BECOMING A PERSON: STEM CELLS AND LDS TEACHINGS  
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Toying with life and death is a dangerous business. Recent scholarship demonstrates how deeply Mormon views are conditioned by our understanding of life and death and its relation to the eternities (Brown, 2012). Be it creating life or ending it, it is a weighty thing when we attempt to influence the existence or non-existence of a child of God outside of His system and direction. We know that the creation of life and the completion of life are two of the most important and beautiful events in earthly existence. Two of the Ten Commandments are dedicated to these ideas: “Thou shalt not commit adultery” and “Thou shalt not kill.” Is it any wonder, then, that as a church we have very strong commitments towards anything that might involve either of these great themes? Is it any surprise that we meet issues of this kind with anxiety?

Because of the blessings we enjoy as our knowledge of the world increases, we have many difficult issues unique to our day. The issue of embryonic stem cell research is one of these. Interestingly, this issue involves both the giving and taking of life; it encompasses both ends of the spectrum of earthly existence. At first glance, some conclude that researching cells from embryos is the same as murder in the name of science. If this is right, then this research would certainly be wrong. That makes us hesitate. Fortunately, such is not likely the case. Embryonic stem cell research is a much, much bigger issue than this, and to say “Stem cell research is murder” is too simplistic, because it does not address the myriad of questions within this field of research. Here we will explain what embryonic stem cell research is, why it is an issue, and investigate how we can reconcile the resulting moral questions with our unique Latter-day Saint perspective.

What are stem cells? What does “embryonic” mean?  
Cells are the smallest unit of life, and every living thing consists of at least one or more cells. In this article, “cells” will refer exclusively to “human cells.” There are different types of cells in humans, and they all have different tasks: a muscle cell’s task is to contract, a neuron’s task is to pass along information, etc. A neuron cannot contract like a muscle cell because it is already specialized (or differentiated) for its specific function in the nervous system.

Stem cells are unspecialized, which means they have the ability to develop into many different types of cells. Our bodies use stem cells constantly: in our intestines and bone marrow, stem cells regularly divide to repair and replace worn-out or damaged tissues.

The two main sources of stem cells we will discuss here are embryonic stem cells and somatic (or adult) stem cells. Embryonic stem cells come from an embryo, meaning the beginning stages of development after an egg is fertilized. Embryonic stem cells are remarkable because they can become any of the more than 200 types of cells found in humans; the same embryonic stem cell has the potential to become a cell in the heart, brain, taste bud, or kneecap. Somatic (adult) stem cells have significantly less potential than embryonic stem cells, because they can each only specialize into a limited handful of cell types. These include bone marrow, cord blood, and intestinal cells, among others. Somatic stem cells are commonly applied in medical procedures to replace or regenerate tissues that are damaged as a regenerative therapy. Although somatic stem cells are routinely used safely and effectively, they do not have the same broad potential as embryonic stem cells for future medical advancements.

What do we use stem cells for? What potential do they hold?  
We study stem cells not only because we hope to learn about cellular processes, we also use these cells to treat diseases and provide regenerative therapy. Embryonic stem cells’ remarkable potential renders
them more useful than somatic stem cells for achieving these goals. Embryonic stem cells have an especially promising role in therapies for the treatment of major human diseases and disorders (Stojkovic, Lako, Strachan, & Murdoch, 2004). The evidence indicates that, at this time, research on embryonic stem cells holds a great deal more promise than research on adult stem cells (United States, 2006, p. S7659).

Embryonic stem cell research has three specific areas of promise: (1) the study of human biological development, (2) testing of new and existing drugs and compounds, and (3) the cultivation of different types of cells, tissues, and organs (Baune et al., 2008). Each has great potential to impact our lives, but the third area of promise causes the most excitement. If we were able to cultivate artificial human tissue, this would open up possibilities for reducing rejection of transplanted tissues and to deal with shortages of necessary tissues for those needing organ or tissue transplants, as well as provide a means to repair significant damage that might otherwise result in severe disabilities or death (Bobbert, 2008).

