be like. I know that if I do not kill the aggressor, he will rape my wife, kill my daughter, attack me, or whatever. And I know I will be successful if I try to take his life." *Ibid.*, 16–17.

34. Wade, *Life Script*, 168.

35. I am here collapsing his discussion of "other options" under the heading of "alternatives."

36. Sheryl Gay Stolberg, "A Science in Its Infancy, but with Great Expectations for Its Adolescence," *New York Times*, 20 August 2001, A17.

37. *Newsweek* (9 July 2001): 27.

38. Yoder, *What Would You Do?*, 19–20.

39. Gilbert C. Meilaender examines a different set of "war"-related arguments in relation to human embryonic stem cell research, taking as his interlocutors both the NBAC report and McGee and Caplan. See his "The Point of a Ban: Or, How to Think about Stem Cell Research," *Hastings Center Report* 31, no.1 (2001): 9–16.

40. McGee and Caplan, "The Ethics and Politics of Small Sacrifices . . .," 156. The claims made here are not only reductionistic—reducing human identity to DNA—but also gnostic and dualistic insofar as our actual concrete embodiment is deemed not an essential part of who we are.

41. In other words, the human embryonic stem cell debate may approximate the question: "Can an otherwise neutral nation intervene in defense of an innocent party that is attacked by some other nation?"

42. Again, I am making this latter claim for the sake of argument.

43. ST II–II, q. 40, a. 1.

44. *Ibid.*, reply to obj. 3.

45. Woodward, "A Question of Life or Death," 31.

46. McGee and Caplan, "The Ethics and Politics of Small Sacrifices . . .," 157.

47. On a similar note, Mark Kuczewski suggested a similar critique of the tendency to construe science and clinical research as a "war against na-

ture," rather than situating it in the context of the "story of creation" (comment at the conference "Stem Cell Research," Milwaukee, 18 October 2001).

48. I would very much like to thank Nancy Snow for inviting me to participate in what was such a vital and thorough conference. It was an honor to be part of such an esteemed slate of presenters and a privilege to be able to offer my thoughts to the Wisconsin Catholic Bishops Conference and the Archdiocese of Milwaukee. I must also thank my colleagues who read and so helpfully commented on previous drafts of this paper: Michael Barnes, Una Cadegan, Dennis Doyle, James Heft, Brad Kallenberg, Jack McGrath, Sandra Yocum Mize, Maureen A. Tilley, and Terrence W. Tilley. In them, I am richly blessed.