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## Five myths of therapeutic cloning

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As Federal Parliament resumes debating stem cells this week, the rhetoric may become more strident and the distinction between morality, faith, science and politics less clear. Unfortunately, many of the arguments against legislative reform to allow therapeutic cloning rely on a series of myths.

**Myth 1:** That there is no scientific or medical rationale for allowing embryonic stem-cell research or therapeutic cloning.

There is no disputing that embryonic stem-cell research and therapeutic cloning has been insufficiently tested and has not, as yet, led to cures. But it is an irrational misrepresentation to suggest it has no proof and no potential and should be banned. There have been great advances since 2002 and good evidence exists in animal models to warrant the pursuit of both embryonic and adult stem-cell research to better understand reproduction, normal development and disease, and to examine the possibility of human therapies. The House of Lords, a majority of the US Senate, the American and Canadian medical associations, 80 Nobel laureates, the Australian Academy of Science and past and present Australians of the year have all supported the potential of embryonic stem-cell research and therapeutic cloning.

**Myth 2:** That the law does not need to be changed because scientists can already use adult stem cells and excess embryos from assisted reproductive technology.

The fact that researchers can use adult stem cells does not reduce the potential for scientific and medical advances from research involving embryonic stem cells. These are complementary and not competing fields of research. Existing law allows research on excess normal embryos but does not allow the study of diseases through research into "abnormal" embryos or the creation of disease models for research or, potentially, for development of "patient-specific" therapies that may repair or regenerate diseased tissue. These require therapeutic cloning.

**Myth 3:** That the risks of egg donation and the possibility of women being exploited demands that therapeutic cloning be banned.

There are risks associated with egg donation and care needs to be taken to exclude the possibility of coercion or exploitation. But it does not follow that this requires therapeutic cloning to be banned. Women, and men, make informed decisions regarding organ and tissue donation and participation in research daily. To suggest that women are unable to weigh the risks of egg donation for themselves, and are incapable of making decisions based on consideration of these risks, is not a feminist argument, but a deeply paternalistic one. Similar pseudo-feminist arguments have been used in relation to many issues related to reproduction. They have been rejected in these situations and should be rejected here. Instead of a ban on therapeutic cloning, what is required is the development of processes that ensure women are able to make informed decisions and research into alternative strategies that may reduce the number of eggs required.

**Myth 4:** That allowing therapeutic cloning will ultimately lead to reproductive cloning.

Since 2002 there have been significant scientific and technical advances in stem-cell research and

therapeutic cloning. But the existing law has also resulted in a number of inadvertent harms, particularly in the area of assisted reproductive technology. Given the broad support for assisted reproductive technology, stem-cell research and therapeutic cloning and the wide range of moral positions regarding the embryo, these provide compelling reasons for law reform. This is not evidence of a "slippery slope", however, but of considered reflection on the consequences of existing law and on the scientific, moral and social issues raised by therapeutic cloning. The proper response is not to continue the ban on therapeutic cloning but to introduce a strong and transparent regulatory, licensing and monitoring system.

**Myth 5:** That respect for human life demands cloning be banned.

While there is a range of views regarding the moral status of the embryo and the degree of protection that should be extended to the embryo, most people would agree that human life, in and of itself, is deserving of respect. But it does not logically follow from this that embryo research and cloning should be banned. That some in the community believe embryos deserve as much protection as adults does not mean the force of law should compel this view.

That Australians support assisted reproductive technology and donation of excess embryos from assisted reproductive technology for research; the law mandates destruction of excess embryos from assisted reproductive technology; we do not mourn miscarriages in the same way we do the death of children; we tolerate abortion (legally and sociopolitically) without prosecution in certain situations; and the churches' positions on the moral status of the embryo, assisted reproductive technology and destructive embryo research is neither historically static nor homogeneous suggests a ban on embryo research and cloning cannot be justified.

With the lower house to debate the issues this week, it is crucial it dismisses the myths about embryo research and therapeutic cloning.

**Associate Professor Ian Kerridge, Professor Peter Schofield and Professor Loane Skene were members of the Lockhart committee.**

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