Literally billions of lives could be affected, improved, or saved through advances achieved through embryonic stem cell research. Many scientists agree that stem cell therapies will be critical for treating heart disease, cancer, and degenerative diseases of aging, including Parkinson’s disease. Over half the world’s population “will suffer at some point in life with one of these three conditions…. Stem cell research is a pursuit of known and important moral goods” (McGee & Caplan, 1999, p. 154). To arrive at these promising ends, scientists must take and use cells from embryos. Some perceive this as “killing” a person (i.e. the person the embryo can no longer become). However, this initial perception is neither logical nor true.

Stem cells have a great potential for helping humans fulfill Christ’s directive to clothe the naked and visit the sick (Matt 25:34-36), which has always been one of the guiding tenets of our church. Mankind as a whole has likewise held service and compassion in the highest regard, as seen in the Hippocratic Oath. Both “the Western ethic of rescue and the practical structure of contemporary health care and other social institutions make it clear that among the deepest moral habits of human life is that of compassion for the sick and vulnerable” (McGee & Caplan, 1999, p. 153). It is our duty as Christians to be charitable. The Hippocratic Oath sworn by Western doctors includes the obligation to “respect the hard-won scientific gains of those physicians in whose steps I walk” and the promise to “apply, for the benefit of the sick, all measures [that] are required …. [and to] prevent disease whenever I can, for prevention is preferable to cure” (Tyson, 2001). These last two obligations reflect the modern medical ethics of beneficence (promoting the wellbeing of others) and non-maleficence (doing no harm). This oath means that doctors must respect and cannot dismiss scientific knowledge of the medical field, much of which has and likely will result from stem cell research. It also means that doctors support preventative medicine and methods, which stem cell research will certainly lead to. And most importantly, it means that doctors will do all that they can to help those in their care. These obligations are heavy indeed if one views stem cell research as unethical; it invites the utilitarian question of greater good: which is more important, all the good that can be done through the research, or the potential for harm to the embryo? Of course, if there are reasons to believe that real harm is being done in this research to living persons, the question of its benefits will be outweighed by the rights of that being. So the question must be answered: who or what is harmed, and in what way? It is to that question we now turn.

**What exactly is the issue?**

The cells being researched in embryonic stem cell research come from an embryo. The conflict comes from the question of whether embryos are people, and whether it is killing a person to take embryonic cells for research. To understand the answers to this, it is important to understand and investigate the
implications of: (1) the source of the embryos providing the stem cells, (2) when life begins, and (3) if scientists are killing people when researching embryonic stem cells.

1. Where do embryos come from?
Embryos for embryonic stem cell research primarily come from donations from IVF (in vitro fertilization) clinics. Embryos used in stem cell research coming from IVF clinics do not come from aborted fetuses or from eggs fertilized in a woman’s body (Health, 2010); they come from surplus embryos slated for destruction at IVF clinics.

Infertile couples who want to have children have several options available to them, including IVF treatments to help the couple conceive. In vitro literally means “in glass,” meaning in a test tube or an artificial environment outside of a living organism. In vitro fertilization is a technique where an egg is fertilized in a lab, an artificial and external environment. The fertilized eggs are then transferred into the mother’s uterus. IVF is expensive: including medications, the simplest IVF process runs around $10,000 (Medicine, 2011), and this is excluding any of the other diagnostic or analytical processes the couple will have already undergone prior to commencing IVF.

Pregnancy is not guaranteed through IVF, so several eggs are fertilized for each couple during IVF treatment in the event that either the attempt is unsuccessful or should patients want additional children in the future. Couples may preserve these embryos for future use by freezing and then storing them through embryo cryopreservation, with a starting rate of $1,000, and an annual cost of about $400 after the first year (Medicine, 2011). While this is expensive, it is much cheaper than undergoing the entire IVF process again should the couple want more children later. In 2002 there were nearly 400,000 frozen embryos in storage in the United States (Hoffman et al., 2003; United States, 2006). Occasionally, genetic screening tests on these test tube embryos reveal severe genetic disorders, and the couple selects another embryo. These embryos in particular will never be used by the couple for children – the purpose of the IVF clinic was to exclude embryos of this kind. These embryos, as well as other unneeded embryos, provide the couple with an ethical dilemma. When people have a surplus of embryos they do not need or want, they must choose between donating the embryos to other couples, discarding them, donating them for stem cell research, or paying to keep them frozen in storage indefinitely (Bangsboll, Pinborg, Andersen, & Andersen, 2004).

