

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.

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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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