

Fetal Tissue Transplants Remain Off Limits

The government has extended indefinitely a ban on government-funded research using fetal tissue for therapeutic transplants

A POLITICAL HOT POTATO tossed in the air 20 months ago last week landed with a thud on the desk of Health and Human Services Secretary Louis W. Sullivan. In a move that was dismaying, but not surprising, to biomedical researchers, Sullivan extended indefinitely a moratorium on federal funding for research in which fetal tissue from just induced abortion is transplanted into human patients. In making the decision, Sullivan disregarded advice from a special advisory panel that such research is ethically justified.

The moratorium, in effect since March 1988, poses no immediate threat to the \$8.3 million spent by the National Institutes of Health on fetal tissue that does not involve transplantation into human subjects. And it does not bar the use of federal funds to transplant human fetal tissue into animals—such as the experiments done by Stanford University's Irving L. Weissman that put human fetal immune cells into mice with genetically compromised immune systems.

Nor does the ban stop projects using fetal tissue from spontaneous abortions or privately funded transplantation projects. For example, a Yale team led by D. Eugene Redmond, Jr., is continuing a privately funded research project using fetal tissue implants for patients with Parkinson's disease. And at the University of Colorado Health Sciences Center in Denver, Kevin J. Lafferty says he will probably resume experimental implants of fetal islet cells into diabetic patients—privately funded work which he voluntarily suspended when the moratorium was announced.

"It's a matter of whether the community wants this kind of research to be done," says Rafferty. "If they don't want it done I don't think we should do it. But I don't think this guy [Sullivan], with all due respect, speaks for the community as a whole."

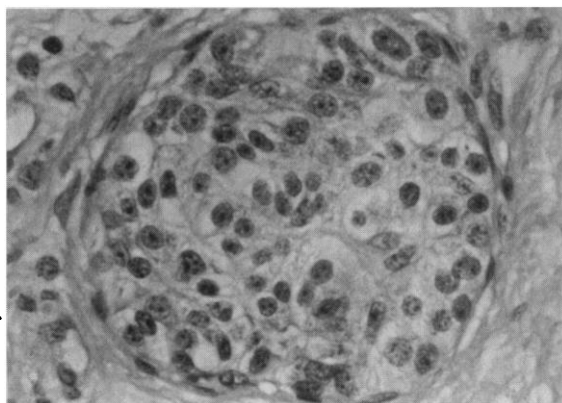
Myron Genel, associate dean of Yale University Medical School, adds that research programs like those being conducted at Yale

are expensive and time-consuming, and researchers will be hard-pressed to find adequate private funding to keep them going.

Genel says that the government decision has cast a "pall over all of the research using fetal tissue." One researcher contacted by *Science* who asked not to be identified said he had abandoned a research program using fetal tissue after the moratorium was first announced, even though his research did not directly pertain to transplantation.

Assistant secretary for health Robert E. Windom imposed the moratorium on 22 March 1988 pending a report from a special panel he directed NIH to convene to answer some of the ethical and legal questions posed by the research.

After several meetings, 18 of the 21 panel



Successful implants. Fetal pancreatic islet cells still viable 4 months after graft surgery into a human patient.

members concluded that the use of fetal tissue from induced abortion for transplantation research "is acceptable public policy." The panel did, however, recommend that appropriate guidelines for using such tissue be established. A key recommendation was that the decision to terminate pregnancy be kept independent from the decision to use the fetal tissue for transplantation research.

But the panel's conclusions never sat well with the "pro-life" movement, a lobby with great political clout within both the Bush and Reagan administrations. The pro-life lobby accused the panel of being stacked in favor of the research community.

The panel's final report has languished at

Health and Human Services headquarters since the beginning of the year. But in recent weeks the chorus of groups both in favor of and opposed to fetal research apparently prompted the Administration to make a decision about the moratorium. A letter to assistant secretary for health James O. Mason from Senator Gordon J. Humphrey (R-NH), a staunch pro-life advocate, asking for details of all federally funded research involving fetal tissue generated a flurry of activity at NIH. Officials there telephoned grantees to find out whether their research used fetal tissue from induced abortions.

The confusion and uncertainty that have accompanied this issue persisted until the end. Last Wednesday it appeared that assistant secretary Mason would make the decision himself to extend the moratorium. Mason briefed NIH acting director William Raub, and on Wednesday, 1 November, Mason told reporters that he would be sending NIH a formal letter in the next 5 or 10 days "unless there are other feelings on the part of those that are over me."

Apparently there were strong feelings. Late the next day the letter was sent to NIH, but it was signed by Sullivan, not Mason. According to Public Health Service spokesman Jim Brown, the decision was "so important that Dr. Sullivan wanted to put his imprimatur on it."

"I am persuaded that one must accept the likelihood that permitting the human fetal research at issue will increase the incidence of abortion across the country," Sullivan wrote in the letter. "Providing the additional rationalization of directly advancing the cause of human therapeutics cannot help but tilt some already vulnerable women toward a decision to have an abortion."

Kevin J. Ryan of Brigham and Women's Hospital, who chaired the NIH panel's session on scientific issues, says the panel spent a great deal of time discussing whether therapeutic use of fetal tissue would influence a decision to go ahead with an abortion. But he says the panel arrived at guidelines that would keep the abortion decision separate from the issue of how the fetal remains would be used. "So if Mason wants to do this because he's against abortion, we should recognize it for what it is—a kind of doctrinaire approach to dealing with issues like this by this Administration," says Ryan.

Genel sees a larger issue facing science. "When scientific progress moves into uncharted ground, there has to be a role for society to make judgments about how it is applied," he says. "The climate is such that it is impossible to make these kinds of decisions. There is what I would regard as a bioethical paralysis that pervades Washington."

■ JOSEPH PALCA