Viewpoints opposing embryonic stem cell research overlook the significance of the origin of these cells. Some say that donating these embryos to research equates to murder, and is the equivalent of abortion, but abortion deals with fetuses (more developed than embryos) inside a woman’s womb, while stem cells donations involve embryos that were never and will never be in a womb. These IVF embryos slated for destruction do not have the potential to become people because they will never be transferred to a uterus. Former Senator Connie Mack, a pro-life Catholic, said: “For me, as long as that fertilized egg is not destined to be placed in a uterus, it cannot become life” (Wahrman, 2002, p. 59). In fertility treatments, there will inevitably be test tube embryos that are not needed and which will never be placed in a uterus. These embryos do not have the potential to become people if left in a test tube where there is no place for them to grow and develop, so of their own accord, these embryos lack all potential to become persons.

Let’s investigate the above listed three alternatives for surplus embryos. Donating an embryo to another couple could be a way to avoid destroying the embryos outright, possibly seen as a form of adoption, but the LDS Church Handbook “strongly discourages in vitro fertilization using semen from anyone but the husband or an egg from anyone but the wife” ("Handbook 2: Administering the Church," 2011), so while donating embryos is a definite and real option, it is not necessarily consistent with church
standards. Discarding embryos is to destroy them permanently as biohazardous waste. Discarding one’s embryos seems to be the worst of these options: the embryo has no promise to ever become a person nor to ever be useful to mankind if it is disposed of. Keeping embryos frozen indefinitely may seem like postponing the couple’s decision, but during the time the couple is not using those embryos it is just as surely preventing the embryos from becoming people as discarding them. There is far less controversy against the costly freezing of embryos than there is against stem cell research, yet arguably, cryopreservation is no more ethical.

But if, instead of discarding embryos or preventing embryonic development, couples donate those embryos to research, those cells that will never become people have a great potential to be of permanent, lasting use to mankind. There is good reason to believe that this research is “necessary to develop cures for life-threatening or severely debilitating diseases … when appropriate protections and oversight are in place in order to prevent abuse” (Commission, 2000, p. 52).

To argue against embryonic stem cell research is, in part, to argue against IVF treatment. We, as a church, clearly do not contend that IVF is an immoral practice. Senator Hatch reported to the Senate in 2006 that at that time, “over 200,000 Americans [had] been born through this technique [IVF] that is widely accepted today” (United States, p. S7659). Hundreds of thousands of Americans exist because of this process. Our church is known for our emphasis on families, and accordingly, Utah has a high number of fertility clinics to help couples conceive, many of which provide IVF. In 2009, in just one of the IVF infertility clinics in Utah, 348 cycles were started, meaning that process of IVF (medications, egg and sperm retrieval, fertilization, and embryo transfer) was begun 348 times (Technology, 2011). Clearly, using fertility clinics is not found immoral by the Church or even America, as seen in these levels of IVF activity. Since the IVF process is designed to produce excess embryos, any evaluation of IVF needs to address the use of all embryos produced. Senator Hatch told the Senate, “It seems to me that you would have to believe that the in vitro fertilization process was unethical to begin with if you believe that it is unethical to use spare embryos that would never be used for fertility purposes and were slated for routine destruction” (United States, 2006, p. S7660).

Donating embryos for research actually “lend[s] permanence to the embryo” because the only unique part of an embryo, in terms of its cellular components, is the recombined DNA from the father and mother (McGee & Caplan, 1999, pp. 154-155). In an embryo conceived naturally, if it survives to birth, the DNA of that embryo is what directs and defines the identity of that person. The stem cells harvested to form cell lines each contain “in dormant form, the full component of embryonic DNA. The DNA in the cell lines has a much greater chance of continuing to exist through many years than does the DNA of a frozen embryo (which in most cases already will have been slated for destruction by the IVF clinic that facilitated the donation, and which would have no better than a 5 to 10 percent chance of successful implantation in any event)” (McGee & Caplan, 1999, p. 155). Donating embryos to research not only prevents permanent destruction of the genetic identity of that individual, but provides that unique genetic material with a far greater chance for existing indefinitely as a contribution to the quality and length of human life. Donating embryos is far preferable to discarding embryos or allowing embryos to remain frozen indefinitely because the embryo’s identity will not be lost, but may rather have a permanent effect on the wellbeing of mankind.

