

## **Preimplantation Genetic Diagnosis: BIOETHICAL ASPECTS.**

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### **MEMBERSHIP-INSTITUTIONAL FRAME AND CHARACTERISTICS OF THE COMMITTEE**

Our committee evolves since 1999 in Fecunditas and it works as an ad honorem institutional counsellor in bioethics.

A lawyer, a biochemist, a paediatrician, a gynaecologist, a biologist, two psychologists, a baptist clergyman and a professor of philosophy are members of the permanent staff, that may be enlarged according to requirements and they represent different creeds, even agnosticism.

**All this characteristics ensure a plural diversity of independent opinions on attending different cases.**

On the other hand, Fecunditas is a private institute established in 1987 as a medical center of human reproduction. It is necessary to note that our country needs public reproductive medical services, because new reproductive technologies (NRT) are disapproved by the national health care system.

So, it is also necessary to emphasise that Fecunditas does not receive grants, nor pecuniary aids, or any other public funds. - Its unique resources are fees from patients or other private contributions which allow a wide margins on considering the bioethical principles of beneficence and justice.

All these characters are specially important during our discussions, due to different opinions concerning with **private, public or social** interest carefully thought about in each case.

In this way, the Committee approved by **consensus** recommendations about surrogated motherhood; donation of gametes and embryos and their consequences; cryopreservation of embryos; rights and duties of parents and institutional responsibilities; motherhood/fatherhood of single and/or homosexual persons, advising institutional guide lines.

But **P.G.D.** gave rise for sour disputes considering the severe dilemmas that involves moral, philosophical, legal and even political criterion of members of the staff.

### **REASONS FOR DISAGREEMENTS**

NRT were introduced in Argentina since 1984, and IVF/ICSI are unavoidably necessary for PGD, a newer practice applied since 1992. Nevertheless they rise rough controversies because there are not at all legal rules concerning them, and moral/social consideration differs in our plural society.

**Moral objections** are mostly settled on religious focusing, and it is wellknown that most creeds consider **life as a Holy Gift**, not replaceable by human science or techniques, recognising a special moral status of embryos.

**From a legal point of view**, Argentine Civil Code supports the criterion that **life begins from the conception in uterus**, and **orthodox** interpreters uphold that **conception starts when the sperm penetrates in the oocyte**.

This is why embryos or preembryos, as they are not distinguished, are **untouchable legal persons** with protection against manipulation, discrimination or abortion.

On the other hand, Argentine Criminal Code **incriminates abortion** as a severe crime, and a special law **forbids discrimination among legal persons**.

Latest argentine experiences induce to opposite philosophical and political currents, without distinction of these two different contents.

The first of these currents **submit individual interest to general one** that is settled by compelling moral standards and legal rules; so scientific or technological developments, which are not neutral but pursue commercial or political benefits, must be channelled to collective interest by those protective patterns. **This means that moral guidelines and legal rules must lead on the reality** appointing personal, institutional and scientific behaviours

The other current considers that **general interest is, in short, the addition of personal one**, much more if it does not affect to third persons. This means that rules and guidelines must assist and hold the reality, without enforcement, **but preventing** excesses and damages.

All this harmonised in the frame of bioethical principles of autonomy, beneficence and justice.  
**Rather difficult, indeed.**

## **MAIN TROUBLESOME MATTERS ON P.G.D.**

Some of them are:

1. Reasons people invoke to require this diagnosis,
2. Selection of embryos implies, or not, an eugenic practice,
3. What to do with no useful embryos,
4. How to solve the antagonism among the interest of patients, policy of the medical center and social prejudices on the unknown results of new technologies.

PGD is undoubtedly advisable in cases of **increased genetic risk**, and **there is consensus** among members of the Committee, related to this point.

### **But parents also require PGD to determine about:**

- Health of pre embryos as to discard those affected
- Sex selection for familiar gender balance
- The election of the appropriate pre embryo to obtain hystocompatible stem cells or DNA samples as to restore health in earlier son/daughter seriously affected.

In these cases **some members** consider that there are discrimination, eugenics and even snobbery, with unpredictable consequences, while **other members** think that those are sustainable reasons, since there is no harm to third persons because those practices take place in a private center, that is on duty to inform about objections in order to their own policies; private germ cells are used to obtain pre embryos, spending one's own funds.

**If PGD is accepted**, final destination of pre embryos not transferred **is consent to the progenitors autonomous decision about them.**

Once more **controversy** rises when considering different interests concerned to PGD:

- **Can society module reproductive freedom according to ordinary moral values, setting boundaries even by legal rules?**
- **Will that freedom, a Human Right as it is, be preserved prevailing over social interest?**
- **Farther than objection of conscience, can institutional policies of the reproductive center challenge those previous interests?**

## **FINAL CONSIDERATIONS**

**Notwithstanding that bioethical principles above mentioned can not be conceived nor applied as unconditional patterns, our Committee considers the use of those principles, specially that of autonomy, in agreement with social, cultural conditions and other peculiarities of each specific case, as a fit model to elucidate multiple ethical questions and difficulties that PGD applications arise.**