

Moral Arguments in Favour of Human Cloning

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Abstract

With the cloning of the sheep Dolly, arguments were made by so many scholars that the same technique of somatic nuclear cell transplant could be used to clone human persons. This was vehemently opposed on various moral grounds. This paper attempts at addressing and argue that the strength of arguments in favour of human cloning comes in degrees; some arguments are stronger than others. Moreover, it will be argued that there are cases in which human cloning can be morally justified. They are strongest when appealed to as a reproductive right to meet the reproductive and family formation goals of certain groups of individuals and also in the research, prevention and cure of diseases, which make the lives of some of the sick absolutely miserable. In sum, human cloning can be morally justified when used responsibly.

Keywords: Cloning, morality, Rights, Reproduction, therapy

1. Introduction

Some of the arguments in favour of cloning could rightly be evaluated as patently weak and therefore less convincing. The weakness of an argument, however, does not in itself constitute a sufficient reason in determining the immorality of the consequences of a technique and its use. Hence, calling for the technique to be banned or prohibited on those grounds alone could not only be considered as rash, but that such a call could hardly be justified. For there are certain circumstances in which I think human cloning is morally the right thing to do.

There are indeed circumstances, in the estimation of so many, in which some couples, under the cover of positive rights, may legitimately lay claim to the use of cloning as a reproductive means. The case is especially strong (1) where cloning remains the only available means by which certain couples could have and rear children genetically related to them and (2) in cases where genetic defects can be prevented or even cured. the issue of cloning for biomedical research. We will limit the discourse by outlining and critically analysing only the arguments relating to (1) Reproductive cloning, and not (2) Therapeutic cloning and (3) Research cloning.

1. 1. Reproductive Cloning

By use of the technical method of somatic nuclear cell transfer to produce embryos, a woman or a surrogate could provide the nurturing womb for such embryos until the period of birth. So reproductive cloning involves the generation of embryos with the intent of bringing them to birth. With the technique now available, the debate as to whether it is technically possible to bring forth babies by such a means has moved from 'how' to 'when'. This acknowledgement, however, has led to the debate as to the morality and/or immorality of the use of such a technique. Some of the arguments in this regard are, in my estimation, less morally convincing than others. This will be mentioned by addressing only four arguments in favour of reproductive cloning as follows:

- Replacement of a dead/dying loved one or someone of importance.
- To meet the reproductive needs of gay and lesbian couples.
- Treatment of infertility for heterosexual couples when all other options are exhausted.
- Cloning to prevent genetic diseases (Glannon 1998:63ff).

1.1.1. Replacement of a Dead/ Dying Loved One or Someone Important

One argument that has been offered in favour of human cloning is that the method could be used to replace a dead or dying loved one (a spouse or child) or someone that has special meaning or importance to mankind, like Mother Teresa of Calcutta, Gandhi or Mozart to name but three. The same method sketched in chapter two can be used, it is argued, to meet this need of replacing one's loss. As regards replacing a dead or dying loved one, the case of a family (husband, wife and son) involved in an accident in which two (the husband and son) lose their lives is often given as a morally defensible example in which the woman, as both mother and spouse, can clone her son using the DNA of her dead husband and in this way preserve a relationship with the deceased (Fitzgerald 1998:221).

Let me briefly state that one can still maintain a relationship with the deceased in various ways other than by cloning. But an important question is this: how can a woman, for example, truly replace a deceased husband or child knowing fully well that as regards the former, the clone will be nurtured in a different intrauterine environment, his DNA lodged in a different cytoplasm with its own mitochondria DNA and then given birth to and raised at a different place and time period? These differences are made to appear stark when we distinguish between monozygotic twins and technological clones. Stephen Jay Gould (1997:16) enumerates some commonalities as regards the former; (1) identical twins also house the same mitochondria DNA that are the "energy factories" of cells.