Part of the question about the use of embryos centers around the question of when life begins. A brief exploration of this shows that LDS thought contains no fixed doctrine on this issue that might be used as a pivot point for considering how this question is answered.

2. When does life begin?
The National Bioethics Advisory Commission presented a thorough review of the ethical issues of human stem cell research to President Clinton in 1998, wherein they determined:

The fundamental argument of those who oppose the destruction of human embryos is that these embryos are human beings and, as such, have a right to life. The very humanness of the embryo is thus thought to confer the moral status of a person .... Although it is not clear that those who advance this view are able to establish the point at which, if ever, embryos first acquire the moral status of persons, those who oppose the destruction of embryos likewise fail to establish, in a convincing manner, why society should ascribe the status of persons to human embryos. (Commission, 2000, pp. 50-51)

We can safely say, then, that the main point of this controversy is rooted in this question: when does life begin? But that question is confusing. Are we asking at what stage we’re dealing with living matter? The answer is: we’re dealing with living matter at all stages. All cells are living. The egg and the sperm that formed the embryo were living. At no point was the embryo or its constituents not living. In that case, are we asking at what stage does the embryo become a human? Again, the answer is at all stages. The egg and sperm themselves were human, came from a human, contained one copy of a human genome; the cellular material and DNA never stopped being human. So the question becomes, when does the life of what begin? (Kenny, 2008). The question here is not a question about being human or a question of being alive: it is about personhood. We want to know when living human cells become a person.

This question has had variety of answers in different areas of the world and in different religions. Historically, in some cultures, you were not a person until you had been alive for a year or more. An important rabbinic text in Judaism indicates that the individual human life begins when a child’s head emerges from the womb (Kenny, 2008). Some Stoics believed that just as life ends when we draw our last breath, it begins when we draw our first breath. A statement of the Prophet Muhammad is understood by Muslim scholars to mean that the soul is breathed into the embryo at 120 days, at which point the embryo becomes a person (Eich, 2008). Since 1869, the dominant position of Roman Catholics has been that life begins at conception. Further study of the history of the topic “makes it abundantly clear that there is no such thing as the Christian consensus on the timing of the origin of the human individual” (Kenny, 2008, p. 169). Most of Western society believes it’s somewhere between conception and birth.

Our church has unique doctrine surrounding what is meant by “life,” as regarding the essence of a soul. We believe that our soul is our spirit and our body together. Neither the body without the spirit, nor the spirit without the body, as it were. Both the Old Testament and the Pearl of Great Price tell us that God “formed man from the dust of the ground, and breathed into his nostrils the breath of life; and man became a living soul” (Genesis 2:7; Moses 3:7). For us, personhood is the creation of a soul, or the union of the spirit and body. We existed long before conception or birth, and our existence does not cease after physical death. We are eternal spirit children of God; one of the purposes for our mortality is to obtain a body. For members of the Church of Jesus Christ of Latter-day Saints, the question is not when does life begin, but more specifically, when does the spirit enter the body?

Unfortunately, this question cannot easily be answered by a simple appeal to statements by church leaders. Just as there were a number of answers to the beginning of life question outside the Church, there are also many answers within the Church. A deeper investigation of the issue in church history and revelation reveals many answers which seem to fall into three main categories. The words of church leaders support three main possibilities for when “life begins,” or when the spirit enters the body: at conception, at or immediately prior to birth, or at some point in between the two.
At Conception
Personhood beginning at conception is the most relevant of these options in terms of the embryonic stem cell issue. If life begins at birth, or significantly after conception (i.e. when the embryo has developed into a fetus and is no longer an embryo), then the issue is closed: it is not killing a person if an embryo is not a person. It is only if personhood begins at or very close to conception (or fertilization) that embryonic stem cell research is problematic. We will therefore spend more time investigating the implications of personhood beginning at fertilization than the other options.

