

be unable to form preferences), death row inmates, or undesirable races for their organs? There is no fundamental difference between using stem cells from in vitro embryos or aborted fetuses and dehumanizing other people for the purposes of the “medical arts.”

Science will learn soon enough how to coax adult stem cells into the many roles that are beneficial to their recipients. Regrowing or regenerating our own organs with our own stem cells will eliminate all these ethical quandaries. Furthermore, self-donated stem cells will not require immunosuppression for reincorporation into the host body. Everyone is panting after embryonic stems cells as if they were the very water of life. Let’s not sell our ethical and heavenly birthright for a bowl of fleshly healing.

Robert Madeira, MD
Allentown, Pa

1. Guenin LM. The morality of unenabled embryo use—arguments that work and arguments that don’t. *Mayo Clin Proc.* 2004;79:801-808.

In reply: Ontology is that branch of metaphysics concerned with the question of what exists, a subject into which I did not enter. I did speak of a woman’s morally permissible discretion to decline an intrauterine embryo transfer. In consequence of any such declination, the embryo in question will not develop beyond about day 10. From this we may draw inferences about how we should treat that embryo. Neither those inferences nor applying a generic name to such an embryo implies any ontological change.

It does not suffice for ensoulment, as Dr Nelson contends, that a being is alive and of the species *Homo sapiens*; any living human cell would satisfy that condition. In Aristotle’s metaphysics—which is presupposed by talk of substance, accident, and soul as the principle of life—there comes to bear the hylomorphic view, followed consistently by the fathers of the Catholic church (including Boethius) and their successors until 1869, that the *intellectiva anima*, the rational soul distinguishing humans as such, does not infuse any earlier than day 40 of development.¹ The modern Catholic magisterium does not follow Aristotle or any other view on ensoulment. It has abandoned the attempt to ascertain when a soul infuses, declaring that “the matter will not ever be established” (*non enim de re unquam constabit*).² The magisterium instead makes its stand on zygotic personhood. For that it offers the argument that I related, to wit, that “modern genetic science” has delivered “valuable confirmation” that fertilization creates a new person: “it has demonstrated that, from the first instant, the program is fixed as to what this living being will be: a man, this individual man with his characteristic aspects already well determined.”³ This argument appeals to the premise that a genome suffices for a person. That premise not only expresses a radical version of genetic determinism, it works an internal contradiction. It contradicts the doctrine that a human person is a union of body and soul. (In mentioning that doctrine, I referred only to human persons.) By dint of contradicting a

bedrock doctrine, this argument from genome to person cannot stand.

Does there obtain any other reason to treat every embryo as a person for purposes of the duty not to kill? If we think about in what instances we hold killing wrong, it becomes relevant to observe that an embryo cannot feel pain, and cannot form ends or preferences—not even a preference to live—that anyone else’s action could frustrate. Thinking more broadly, we come to realize that we cannot gain anything for an embryo that will never enter a uterus (an “unenabled” embryo), or gain anything for anyone else, by forbidding use of the embryo in experiment.

To say that a view that takes account of gain or suffering as a consequence of human action or inaction is utilitarian betrays a misapprehension of utilitarianism. Utilitarianism is the thesis that right conduct consists in maximizing aggregate utility, a thesis to which my argument nowhere appeals. “All ethical doctrines worth our attention,” observed John Rawls, himself no utilitarian, “take consequences into account in judging rightness. One which did not would simply be irrational, crazy.”⁴

But Dr Nelson goes on to say that my view neglects potential (or what he calls “potencies”). A claim that predicates obligations to an entity on its potential succumbs to the standard objection that potential to become an entity of valued attributes is not the same as being such an entity. An acorn is not an oak; we, most of us, do not consider it wrong to sacrifice an unfertilized oocyte. A more cogent claim predicated on potential asserts that we ought not thwart the coming into being of any possible person corresponding to a developing organism. My argument from nonenablement directly engages that claim. A consequence of the circumstance that an embryo will never enter a uterus is that there does not correspond to the embryo any possible person.

Dr Madden is correct that an opening premise of the argument from nonenablement is that the decision whether anyone will transfer her embryo into her, or into another, falls within a woman’s discretion. He holds to the contrary that as to this decision, “authority rests only in God.” This belief—I do not think that anything important turns on characterizing it as a bias rather than a belief—would seem to entail that any human decision about an in vitro embryo, including that of a woman who becomes pregnant by in vitro fertilization (IVF), is wrongful for usurping divine authority. (Official Catholic teaching condemns IVF, but on the ground that it is nonconjugal and risks eugenics.) In any system of religious belief, it may be held that some decisions (eg, at the Last Judgment) belong to God. But in everyday human life, it is impossible for humans to avoid decision, if only by inaction. Hence a more compelling version of Dr Madden’s view would assert that divine will is the ultimate arbiter of morality, that humans ought to act in accordance with God’s wishes, and that humans are obligated to ascertain those wishes. In such case one would have to ask, “What does God wish?” Who can claim to know the answer? We can only reason as best we can. The Catholic magisterium has condemned IVF and therefore does not regard intrauterine embryo transfer as God’s wish.

Assuming then the existence—even if one disapproves of their creation—of embryos that will never enter a uterus, I do not know of a plausible argument that an all-loving and all-merciful God would prefer that such embryos perish in vain rather than be used by us in aid of our neighbors.

To Dr Madeira I would say that life begins before conception—gametes, neurons, all extant cells are alive, and further they are all beings of the species *Homo sapiens*—which is why “human life” and “human being” are not morally significant classifications. The crucial classification is “person.” As noted, we cannot achieve anything for anyone by treating an unenabled embryo as a person, nor does any possible person correspond to it. My argument does not rest the justification of embryo use solely on imminent death. Rather it assigns significance to a woman’s permissible declination of intrauterine embryo transfer and to the bound on the embryo’s developmental potential that such declination effects.

The notion that a human is a union of body and soul says nothing about when that union begins. Nor does observing that a human embryo is unenabled deny that it is human. What Dr Madeira’s remarks purport to reduce to absurdity is a straw man. All the beings that he mentions (a fetus, a baby, retarded people, inmates, and adults of various races) are, or are the developmental successors of, not unenabled conceptuses, but conceptuses enabled in a uterus.

No one knows from whence therapies will come, but it seems wishful thinking to suppose that the scattered

multipotent stem cells of the developed human will obviate the value of the pluripotent embryonic.

Louis M. Guenin
Harvard Medical School
Boston, Mass

1. Aristotle. *Historia Animalium* 583b.
2. Congregation for the Doctrine of the Faith. *Declarato de Abortu Procurato*. Vatican City; 1974.
3. Sacred Congregation for the Doctrine of the Faith. *Donum Vitae*. Vatican City; 1987.
4. Rawls J. *A Theory of Justice*. Cambridge, Mass: Harvard University Press; 1971:30.

CORRECTION

Incorrect figure placement: In the article by Dalal et al entitled “Acquired Long QT Syndrome and Monomorphic Ventricular Tachycardia After Alternative Treatment With Cesium Chloride for Brain Cancer,” published in the August 2004 issue of the *Mayo Clinic Proceedings* (*Mayo Clin Proc*. 2004;79:1065-1069), Figures 2 and 3 were transposed. The illustration above the Figure 2 legend on page 1066 is Figure 3, and the illustration above the Figure 3 legend on page 1067 is Figure 2.

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