We get mitochondria DNA from the cytoplasm of the egg cell that contributes to our makeup and not from the union of sperm and ovum; (2) identical twins share the same nuclear DNA; (3) identical twins share the same womb and not gestated in different places as the Dolly event shows and (4) identical twins share the same times and culture (even if they fall into the rare category, so cherished by researchers, of siblings separated at birth and raised, unbeknown to each other, in distant families of different social classes). The clone of an adult cell matures in a different world. So the idea of using this technology to replace a lost loved one should be clearly rethought in light of the enumerated point above and also acknowledging that the child or husband loved and lost were unique individuals who had been shaped by their environment, individual choices and not just their genetic make up. More importantly, their general experiences with all else they may have come in contact with also played a part in such determination. For monozygotic twins, even when reared together or apart, are and do remain distinct individuals. The evidence is there for all to see. So a mother that loses either one could not consider the surviving other as a replacement of the deceased. One could also draw an analogy with those who intend to clone people of social importance (Brock 1998:152-153).

Both shades of this argument are not only less convincing and misguided but also fraught with deep confusion. If people intend to use cloning in order to replace lost loved ones or someone with special meaning to them, we must question what propels such desires? Is it that they merely want to replace the lost one with another copy in order to cope with their loss and move on or just to beget someone who shares the same genetic and/or other traits with this special someone (let's say Mozart)? Those who want to fulfil the second desire are misled by a false belief in crude genetic determinism. For cloning a special person like Mozart does not necessarily mean that the clone will eventually be a musical genius as was the real Mozart. The cloned child might end up having a different personality and interests altogether. It is, in fact, possible, for music likely not to fall within his body of interests. This may be the case because of some of the points already alluded to. But if cloning such a person offers them a deep sense of satisfaction, regardless of their talents, then it is, at least, some kind of benefit but not a strong and defensible one.

As regards the first, the belief that one will come to terms with a loss after having replaced a lost one is also misguided. For it is possible that the clone may suffer some fatal tragedy in a few years time and such a loss would have to be addressed again. If cloning is used as a means of addressing such a loss, then it could go on and on based on the circumstances of the cloner. Death is inevitable. For to be human is to be mortal and that we are beings on to death, to borrow the expression of Heidegger (1962), cannot be overemphasised. Death, stressful and painful as it is, could be addressed through other means like counselling, having or adopting another child and so on.

1.1. 2. To Meet the Reproductive Needs of Gay and Lesbian Couples.

Cloning, some have argued, can be used to help meet the reproductive needs of gay and lesbian couples who may want to have children that are genetically related to either or even both of them and thus meet their family formation goals. One partner, in the case of lesbian relationships, may provide, by way of a somatic cell, the nuclear DNA and the other the ovum that could be denucleated and the DNA of the other inserted, triggered to start the process of cell division and growth. Either of them could provide a nurturing womb for the child-to-be. With this possibility, there must be a cogent and compelling reason(s) for the intrinsic value of genetic relatedness between parents and child as such a relation can be met through other forms of reproductive assistance like sperm donation, intracytoplasmic sperm injection or artificial insemination. But it is possible for all of these to include a third party, which the lesbian couple concerned may frown upon (Andrews 1998:177ff; Silver 2000:54; Beckwith 2002:70).

Gays, on the other hand, will need another arrangement altogether. They just cannot avoid third party intervention in the form of egg donation and the involvement of a surrogate to carry the baby in utero and to term. No one could deny the importance of genetic connection between parents and their children. If that were not the case, then it will be plausible to wonder and question why is it that adopted children invest so much time, energy and at times material resources just in trying to know their biological parents. Generally, we are all interested more or less in our genealogy and do make some efforts to trace our genetic roots. In current times, we often see parents going so far as to determine the true genetic roots of their children through DNA testing (paternity test) (Pence 1998:110).