The idea of personhood beginning at conception has unreasonable implications. This position of personhood is supported by Elder Nelson, of the Quorum of the Twelve Apostles, who wrote: “I learned that a new life begins when two special cells unite to become one cell, bringing together 23 chromosomes from the father and 23 from the mother” (2008). We do not disagree with Elder Nelson’s statement: at conception, an embryo is a living cell. However, if this were the time when personhood absolutely and unequivocally began, what does that mean for miscarriages? It is estimated that approximately half of all pregnancies will result in miscarriage, largely before the mother even knows she’s pregnant (Wilcox, Baird, & Wenberg, 1999). This can occur before or after implantation of the embryo in the uterus (Wilcox et al., 1988). That means that if personhood begins at conception, approximately half of God’s children have never had an earthly existence. The two main purposes for our mortal experience are to get a body and to be tested; we might ask, would God have designed a plan that excluded this many of his children from participating?

The other unnerving implication of fertilization as the commencement of life involves our own responsibilities for the lives of others. Some forms of contraception do not prevent fertilization, but rather prevent implantation of the zygote (the one cell resulting from fertilization) into the uterine wall. If personhood begins when sperm and egg unite, then deliberately acting in a way that will prevent that embryo from developing into a full human body could be considered murder. Additionally, most miscarriages (also known as spontaneous abortions) are caused by chromosomal problems that make development of the embryo impossible, but other miscarriages result from either physiological or behavioral traits of the mother. Physiological maternal factors include hormonal imbalances, problems with reproductive organs, maternal age, or disease. Behavioral factors contributing to miscarriages include substance abuse as well as other lifestyles more commonly engaged in by church members: malnutrition, obesity, excessive exposure to certain toxic substances, or extreme physical activities that would result in trauma on the mother or the fetus. If a woman miscarries because she has been eating unhealthily or she engages in extreme activity, and if personhood begins at conception, is she guilty of destroying a person? Since most miscarriages happen very early on in pregnancy, a mother could not even know she is pregnant and be killing unknowingly.

Fortunately, Heavenly Father does not trick us into sin. It is not reasonable to think he would allow us to be responsible for such grand scale of “killing” without it having been a choice on our part. Agency is key in his plan; would he allow such a great number of us to ignorantly commit and be held accountable for one of the most serious sins? If these are the consequences of personhood beginning at fertilization, then surely that is not the time when personhood truly begins. Embryos from IVF fall into this category, and if naturally conceived embryos are not persons at conception, then neither are artificially fertilized embryos persons at fertilization.

At or Immediately Prior to Birth
The second option is that life begins at birth or just prior to birth, which is supported by some of the Brethren, but opposed by others. Theodore M. Burton of the first Quorum of the Seventy said that “when the body is prepared and the spirit enters the body, a living soul is created ready for birth.
Without that spirit … the creation process would not be complete” (Burton, 1982, p. 3). This means that a body must be prepared prior to the spirit entering that body, so an embryo is not a person because it is not a body yet; it is a mass of cells. The creation process of a person is not complete without the spirit.

In the Church, temple ordinances are not performed for stillborn children (“Member's Guide to Temple and Family History Work,” 2009). This is different than the temple ordinances that are not performed for children who died before the age of eight; in the case of stillborn children, though we still keep records of them in our family history, these children are not sealed to their families. While some Church leaders have stated that parents will get to raise their stillborn children in the future (McConkie, 1966), the Church’s stance on temple ordinances suggests that stillborn children did not have their spirits enter their bodies, and are therefore not complete souls nor are complete persons. This also forestalls the idea that personhood began any time at all before birth: if this is true, then embryos are certainly safe from the potential to be killed because they are definitely not persons if personhood begins at birth.

