

# Ethical considerations

**Dr Tim Lewens**

Reader in Philosophy of the Sciences,  
University of Cambridge

# Potential benefits

- Opportunity for parents to have children who are genetically related to them
- Children potentially born free from mitochondrial disorders
- Descendants of any women born via these therapies



# Ethical questions

- Implications for identity
- Germline therapies → ‘slippery slope’?
- Novel techniques and follow-up
- Parentage of the child
- Status of the donor
- Wider society and future generations



# Working group conclusions

- If proved safe and effective, and if appropriate information and support is offered, **it would be ethical for families to use these techniques as treatment**
- Subject to appropriate oversight, **it is ethical to gather further information about these techniques** for them to be considered for treatment use

# Further conclusions

## **Parentage of the child**

- Not legally or biologically accurate to refer to as ‘mother’ or ‘third parent’

## **Status of the donor**

- Mitochondrial donors Should not have same status as donors of egg or embryo for reproduction – e.g. be mandatorily identifiable

# Further conclusions (cont.)

If these techniques are approved for treatment in future:

- **Information and counselling** must be provided
- **Follow up and evaluation** is crucial, could be supported by centrally funded register of all UK procedures
- Should only be offered as part of a clinical trial in **specialist centres**

# Further issues for discussion

- We consider this to be a form of germline therapies
- The wider policy debate could benefit from a fuller discussion of the ethics of the different kinds of prospective and theoretical germline therapies than was possible within the remit of this report