This is generally the thrust by which this argument is presented. However, one is of the view that it is not only too broad in comparison with the one dealing with infertile heterosexual couples but that it also lies open to accusation of disparity of requirement between these two groups. For infertile heterosexual couples, the addendum "when all other forms of assisted reproduction have been exhausted" qualifies the argument. This is one reason, though seemingly trivial, I think that I will not just put forward the argument in the usual way but that the addendum attached to heterosexual couples be also applicable to the one dealing with gay and lesbian couples. If the addendum, which is a form of requirement, is applied to one group then it should also apply to the other as well. I think that is not only consistent but fair as well (Pettit 1997:108), thus warding off the possible cries of discrimination that heterosexual couples could legitimately raise, especially ones who are not barren but may want to have children for other reasons, through the use of this technology.

However, to make their case better and in support of making use of the technology, a similar case of germ cell failure, in at least one lesbian partner, may be present and that will be reasonably sufficient or else they will not cross the barrier as couched in the addendum. In such a case, cloning will be one of the morally right thing to do as long as they intend to have, treat and respect the child in every humanly possible way. If not, then the means-ends debate comes in, as they will be accused of having the child as a means and, violating the child's intrinsic worth as a human person, to satisfy some selfish ends. This last charge is also applicable to couples that may, regardless of their sexual orientation(s), treat children in inhuman ways or purely as means to an end.

But others would, however, challenge this position by arguing that when two people of the same sex enter into a relationship of that kind, children who come out of the coital act or the union of the respective gametes should be ruled out. They could not lay claim to help by use of the cloning technology as they, if they so desire, could employ other means of having children that I have mentioned above, which could help them avoid sexual contact with the opposite sex. It is even suggested that they could even adopt children to meet their family formation goals as those who adopt very young children do largely forget about their biology. Because they have other opportunities open to them, bearing a child by nuclear transfer should fall outside their legal right and reach. Some might further object by arguing that gay and lesbian couples should be denied this right and help because children need ideally parents of both sexes. These views are obviously biased.

It is a fact that the desire to have children is important to all regardless of one's sexual orientation. It is false to claim that those who adopt young children do largely forget about the biology. For adoptive parents, in more cases than not, do usually reveal to their adopted children the true parental relations that exist between them. Hence, the biology is not forgotten nor swept under the carpet as such revelations do not destroy the love, good relations and experiences they may share. Supposedly, the same holds true for adopted children as well who end up trying to trace their biological parents. Likewise, though there is widespread negativism about gay and lesbian households, there seems to be no shred of evidence that children are harmed in any way just by living or being raised in them. One could hazard a fairly reasonable guess here that one key reason why society in general attempts at excluding such households from having children are not only discriminatory and unjustifiable but that they are mere products, no doubt, of fear and hatred of homosexuality (Shannon 1988:47). To exclude couples just because of their sexual orientation from the use of certain reproductive means is not only arbitrary but could also be compared to discriminating against someone just on the basis of his/her skin colour. What if they suffer from the same genetic defects and could pass these on to the child-to-be? There are gay and lesbian couples, just as there are heterosexual couples that, at present, do employ the other means available to them. Some of such couples would rather adopt rather than have recourse to in vitro fertilisation treatment or accept ovum or sperm donation. I think this trend will continue but to exclude and deny them this right and help just on the basis of their sexual orientation is not only arbitrary but discriminatory as well.

However, though it is a socially agreed position that children ideally need parents of both sexes, that in itself says nothing much. This is so, especially in cases where such parents turn out to be irresponsible and cruel ones. If that obtains, then that calls into question as to whether the sex and/or sexual orientations of the parents per se are of any paramount or even moral significance in the raising of children. In the less ideal world in which we live, all would agree that it is preferable for children to be raised by loving and caring parents even if they are of the same sex rather than heterosexual ones who may happen to be cruel and irresponsible to such children. Also, such a home, provided by loving and responsible same-sex parents, could be said to be far better than an institution or ones where the parents are cruel and irresponsible regardless of their sexuality. If same sex couples are, in most developed societies, considered fit and are legally allowed to adopt and raise children, why deny them, if the technology permits, from having children that are genetically related to them? Coupled with the addendum I have addressed, the method is itself untraditional and it could therefore not be accorded to one and denied to another on sexual grounds alone. Couples, regardless of their sexuality or orientation, should only be denied this right and help on very serious grounds, especially if they could pose a threat or even cause grave harms to their children, for example.

