

Ethical concerns surrounding the conception of an HLA compatible child for medical purposes

In an interesting article published in the editorial of *Haematologica*, Burgio *et al.* recall the touching case of a couple that gave natural birth to a child in an attempt to save the life of their daughter affected by Philadelphia-positive chronic myeloid leukemia.¹ The new baby was HLA-compatible and hematopoietic stem cell transplantation took place when he was 19 months old (3 April 1987). The article to which we refer explains very clearly that there are currently at least two possibilities for planning the conception of a savior child. The first is by natural procreation, as in the case above; the second takes into consideration “a full blown and technically perfect Pre-implantation Genetic Diagnosis (PGD) program which brings into the world a child who satisfies the two requirements needed to save the elder sibling’s life: a healthy child who is HLA-compatible”. The authors consider it unwise to opt for a normal, natural birth.¹

In our opinion, even the second option could prove to be a problematic ethical choice. To explain our point of view, we need to make a fundamental premise: *having a baby is not an automatic right*. No human life can be justified because it gives rights to another human being. The use of an *in vitro* fertilization (IVF) technique for the generation of a savior child transforms the possibility or the desire to have a baby into the right to have a baby. This is not the case of natural birth. Although the intention may be the same with both methods (we are not judging the parents’ decision), the uncertainty of the result in natural childbirth is Nature’s way of reminding us that no one can choose his or her baby.

The second and perhaps most dramatic argument from an ethical point of view, takes into account the possibility of selecting the right savior embryo while discharging the unhealthy or unwelcome one. The possibilities opened up by PGD bring us directly to the problem of the ontological status of the embryo. In 1996, the Italian National Board of Bioethics stated that “the fundamental respect for the human being is due from the beginning, then every experimentation or manipulation are ethically unacceptable. The only allowed intervention on the embryo must have therapeutic purpose”.² The meaning of this statement is that the embryo must be considered a human being from the very beginning. There is abundant scientific evidence to support this view. In fact, from the zygote stage onward, the human embryo has a coordinate, continuous, gradual development and there is not a stage where we

can indicate substantial transformation. Therefore, it becomes mandatory to consider the embryo a human being, worthy of protection and moral respect.²⁻⁴ *The human embryo is a human being*. If this is true, as we believe it is, the logical consequence is that we cannot suppress a human being, not even to save another human being, nor can we choose to save a healthy HLA-compatible embryo thereby suppressing the others. Contrary to the opinion expressed by the authors in their article, we do not consider the combination of IVF and PGD the best way to obtain a compatible donor for transplantation. If we balance the pros and cons, we find that the decision to have a baby by natural birth is the best way to respect the dignity of all the human beings involved and, at the same time, to try and save someone else’s life. Of course, we are aware that this approach offers no guarantees, but we prefer an uncertain result that fully respects human rights rather than a secure outcome that violates the fundamental right of every human being: the right to live.

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References

- Burgio GR, Nespoli L, Maccario R, Verri A, Comoli P, Zecca M. Conceiving a hematopoietic stem cell donor: twenty-five years after our decision to save a child. *Haematologica*. 2012;97(4):479-81.
- Italian Board of Bioethics: Identity and Status of the Human Embryo, 22 June 1996.
- Gilbert SF. *Developmental Biology*. Sinauer Associates; 2000. Sunderland, MA, p. 185.
- Pearson H. Your destiny from day one. *Nature*. 2002;418(6893):14-5.