Cooperation Problems in Biomedical Research

Helen Watt

Co-operation problems will often arise in the context of research involving human cells and / or genes. Such problems arise in many areas of our lives, when what we do will somehow contribute to, or give the impression of condoning, some wrongful procedure. The procedure in question might be abortion or embryo experimentation, for example, on the assumption that the embryo and foetus is a human moral subject like ourselves.

Not all co-operation in wrongful procedures is itself morally wrong. On the contrary, some forms of co-operation, where our intention is not that the wrong take place, are morally permissible. For example, an opponent of abortion contributes - however reluctantly - to the performance of abortions when she pays taxes which will be partly used to fund abortions on the NHS. In the same way, a bus driver who knows that some of his passengers will be getting off at the local abortion clinic also contributes - however reluctantly - to the performance of abortions. In neither of these cases does the person involved in abortion intend it to occur - nor, on the face of it, is his or her involvement otherwise unjustified.

Formal and material co-operation

What are the principles we need to apply to make a judgement on such cases? The first distinction we need to make in the area of co-operation is between *formal* and *material* co-operation. *Formal* co-operation in the wrongful actions of others occurs where the person co-operating *intends* to help the principal agent in doing precisely what is wrong. If the ultimate aim of a scientist involved in genetic research is to make it possible to screen and abort for some genetic condition, the scientist is *intending*, and not just *foreseeing*, that abortions will take place in the future. Another example is that of a medical researcher who needs fresh foetal brain cells for his work in treating Parkinson's disease, and arranges with an abortionist to do an abortion in a way and at a time which will provide him with the material he needs. It is difficult to argue that such a researcher is not himself intending that the abortion will take place. If it is wrong to have or perform an abortion oneself, it is also wrong to intend, as opposed to foresee, that someone else will have or perform an abortion. That other person will, after all, be doing exactly the same thing which one would think it wrong to do oneself.

Close and remote material co-operation

Formal co-operation in wrongful procedures is, then, morally excluded. How should we go about judging cases of *material* co-operation, where we do not intend, but merely foresee, the connection between what we do and some wrongful procedure? Material co-operation can range from very *close* co-operation (as when a nurse gives premedication to a woman about to have an abortion)[1] to very *remote* co-

[1] Giving premedication will constitute formal co-operation if (as will often be the case) the nurse who gives it intends to help the operation take place. However, if she simply 'does what she is told', without concerning herself with

operation (as in the case of the taxpayer who helps to fund NHS abortions). Some forms of co-operation will be so remote as to be unproblematic; others will be close enough to raise objections which are decisive in that case. Close material co-operation is likely to be unjust to those whom one is, in effect, helping to harm (in the case of abortion, the unborn child, the mother and others who are choosing the abortion). Such co-operation is likely to give a strong, even if unwarranted, impression that one agrees with, or does not strongly *disagree* with, the injustice being done. Even if a researcher using foetal tissue does *not* intend - as he may well intend - that abortions will take place, it will be difficult for him to convince other people that he has a serious objection to abortion if he is prepared to work with foetuses obtained from those who bring about their deaths.

Use of foetal tissue and cell-lines

What should we say about the case of a researcher who does not himself work on aborted foetuses, but does use a cell-line, or the product of a cell-line, originally derived from an aborted foetus? We might think of the controversy surrounding the news that the rubella vaccine was made using a cell-line derived from a foetus aborted in the 70s. Opponents of abortion were divided on the question whether a boycott of the vaccine was required. Some argued that a boycott *was* required in order to avoid complicity in abortion and in the wrongful use of foetal tissue. Others argued that the price of the boycott in terms of pregnant women who might catch rubella, and whose children might then be affected, was too high to pay.

In trying to establish whether or not co-operation in such cases is morally justified we need to compare the reasons for co-operating with those for not co-operating. These reasons include the harm done, to ourselves and others, by either course of action. Refusal to co-operate may have unfortunate consequences in (for example) putting lives at risk and/or closing off some promising avenue of research. On the other hand, co-operating - even remotely - in an unjust procedure may harm us, to begin with, in that it may make us less sensitive to the wrong involved in that procedure. It may, for example, make us more inclined to co-operate more closely - perhaps even formally - in the future. It may also harm other people, in that it may give them the impression that the wrong concerned is not, after all, so very wrong in our eyes.

The greater the risk of corrupting ourselves, or of giving the impression to others that we have no strong objection to some wrongful procedure, the more serious needs to be the reason for doing what facilitates or seems to condone this procedure. The desire to pursue a promising line of research is not an adequate reason to use foetal tissue obtained from an abortionist - or, indeed, from a go-between. The message one would give to the abortionist or go-between, not to mention one's colleagues, is that the objection one has to abortion is either weak or non-existent. Similar objections can be raised to co-operating with those who experiment on embryos by, for example, asking them to share their results. In contrast, making use oneself of results already published in a journal is less likely to give the impression that one has no problem with the destruction of embryonic lives. In the same way, using a cell-line originating decades

---

what follows, her action will constitute (unjustified) material co-operation.

before in an aborted foetus is less likely to give the impression that one regards abortion as morally acceptable than was the original use of foetal tissue. Use of the cell-line is remote material co-operation in an unjust procedure, of a kind which is often morally justified. Having said this, there is sometimes a place for refusing even remote co-operation, where this seems likely to give effective witness against the procedure in question.