1. 1.3. Treatment of Infertility in Heterosexual Couples

We will now state and analyse the issue of cloning as a means employed to enable infertile heterosexual couples bear children that are genetically related to them when all other current forms of assisted reproductive technologies have been exhausted. This technology, it has been argued, can help meet the needs of couples, who so desire, to have genetically related children but suffer (the men in particular) total germ cell failure (aspermia-inability to produce sperm); a condition for which there is no medical cure at the moment (Winston 2001:21; PCBE 2002:79). But some will contend by asking as to whether having this desire justifies doing anything whatsoever to obtain children. I think not as I intend to address in my treatment of cloning as a reproductive right. But I will further argue that because such couples are coitally infertile should no more impose a ban on them from reproducing with assistance from nuclear transfer technology. Denying such couples the use of such technology is analogically tantamount to barring a visually blind person from reading with Braille or the help of a reader (Cohen 1996:19; Strong 1998:279; Robertson 2000:37ff, 2002:45).

On the case in focus, the wife could provide an egg, which would eventually be denucleated, and a DNA from the husband's somatic cell infused into the cytoplasm, electrified to start the process of cell division and growth and then implant the result into the wife or a surrogate at the appropriate time as is done in in vitro fertilisation (IVF) cases. The resulting clone child will be genetically related to both in the sense that the mitochondria DNA found in the cytoplasm itself has some minor contributory role to play in the general scheme of things. Also the child will bear almost the same genetic make-up of the donor (the husband in this case). Examining the fact that in such a scenario only genetic materials are used, and with the assumption that the risks and doubts of the technology have been reduced significantly with very little chance of the child being harmed in any profound way, then one could say that that is the morally right thing to do as it meets the needs of the parties concerned. Moreover, the cloning technique provides the only means by which such needs could be met (Childress 1997:10; Burley and Harris 2002:245ff). We have not addressed the addendum "when all other forms of assisted reproduction have been exhausted" of this argument. Its inclusion is important in the sense that cloning should not be seen as the first option of choice when it comes to having babies in general and by infertile couples in particular. There are other forms that could be used as when only one partner, like the case presented above, in which the man suffers from total germ cell failure.

If such a couple so desire and are not averse to the idea, they could seek sperm donation, if it is only the man that suffers total germ cell failure to fill in that gap and with the woman providing the ovum and, if possible, nurturing the conceptus herself. In such a case, the in vitro fertilisation technique would be appropriate. Or the opposite may obtain, by way of ovum donation, if it were the woman that suffers total germ cell failure. But others may find this a bit intrusive in the sense that even when the child to be born would carry a part of the genetic make-up of the wife in the first example, the other is provided by a third party even if it is the identical twin brother of the husband. In this last case, though the child will share the genetic make-up of the husband as well, the problem still remains in that it is provided by a third party.