**At Some Point Between Conception and Birth**

The third option is that life begins somewhere between conception and birth, perhaps the most vague and yet prevalent opinion. Instead of a specific point, this opinion encompasses anywhere within the many months of pregnancy. This opinion provides a slippery slope because it is easy to hedge back to the personhood at conception idea: if we don’t know at what point embryos become people, we can avoid crossing that line if we assume life begins at conception. Fortunately, while some Church leaders are extremely vague about at what point this is, some leaders give opinions that still exclude embryos from personhood.

Bruce R. McConkie and Joseph Fielding Smith both give quotes to support a vague sense of post-conception, pre-birth personhood, while Brigham Young is more specific. Elder McConkie advocates “the concept that the eternal spirit enters the body prior to a normal birth” (1966, p. 768). In 1954, Joseph Fielding Smith stated in his controversial book *Man: His Origin and Destiny* that “the body of a man enters upon its career as a tiny germ or embryo, which becomes an infant, quickened at a certain stage by the spirit whose tabernacle it is, and the child, after being born, develops into a man” (1954, p. 354). Brigham Young’s more detailed, yet inexact statement is: “When the mother feels life come to her infant, it is the spirit entering the body preparatory to the immortal existence” (as quoted in McConkie (1966, p. 354)). Many today agree with this idea that when the infant’s movements are perceptible, it is then a distinct individual separate from the mother, and the spirit has entered that body.

In the world today, many people consider the beginning of personhood to be 14 days after conception. Philosophically, this has a great deal of merit. In its early days, the cells of a zygote or embryo can become something that is not a human being (the placenta arises from the fertilized egg alongside the embryo), something that is one human being, or something that may be more than one human being (identical twins). It is therefore difficult to say that the fertilized egg itself is an individual, because it is at least also the placenta (not a person) and possibly could become more than one person. Before the placenta and zygote are separated, you cannot say that an embryo is “a person” because it is a person and a placenta. Up until day 14, a zygote may still split to become identical twins, so it is impossible to say that before day 14 an embryo is “a person” because it may well be two or three people. After day 14, this is no longer an option, so the earliest you could say an embryo is, for sure, a person, is at that point, which excludes personhood beginning at the time of fertilization. Counting embryos is not the same as counting human beings (Kenny, 2008).

Embryos from IVF clinics are far too “young” to be considered people, according to these ideas of personhood beginning between conception and birth.
3. Are scientists killing people when researching embryonic stem cells?

It appears that the argument for the beginning of personhood at fertilization is the only definition that would qualify such research as killing. This is not consistent with the Plan of Salvation. But even if we were to proceed with the assumption that personhood did begin at conception, the principle doesn’t necessarily apply to the embryos involved in stem cell research because of where they come from. These discussions of when personhood begins generally refer to naturally conceived individuals, but embryonic stem cells come from surplus IVF clinic embryos, so the differences between natural conception and artificial fertilization is an additional factor in deciding whether scientists are killing people when researching embryonic stem cells.

Senator Orrin Hatch, an LDS Senator from Utah, succinctly describes the relevancy of the origin of embryonic stem cells when considering the ethics of this research:

When I considered the question of the moral status of stem cells created for, but no longer needed in, the in-vitro fertilization process, I did so from a long and fervently held pro-life philosophy.

After much thought, reflection, and prayer, I concluded that life begins in, and requires, a nurturing womb.

Human life does not begin in a Petri dish. I do not question that an embryo is a living cell. But I do not believe that a frozen embryo in a fertility clinic freezer constitutes human life .... I cannot imagine, for example, that many Americans would view an employee of a fertility clinic whose job it is to destroy unneeded embryos as a criminal. Yet this is a task that is performed thousands of times each and every year by hundreds of fertility clinic employees.