Clinical genetics

Embryo experimentation and the use of foetal material are not the only moral issues raised by work on human cells and/or genes. As I mentioned earlier, there is also the problem of the ultimate aim of the researcher, and what may be a separate moral problem of the way in which results will be used. If the ultimate aim of the researcher is to make possible the elimination of embryos or foetuses affected by some condition, the researcher's co-operation in 'search and destroy' procedures will be formal, and therefore unjustified. However, what if the researcher merely foresees, and does not intend, that his results will be used in this way?

In finding a gene which predisposes people to develop a certain condition we may eventually find a way that condition can be treated, either by gene therapy or by more effective use of drugs. Neither of these options is in itself morally excluded. While there are problems raised by *germ-line* gene therapy, concerning such issues as safety and the use of embryos in research, *somatic* gene therapy affecting the patient only is morally no more problematic than any other experimental treatment.[2]

However, it would be fair to say that somatic gene therapy is still in its infancy - as, indeed, are projects to use genetic information to make drugs more effective. We are thus faced with the chronic problem in the area of genetics of the gap between our ability to diagnose genetic conditions and our ability to treat them. It is, of course, understandable that it takes time for effective therapies to be developed. The problem lies in the use which may be made of genetic information in the meantime, most notably in 'screening out' unborn children with the relevant condition. There is, moreover, the related problem that effective therapies may not be developed at all, if those who are found to have the relevant condition can be eliminated before birth.

Let us, then, imagine that a researcher does *not* intend that her possible discovery of a gene for some condition will be used to facilitate 'search and destroy' procedures. However, she nonetheless foresees that it may happen that her discovery will be used in this way. Where no treatment is, as yet, available for a particular genetic condition, the aim of a doctor in providing a prenatal test will normally be to give the pregnant woman the option of abortion. Because the researcher, unlike the doctor, does not have this aim in what she is engaged in, her co-operation in abortion is not formal but material co-operation. The question then arises: is it *justified* material co-operation?

Information on mild and/or late onset conditions is to some extent less likely to be misused than information on more serious conditions. In the case of abortion, in particular, widespread

[2] See *Genetic Intervention on Human Subjects: the Report of a Working Party* (The Catholic Bishops' Joint Committee on Bioethical Issues, London 1996).

abortion for mild and late onset conditions is less likely than widespread abortion for serious conditions occurring in childhood. Having said this, society's tolerance of abortion even for less serious conditions may well be on the rise. Even if the NHS refused to fund abortion for (for example) a genetic tendency to develop cancer, there might be a number of private abortions in the case of those with a family history of the cancer in question.

In the case of pre-implantation diagnosis, while this procedure is not very common as yet for any condition, it is perhaps more likely than abortion to be carried out for mild or late onset conditions. Already, embryos who have genes linked to breast cancer are being identified before implantation. Those who are found to have the genes in question are left outside the mother's body. Morally this practice is quite indefensible, involving as it does the deliberate 'selecting out' of those who may be affected by - in this case - breast cancer. However, it would, of course, be highly desirable if better forms of *treatment* of breast cancer, involving gene therapy and/or conventional medicine, were to be discovered by means of genetic research. Whether or not a researcher is entitled to try to discover the genes which may be linked to cancer or other conditions will depend on such factors as the likelihood that the information will be used in good ways, the likelihood that it will be misused, and the likelihood that the information will in any case be available around the same time from those who are working in the same area. If the information will in any case be available very soon, there may be a stronger argument for saying that researchers may work in this area, providing their intention is that information they obtain be used in good ways. Such researchers will, however, need to consider carefully if more harm than good will be done by their research, bearing in mind the impression they give to others by their willingness to do this kind of work.

Conclusion

Formal co-operation in wrongful procedures is itself immoral, and must always be refused. In the case of material co-operation, we need to look at how close such co-operation is, and at the harm which will be done by co-operating, and by not co-operating. Sometimes it is possible for researchers to avoid co-operation relatively easily, by directing their efforts to some less problematic area of research. If just as much good can be done by Project B, which does not involve *any* co-operation in wrongful procedures, than by Project A, which *does* involve *some* co-operation in such procedures, then it seems that there is a reason to involve oneself in Project B. In general, care must be taken to make an honest assessment of the situation: it is natural that those who are interested in one area will want to arrive at the conclusion that work in that area is morally justified. However, the need to avoid self-deception, important as it is, should not obscure the fact that some co-operation is sufficiently remote not to constitute a bar to research.

38 Circus Road,
London NW8 9SE
England
Tel. +44 (0)20 7266 7410
Fax +44 (0)20 7266 5424
admin@linacre.org

Registered Charity No. 274327