However, the involvement of a third party can have its own adverse consequences on the relationship between spouses and even the resulting child in the future. Infertile men especially tend to prefer their problem remain a secret and it will be very difficult for them to reveal the genetic link of the child in case the latter may want to meet the donor. The couple may decide to be silent and sail along with the view of the child that they are the biological parents but that involves some form of deception. This is a serious problem. Adoption is, in some situations, ruled out since the couple involved intend to have a child that is genetically related to them. An adopted child, they claim, is not a real substitute for a child to whom one is genetically related. People really love children that are particularly their own, come what may. Very few people prefer to parent children that are not biologically related to them even if such children are likely to be genetically superior to theirs. Hence, the colossal investment in medical procedures by some couples to enhance their fertility chances in order to have children of their own. How much of this need or desire to have biological related child is socially, culturally and even biologically determined is hard to tell but it is, however, a legitimate and worthy desire to have a child of one's own flesh and blood. Also, human societies do place tremendous emphasis on reproduction as individuals are generally expected to bear children and pronatalism is indeed a powerful force to reckon with (Shannon 1988:48; Arneson 1992:147; Purdy 1996:35; Posner and Posner 1998:236-237). So we are, all things considered, left with the option of cloning with the husband providing the nuclear material and the wife the denucleated egg or the other way round. However, if both suffer total germ cell failure, the only way they can have a child that is genetically related to either of them is through cloning but by accepting some donated ova. For couples who may not find the help of a third party intrusive, the resulting clone child will be genetically related to either of them.

Though one may find these assumptions reasonable, the above-named author in his bid to question their strength contradicted himself when he subsequently acknowledged that 'failure to conceive can be stressful, and painful,' but went on to say that that is not unique to the problem of infertility alone. True as that may be, it is only commonsensical to assent to the fact that addressing the pain and stress suffered by such couples is morally reasonable and a good in itself. These could therefore serve as plausible reasons why the technology should be accepted. Even the President's Council on Bioethics (PCBE 2002:82) classified 'reproductive possibilities for infertile couples' as a human good and that human cloning is one means that could be employed to relieve such existing suffering and sorrow and even prevent them in the future. For it would be considered unreasonable and insensitive for anyone to deny the anguish felt by many infertile couples who truly desire having children of their own (Overall 1987:142). De Melo-Martin (2002:255) again went on to argue that in a world where resources are indeed limited and infertility, unlike some other human ailment, is not life threatening, that there is the need that we endeavour to set and have our priorities right in terms of the way we allocate and use our limited resources, giving priority to life-threatening ones.

We agree partially with De Melo-Martin on the point that we need to prioritise and dispense of our limited resources prudently but as to whether we should only give priority to life-threatening ailments is both limited and also suspect. As far as the allocation of resources is concerned, even in the absence of this technology, the ways we prioritise and use our limited resources are far from satisfactory. Even if the technology is approved and put into practice, that in itself will not necessarily lead to a less sensible or better way by which we allocate and spend our limited resources. Though it is important that we know about our cosmic order, for example, the question is, is it a reasonable and just way that we use billions of dollars to study planets like Mars at the expense of so much unfilled human needs like food shelter and health? Apart from the basic fact that such studies do meet our epistemic needs as inquisitive rational animals (and this is a value in itself), the cloning technology, however, has very far reaching benefits for mankind, only one of which is the solving of infertility and all its implications.

In our argument in support of cloning to address the problem of infertility, one objection raised is that we may, if not careful, neglect to address the other preventable causes of infertility or serious health concerns on which hang the very existence of entire human groups. In the view of the Catholic Church, we may neglect to invest on other serious and widespread pathologies on which often depends the very survival of certain communities (De Melo-Martin 2002:255-256; Vatican 2004:3-4). This is a note worthy but misleading point. Investing in a bid to render better the available and developing techniques of artificial reproduction does not necessarily preclude the others. Not doing the former does not imply that the other health-care issues will be given their due attention. There is less investment in malaria research; a disease that kills more people, than in cancer research for example. But the big investment in cancer research for example is in no way the cause for the poor investment in the other. Advocating in support of cloning does not in itself inhibit a community from addressing the other preventable causes of infertility. In fact, we may advocate in support of cloning whilst at the same time adequately addressing other causes of the problem.

Having addressed some of the concerns raised, this argument, in our estimation, is one of the strongest and morally plausible arguments in support of human cloning. It is one, with proper controls in place, which can be used to bring forth a human being and as such heal the pains and stresses of all those who cannot have children through the other available means to date. Breitowitz (2002:33) offers a case in which a man suffers from total germ cell failure and was the last survivor of a family that has been decimated in a man-made or natural disaster (holocaust, ethnic cleansing as was in the Rwanda situation and the last Tsunami that wreaked untold havoc and suffering in Asia of late- *the recent examples are our inclusion*).

