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Three-Parent Babies

By Nick Collins

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Members of the public are being asked whether families with a genetic risk of incurable conditions like muscular dystrophy should be allowed to use the DNA of a third party to 'create' healthy children.

Although the resulting babies would inherit a small fraction of their DNA from the donor and not their mother or father, the procedure would spare all future generations from a host of rare and debilitating conditions.

The technique is currently forbidden as a treatment, but a public consultation launched today will help inform a decision by Jeremy Hunt, the health secretary, on whether the clinical benefits outweigh any ethical concerns. Experts accept the technique, which involves genetically modifying a human egg or embryo, enters "unchartered territory" and raises serious ethical questions.

As well as the moral implications of engineering embryos, there are questions over how the procedure would impact on a child's sense of identity and whether they should be allowed to contact the donor later in life. Should Mr Hunt decide to give the treatment the green light the technique could be written into law as early as next year, making Britain the first country in the world to allow human trials.

Lisa Jardine, chair of the Human Fertilisation and Embryology Authority (HFEA), which is conducting the consultation, said the issue was of "enormous public interest", and not just to affected families. She said: "We find ourselves in uncharted territory, balancing the desire to help families have healthy children with the possible impact on the children themselves and wider society."

Comparing the ethical debate with the birth of Louise Brown, the first IVF baby, in 1978, she added that many people had expected the child to be a "monster" and seen conception outside the womb as "absolutely appalling", but that IVF has since become commonplace. She said: "Here, we are going that mile further which is a genetic modification of the egg. That is uncharted territory. I feel very strongly that once we have genetic modification we have to be damn sure that we are happy, because this is not about us. "This is not about our children. It's not even about our grandchildren. It's about many generations down the line what the consequences might be."

The new technique, being developed by researchers at Newcastle University, is designed to tackle a range of genetic conditions passed to children by their mothers through mutations in these genes. A survey of 800 people by the Progress Educational Trust found that two thirds supported the use of the technique while a third opposed it, while a report by the Nuffield Council on Bioethics last year claimed the approach would be ethical.

The public consultation, being overseen by the Human Fertilisation and Embryology Authority, will run until December 7 with members of the public encouraged to register their views via a dedicated website.

There will also be two public events held in London and Manchester where people can learn about the technique and register their views. A report compiling the feedback will be published in March.

The panel appointed to oversee the consultation includes scientists as well as leading voices opposed to the treatment including Josephine Quintavalle, of the Comment on Reproductive Ethics campaign group.

She said: "This is not about curing disease in an existing human being, it is creating a new kind of embryo and the alterations you have made will pass on to future generations. You are playing around with the building blocks and restructuring how human life is created.

"Although IVF might be considered artificial it is just a way of repeating what happens biologically, but this is a considerable step in a completely different direction where you are changing those building blocks forever."

The Human Fertilisation and Embryology Act contains a window which would allow the current ban on techniques which alter inherited genetic material to be overturned by Parliament. But the HFEA would have the final say on whether the treatment could be used in clinics, and it is likely that much more information on the safety and effectiveness of the technique would be needed before that was given.

Dr Marita Pohlschmidt, of the Muscular Dystrophy Campaign, said: "For women who have been dealt the heavy blow of living with mitochondrial disease, the prospect of bearing healthy children is of immeasurable value." We believe that this technique could open up the possibility of motherhood untainted by the fear of passing on a painful, debilitating condition to their future children."