I find both fertility treatment and embryonic stem cell research to be ethical. I believe that being pro-life involves helping the living. Regenerative medicine is pro-life and pro-family; it enhances, not diminishes human life. (United States, 2006, p. S7660)

Any consideration of personhood applies only to embryos that can continue to develop and have the potential to become people. Embryos generated by IVF clinics have no such potential unless actively transferred to a womb. Embryos donated from IVF that would otherwise have been discarded have absolutely no potential to become people. In the womb, an embryo’s potential comes from the possibility for implantation, nourishment, and development, but outside of the womb, an embryo will never become a person. There is no chance that an embryo fertilized externally will become a person if it remains external. The embryos being donated to research are never going to be transferred into a uterus; they will be discarded if not researched. Embryos from which we extract stem cells have no potential to become people. Their “life” did not begin at conception; they have yet to even be considered as having the potential of becoming persons. Senator Hatch quotes Senator Gordon Smith, from Oregon, who powerfully and simply captures the heart of this issue:

When does life begin? Some say it is at conception. Others say it is at birth. For me in my quest to be responsible and to be as right as I know how to be, I turn to what I regard as sources of truth. I find this: “And the Lord God formed man of the dust of the ground and breathed into his nostrils the breath of life, and man became a living soul.” This allegory of creation describes a two-step process to life, one of the flesh, the other of the spirit. . . . Cells, stem cells, adult cells, are, I believe, the dust of the earth. They are essential to life, but standing alone will never constitute life. A stem cell in a petri dish or frozen in a refrigerator will never, even in 100 years, become more than stem cells. They lack the breath of life. An ancient apostle once said: “For the body without the spirit is dead.” I believe that life begins in the mother’s womb, not in a scientist’s laboratory. Indeed, scientists tell me that nearly one-half of fertilized eggs never attach
to a mother’s womb, but naturally slough off. Surely, life is not being taken here by God or by anyone else. (United States, 2006, p. S7660)

Applying our LDS theology to this idea, we appreciate the difference between a living body and a living soul – the difference is inhabitation by a spirit. Embryos used in embryonic stem cell research come from cells fertilized in a test tube, and have no potential to become anything other than cells. These embryos are bodies without spirits: they are not human souls. It is not murder to harvest cells from these embryos. No potential is destroyed; in fact, potential is being created, for these cells hold numerous possibilities for bettering the life of mankind. Their potential can only be brought forth by using the technological and scientific blessings unique to our time. Indeed, embryonic stem cells themselves are a blessing unique to these latter days.

Beyond Religion: Implications of the Moral Status of Embryos

It is important to note that in America, embryos are not constitutionally protected persons, and legally, do not have rights: in a court case in 1973, the Supreme Court determined that “the word ‘person,’ as used in the Fourteenth Amendment, does not include the unborn” (Rao, 2008, p. 1481). One problem with ethical issues that involve a party “without a voice,” such as embryos, is that the silent party often gets overrepresented. Those who argue against embryonic stem cell research “make the assumption that an embryo has not only the moral status of human person, but also a sort of super status that outweighs the needs of others in the human community” (McGee & Caplan, 1999, p. 152). Embryos should never have a higher moral or legal status in our country than adult citizens. The National Bioethics Advisory Commission concurred, agreeing that while an embryo does merit “respect as a form of human life,” it does not merit “the same level of respect accorded persons” (Commission, 2000, p. 50).

Many complications arise if embryos are legally defined as persons, and if personhood legally begins at conception. One such complication is found in the biological fact that nearly 50% of all fertilized embryos are aborted from the female human body naturally (Ord, 2008). Should these be given the status of personhood, we would be under an ethical mandate to do all we can to save these “persons.” It would require monumental efforts to identify and save all of these embryos, and no one makes an argument for doing that. It is clear that conferring the status of personhood on embryos is extremely problematic, and biological evidence and LDS religious perspectives suggest they are not yet persons.

Conclusion

When dealing with difficult issues surrounding life and death, we naturally seek to both be ethical and follow church policy, yet it seems apparent that Latter-day Saints have no clear doctrine on when personhood begins. Moreover, there is an implicit assumption within LDS culture that fertilization clinics provide a needed service for infertile LDS couples seeking to follow the mandates of the Church and create families. This holds true despite the creation of large numbers of embryos that will be disposed of. If that disposal can provide blessings to living persons, then it seems clear that this use of embryos is ethically justified from an LDS position. Just as Heavenly Father gave us our bodies so we could become living souls, He also gave us blessings of technology and modern medicine that help us enhance and protect these physical bodies. In embryonic stem cell research, we have an opportunity to increase our knowledge of our bodies and use medical advances to improve the quality of our mortal lives.

References