As regards the holocaust survivor, to be quite specific, let us further assume that he was castrated in a concentration camp and if he dies then that will be the end of that family line. For him to continue the family line that it would, human cloning, offers the only possibility for him to bear a child. In such a situation one could morally defend the use of this technique to address this man's or family's profound need. However, in our bid to resolve this problem of infertility by means of the cloning technique poses difficulties having to do with human dignity, autonomy, identity/individuality and the costs of manufacture (PCBE 2002:12).

1.1.4. Cloning to Prevent Genetic Diseases

In this argument, we do not only intend to address the issues of cloning to prevent and/or cure of inheritable genetic diseases but also have a look at the issue of cloning children with a battery of positive genetic endowments as well. This second bit, though highly controversial, will be raised and discussed as it is being asked as to whether we are, in our use of biotechnology, to limit its application just to the prevention and/or cure of diseases or should it also encompass augmenting our share of positive natural endowments like memory, intelligence, longevity and the like. This concern centres on the therapy/enhancement distinction. And by therapy, we mean the use of biotechnological power to treat individuals with known ailments, disabilities or impairment, in an attempt at restoring them to normal and acceptable state of health and fitness. Enhancement (somatic or germline), on the contrary, is the use of similar means to alter by direct intervention not disease processes but the normal workings of the human body or psyche with the intent of augmenting their innate capacities and functions (Andrews 1998:177; Resnik 2000:365-366; Rabino 2003:41).

It is a fact that we do receive a lot in terms of our genetic inheritance from our parents and some fatal diseases as a result. Sickle cell anaemia (among Africans), Tay-Sach (among Jews), cystic fibrosis, Huntington's and many other diseases are linked to our genetic inheritance. If both parents, for example, carry a single copy of a recessive gene for the same inheritable genetic disorder, having a child without recourse to donated gametes will expose the child-to-be to a fatal disease (Wolf 1997:13). Having children with such incurable and fatal diseases take their toll both on the parents and moreso on the children themselves who suffer terribly and at times die prematurely.

There are so many families that have borne and continue to bear the brunt of sickle cell anaemia and with devastating consequences. Another example that comes to mind includes couples that carry the Tay-Sachs gene. If such couples are presented with a comparable but alternative method of bearing healthy children that are genetically related to them and without third party help, I suppose they would reasonably do so. Thus couples with high risks of passing on such fatal genetic defects to their children can decide to beget them through cloning with the guarantee of avoiding the risks of transmitting such genetic inheritance especially when such transmissions guarantee tremendous suffering and eventually early death of the children.

Moreover, with cloning, not only could would-be parents have children without such setbacks, they could also endow them, if they so wish, with a battery of wonderful and positive genetic material (genetic enhancement). This ties in well with the question of James Watson as quoted in a Report by The President's Council on Bioethics (2003:4) *Beyond Therapy: Biotechnology and the Pursuit of Happiness*; 'If we could make better human beings by knowing how to add genes, why shouldn't we?' With this knowledge, those who oppose the use of this technology to beget children that are genetically related to such couples have limited their options and the one that lies open to them does not free itself of the grave risks of having children with such fatal genetic inheritance. Such children are, in a way, condemned to a life of misery. However, if we leave open the options both of having children through the normal coital route and its risks and the use of the cloning technique, common sense will dictate that we opt to have children using the safer of the two options.

