

## **THE FUTURE OF THE STEM CELL DEBATE**

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In the wake of the stunning announcement by Dr. James Thomson that he and his team had succeeded in reprogramming human skin cells to create new stem cell lines, many people have begun to speculate on the effect that this breakthrough will have on the stem cell debate. As the parent of a child with diabetes, it is my hope that Dr. Thomson's breakthrough will allow our nation to move forward with a national policy that increases public funding of all forms of stem cell research. I would like to believe that we will see an end to the contentious debate over this research that has caused years of delay and that too often has left researchers without adequate resources.

I am not optimistic, however. Dr. Thomson's breakthrough will not end the debate because stem cell lines derived from donated embryos will continue to comprise an important part of the research agenda, even while researchers rush to explore Dr. Thomson's new technique. Researchers will need to determine whether stem cell lines derived from skin cells are an adequate substitute for pre-existing embryonic lines derived from embryos. To evaluate the usefulness of the new stem cell lines, parallel experiments will need to be conducted comparing their longevity and malleability with stem cell lines derived from embryos. Funding these comparisons means funding research that uses embryonic lines.

Nor should we abandon experiments that are already well underway using existing stem cell lines derived from embryos. Important knowledge is being gained that will be lost or delayed for decades if researchers start from scratch using new lines. The fact is that, for the foreseeable future, we will need to continue conducting research that uses stem cell lines derived from embryos, just as we should (rightly) continue research already underway using stem cell lines derived from adult tissue or umbilical cords.

The new breakthrough merely proves what advocates of medical research have said all along: we must fund all avenues of research because no one can predict where the breakthrough will come from. It is wrong for elected officials to use religious or political considerations to dictate a preferred area of inquiry in medical research. Ultimately, the debate over stem cell research will continue because a vocal minority refuses to concede that the health of us all requires that the demands of science must trump their personal objections.

Why should we as a society give a minority of the population (albeit a well organized and vocal minority) a veto power over how public dollars are used in health related spending? Is it proper for a minority to decide that public dollars should fund projects that are in accord with their religious beliefs (i.e., promotion of abstinence) but not projects that are inconsistent with their reading of the Bible (i.e., in vitro fertilization)? Finally, why is their religious belief that a human being is fully formed at the moment that a sperm unites with an egg given preference over my religious belief, or the Jewish faith, or the Presbyterian faith?

The stem cell debate is part and parcel of a larger debate over undue religious influence in determining health care policy. This influence affects all of us, and it is

keeping our nation from devoting the resources and coordination necessary to make medical advances. The lack of a national policy supporting all forms of stem cell research has resulted in a duplicative and inconsistent patchwork of state and private funding, which has wasted time and resources.

Our nation needs to stop favoring one type of medical research over another on the basis of religious criteria. None of us, no matter how well meaning, can dictate how or when the cure to diseases will be found. That is why we need to support all forms of stem cell research.