



Consenting to the Unconscionable

"...the use of tissues and organs from direct abortions raises significant moral concerns, even if the mother's signature may have been sought and obtained."



In recent years, scientists in industry and academia have come to rely on freshly obtained human tissue specimens for certain types of research and experimentation. Sometimes these tissues and organs can be obtained after routine surgeries like gall bladder removal from adults or foreskin removal during the circumcision of newborns. The use of such tissues and organs can be morally acceptable if the patient (or the parents of the newborn) provide informed consent. The use of cells and tissues from fetuses can also be morally acceptable when those cells are obtained from a natural miscarriage, and the parents provide consent. This would be equivalent to consenting to an organ donation from their deceased child.

Recently, however, a phenomenon has come to light that involves the partnering of biomedical researchers with abortionists, for the purpose of securing a reliable supply of human tissues and organs. In these cases, parental consent (usually from the mother) may be sought prior to using the aborted child's remains. Researchers claim this consent is necessary to enable the ethical use of the cells or tissues. This procedural detail is frequently described in the section called "Materials and Methods" found in

scientific research papers, as, for example, in this February 2015 article on brain research in the journal *Science*:

"Human fetal brain tissue was obtained from the [clinic], following elective pregnancy termination and informed written maternal consents, and with approval of the local University Hospital Ethical Review Committees."

Planned Parenthood, the largest provider of abortions in the United States, also seeks maternal consent prior to procuring fetal body parts from direct abortions, as chronicled by the Center for Medical Progress in their bombshell 2015 video exposé in which the sales of fetal heart, lungs, brain and liver were discussed and negotiated.

The strong public outcry that followed these revelations of harvesting fetal organs was understandable on the one hand, yet difficult to explain on the other, since there hadn't been a parallel outcry when it came to the more offensive act of terminating the life of the unborn child itself. As one commentator observed, "Maybe it is not enough to be

Making Sense of Bioethics

Consenting to the Unconscionable

outraged at abortion on its face because, I don't know, killing is somehow worse if body parts are sold."

Despite this inconsistency, it is nonetheless clear that the use of tissues and organs from direct abortions raises significant moral concerns, even if the mother's signature may have been sought and obtained.

Typically when we serve as a proxy for someone and give consent on their behalf, we act simply as their agent and provide an affirmation of their original wishes ("yes, he told me he wanted to donate his kidneys"). Alternatively, if we do not know the wishes of the deceased patient, we do our best to make a reasonable decision based on the specifics of their situation, using a "best interest" standard ("based on my friendship with him and concern for him, I think he really would have wanted to donate his kidneys"). When we serve as a proxy decision maker for a fetus, an infant, or a deceased child prior to the age of reason, it is incumbent on us to make a "best interest" decision on their behalf. The assumption is that as we cared for them in life, and had their best interests in mind while they were living, we can continue to exercise that "best interest" decision-making capacity later when they are deceased.

But if the mother of an aborted child were to sign the dotted line granting permission to utilize fetal cells and organs, that consent would necessarily be void, because she would have already categorically demonstrated that she does not have the best interests of her child in mind, having arranged for the taking of that child's life. From the ethical point of view, she has disqualified herself from being able to give valid informed consent on behalf of her now-deceased child.

In the absence of proper informed consent, taking organs or tissues from the corpse would represent a further violation of the integrity of the child's body and constitute a failure to respect the remains of the dead. Thus, the tissues and organs of the directly aborted child should not be utilized for research, transplantation or the development of therapies, but instead should be given a proper and respectful burial. In the final analysis, maternal consent cannot provide moral clearance for researchers to utilize fetal remains from direct abortions in their research. Such permission from the mother is not, objectively speaking, an authentic form of consent but is rather a type of "sham consent" that secures the veneer of legitimacy for what is ulti-

mately an unconscionable research practice.

Rev. Tadeusz Pacholczyk, Ph.D. earned his doctorate in neuroscience from Yale and did post-doctoral work at Harvard. He is a priest of the diocese of Fall River, MA, and serves as the Director of Education at The National Catholic Bioethics Center in Philadelphia. Father Tad writes a monthly column on timely life issues. From stem cell research to organ donation, abortion to euthanasia, he offers a clear and compelling analysis of modern bioethical questions, addressing issues we may confront at one time or another in our daily living. His column, entitled "Making Sense of Bioethics" is nationally syndicated in the U.S. to numerous diocesan newspapers, and has been reprinted by newspapers in England, Canada, Poland and Australia.