Ridley (1999:55) supplies us with an example in which the use of genetic therapy and enhancement or cloning could be seen as morally obligatory. In chromosome 4, to substantiate my case, it is known in excruciating detail, how, why and where things can go wrong in this particular chromosome. The gene contains a single word, 'CAG', 'CAG', 'CAG' that repeats itself over and over again. This repetition may continue just six times, thirty times and sometimes over a hundred. Our destiny, sanity and life hang on this thread of repetition. If the word is repeated thirty-five times or less, then one is fine. However, if it goes to thirty-nine and over, then one is in trouble. In mid-life, one slowly commences to lose one's balance, grow steadily more frail and incapable of self-care. This decline commences with a slight deterioration of one's intellectual faculties, followed by jerking limbs and then deep depression, occasional hallucination and delusions and eventually death. There is no remedy as at the moment.

If we can take corrective measures to make right this human suffering waiting to happen, what debars us or makes it morally wrong to use the cloning technique cum genetic therapy to bypass/ prevent it in the first place? One could think of no morally binding reason to prevent the use of such a technology in a case with such devastating consequences. This is an attractive and right option and we are morally obligated to go with it. Though it is not a must that we should have children, however, should we opt to have one, we are morally bound to use the best available method among the lot to ensure that we have healthy ones. For which loving and responsible parent would not dream or better still wish to enhance the life of his/her children, to help them live healthy and happy lives? However, the puzzle those engaged in this debate are faced with concerns the use of genetic intervention to prevent the occurrence of serious, debilitating and often fatal genetic disorders is whether the failure to do so can be morally wrong when the only way to avoid such disorders, in the first place, is to avoid the conception and birth of children who would be so affected (Daniels 2000:310ff; PCBE 2003:1).

We could use a technique, like cloning, to beget children without such setbacks and even endow them with the best genes and assured healthy lives as long as such actions do not prevent parents from meeting their other important obligations to others (like taking care of and loving the other children they may already have). This will surely increase, if not guarantee, the happiness of both the child and its parents. As regards the child, because it is healthy and endowed with other positive qualities and the parents because they have a healthy and a child of choice.

We are obligated to do so as it would be properly deemed wrong and morally reprehensible for us to choose lives for future children, through the available methods we use, that make them worse off than they would otherwise have been. Living such miserable lives will, in some instances, be considered to be worse off than non-existence itself. But this argument is not devoid of inner tensions. How could one make a comparative note between existence, be it worse or otherwise, and that which he/she does not have experiential knowledge of, that is, non-existence? This is a bit contradictory, for to have experiential knowledge of non-existence is to exist in some way. And so the problem somehow remains.

All one could say is that based on what we experience in the flesh as living beings, we can deny that of ourselves when we die as our sufferings will be gone when our bodies that suffer them become lifeless and disintegrate. In this sense, one could state that the comparison sounds plausible and therefore applicable to future children. I have touched on this argument in detail in another chapter when dealing with the issue of harm to would-be children. However, the scenario takes a different turn if a technology exists that would prevent such setbacks from happening in the first place or cure them if they do happen. This then would, to a certain extent, make the prevention of conception of such would-be children comparatively worse off than conceiving them even with such setbacks. For it is known fully well that the technology exists to correct them and somehow guarantee that such children live healthy and happy lives (Pence 1998:114; Resnik 2000:367).

De Melo-Martin (2002:260ff) further suggested that the argument regarding genetic enhancement presupposes that concepts like 'talents', 'best genes' and the like have been universally determined and accepted. Other crucial questions worth reflecting over include (1) who gets the good genes, (2) would the ability to enhance favourable characteristics accentuate existing differences or even increase the disparity between the 'haves' and 'have nots' and (3) would access be just? These are pertinent questions worth our reflection but which cannot be delved into, as they are not the central concerns of this thesis in general.

However, some have argued that genetic interference, including cloning, should be limited only to the prevention and removal of defects, leaving out attempts at using such a method to produce positively better qualities in children-to-be. The latter, they argue, is too risky and problematic; problematic, especially when parents employing technological means intend to tailor their children and make them suitable for only a particular and idiosyncratic notion of the good that they happen to hold and cherish. Such a move would be deemed suspect and immoral. For we should take the concept 'best' to mean making the life of the child best from the standpoint of that particular child's good and not that of the parent or society at large. Even when parents make such decisions for and on behalf of their children, it must be reasonably assumed that such children would come to share in such decisions (Buchanan, et al 2001:164; Rabino 2003:44).

Other questions that are often raised with regards to this issue include (1) whether there is the possibility that a gene considered good at time T_1 will end up not to be so considered at time T_2 , (2) Is the self the same when such moves are taken (3) Is taking this argument to the extreme not in contradiction of the one that advocates the need to have children that we are genetically related to and (4) what if something goes horribly wrong? As regards the first three concerns, one could see no conflict in that if our materials are used to clone a child and through the process of genetic therapy and enhancement we remove gene(s) that we know make our children susceptible to developing spina bifida, for example, put in ones that are correct, then the good ones they had received from us will still form part of their genetic make-up. Hence, genetic relatedness is maintained somehow.

With regards to the third concern, it is a fact that even without these possibilities, we never inherit the genes of our parents a hundred percent. Parents-to-be are mainly interested in having healthy and genetically related children. They do not go out to have ones who share their genes a hundred percent. In short, they do not primarily seek to have children identical to either of them in every way and at all cost. Also, we may put in genes that enhance their resistance to certain deadly diseases or even enhance their height, memory, intelligence and the like. No one could argue that there are certain conditions that make life less worth living but that good health, memory, intelligence are universal goods that we all could unreservedly assent to. And with the available technique, if we know our child-to-be is susceptible to any disease and we can both prevent and/or augment his/her lot, we are morally bound to do so. We currently do something more or less in that direction as when we vaccinate our children and even ourselves, to boost our natural defence systems, against certain diseases. Such an action, as is the possibility of genetic enhancement, is moral, hence our moral obligation to act, because of the benefits it confers on the recipient. It is such benefits, good health and all its associated goods, that provide reason in view of our action(s). We cannot abandon his or her fate to the brute game of natural lottery (Walters and Palmer 1997:100ff; Buchanan et al 2001:162&170). As Buchanan et al (2001:168) rightly observed:

There are enhancements of capacities and abilities that are as plausibly a benefit from nearly evaluative perspective as the comparable loss of the capacity or ability would be a harm. For example, a very substantial increase in the capacity for memory of normal humans would also be a general-purpose benefit improving people's capacity to pursue nearly any plan of life]. (We assume the enhanced memory is functionally integrated with other cognitive capacities, as is normal memory, and does not, interfere with or intrude on other functions and capacities.

Even though the Catholic Church opposes cloning in every way, they do not oppose our experimenting on the clone (a full human person in her estimation) as long as it does not subject it to any undue risk and that it is meant for the clone's benefit and no other. In the prevention of certain genetic defects in a child or even adding genes here and there to enhance certain capacities and functions, not all his/her genes will be replaced and so the child will, in some ways, be related to its parents genetically. But this modification (therapy and/or enhancement) of the gene pool of the child-to-be even though it will change the child-to-be into another child, the latter would hardly muse 'I wonder who I would have been had my parents not altered my immune-system gene in this way' (Buchanan et al 2001:160). However, if such interventions radically change certain key aspects of the self or personal identity, then our response to such musing will be different from those whose immune-system genes were changed.

We may, of course, in our drive to better our children genetically, end up having the opposite result. Though this is a likely possibility, it does not serve as a cogent and sufficient reason to argue against such interventions. The possible fact that in bearing a child, a woman may lose the proper use of one of her legs does not serve as a good reason to argue against the benefits of bearing and raising children. With all our good intentions coupled with morally approved means, we are humans and must always bear in mind that 'errare est humanum'.

In conclusion, one could decipher from the arguments addressed above that those in favour of human cloning have and continue to make stronger and reasonable arguments than those on the other side of the debating wedge.

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