

Hospital's decision to pursue fetal transplantation upsets antiabortionists

Deborah Jones

Canada's first research project involving the transplantation of tissue from aborted fetuses into patients with Parkinson's disease is an issue entirely separate from abortion, the researchers say. However, abortion has quickly become the public focus of the project, which has been developed by Dalhousie University and the Victoria General Hospital, Halifax.

After hospital committees spent 2 years considering the fetal transplant procedure, Dr. Bernard Badley, the hospital's executive director, announced in February that a trial had been approved.

"We decided to go ahead after 2 years of consideration", he said in an interview. "We developed the feeling that it was relatively easy to separate the two components of abortion and the use of tissue obtained by that process as completely separate issues, with the potential benefits going to patients suffering with Parkinson's disease."

In the trial, which is expected to begin late this year or early next year, researchers with Dalhousie's medical faculty and staff at the Victoria General will transplant brain cells from aborted fetuses into the brains of four or five patients. It is hoped this will

greatly reduce the debilitating symptoms experienced by patients suffering severely because of Parkinson's disease. There are an estimated 70 000 Parkinson's patients in Canada.

It is hoped that the transplanted cells will survive in the patients' brains and produce dopamine. Researchers say fetal cells are less likely to be rejected than more mature brain cells.

The Victoria General, which is caught frequently in the cross-fire between pro-abortion and antiabortion groups — it performs the most abortions in the Atlantic region — was deluged with critical and supportive letters after it announced the project. The hospital knew that it was walking into a public-relations minefield and is now bracing for stepped-up protests by antiabortion groups. Indeed, when the announcement was made antiabortion campaigns in the province were already intensifying.

The abortion debate in the Atlantic region has been relatively quiet compared with the rancorous battles fought on the streets of British Columbia and Ontario. While abortion foes maintain a steady local presence and speak out frequently, their opposition is most visible during an almost polite monthly demonstration at the staid Victoria General, which performs about 1500 abortions annually.

However, a proposal by Dr. Henry Morgentaler to open an abortion clinic in Halifax is currently caught up in the courts, keeping the abortion issue before the public. The fetal transplant program has helped give it additional attention.

"Traditionally, in Nova Scotia pro-life people don't like to demonstrate", said Ann Marie Tomlins of the Council for Life, an umbrella organization that represents antiabortion groups in the province and is leading the national campaign against fetal transplants.

"But there's more and more interest now, with people calling and expressing an opinion that things have gone too far" with the announcement of the fetal transplant program, said Tomlins. "I can see the tide turning."

"There's a number of fence sitters who don't agree with abortion, but abortion for fetal tissue research has knocked them off the fence", said Dr. William Deagle, a local member of Canadian Physicians for Life.

The fetal transplant procedure creates enormous ethical dilemmas for many. Critics state that any use of abortion-related material is wrong because abortion itself is wrong. Some also charge that fetal transplantation will inevitably lead to the "harvesting" of fetuses and make some women "fetus factories".

Deborah Jones is a freelance writer living in Halifax, N.S.

Deagle, a vehement opponent, argues that tissue typing may be needed for successful fetal transplants, but that claim is disputed by the Halifax research team, which does not plan to use immunosuppressive drugs. "To bring it down to a common metaphor", said Deagle, "granddaughter will have to abort to save granny from her Parkinson's disease."

And it also raises concerns among women's groups. For instance, if transplantation of fetal tissue becomes a common procedure, will this hinder the use of less invasive abortion methods such as new pharmaceutical products?

However, supporters of fetal transplantation state that abortion is an entirely separate issue and that there is no reason to delay a procedure that can help Parkinson's patients. "We're simply

using the products of women, who have chosen abortion, for research purposes", said Kathy Coffin of the Canadian Abortion Rights Action League. "I think that's a good use for society to put them. I see it as a step forward, a way of using tissue that would be destroyed. I'm pleased that the Victoria General has the courage to do it."

Behind much of the opposition from antiabortion groups is the fear, or hope, that similar transplant procedures can be used to treat patients with other neurologic problems — Alzheimer's disease, for instance.

"Parkinson's transplants are the tip of the iceberg", said Tomlins. "If you allow fetal research on aborted babies for Parkinson's, you're opening the door to using it for many other diseases."

The CMA does not have an official policy on fetal transplantation involving aborted fetuses,

said Dr. Eike-Henner Kluge, the director of medical ethics and legal affairs, but the association's Committee on Ethics is considering the issue in a discussion paper it is preparing on the status of the human fetus.

Kluge said some aspects of the research fall under the CMA's position on abortion. "So long as the abortions are performed in an ethically accepted manner under the guidelines of CMA, the use of the tissue itself is ethically defensible", he said.

Another issue fetal transplantation has raised concerns consent. Will women having abortions be asked if their fetuses can be used for transplantation purposes? At the Victoria General, women are asked to sign general consent forms releasing fetal and placental material for use in research and for therapeutic purposes.



The Victoria General Hospital is bracing for stepped-up protests by antiabortion groups in Nova Scotia.

Although research into fetal transplantation has been under way for more than 15 years, it was just this year that researchers at University Hospital in Lund, Sweden, reported the first clear evidence that transplantation of fetal brain tissue can significantly improve the condition of Parkinson's patients.

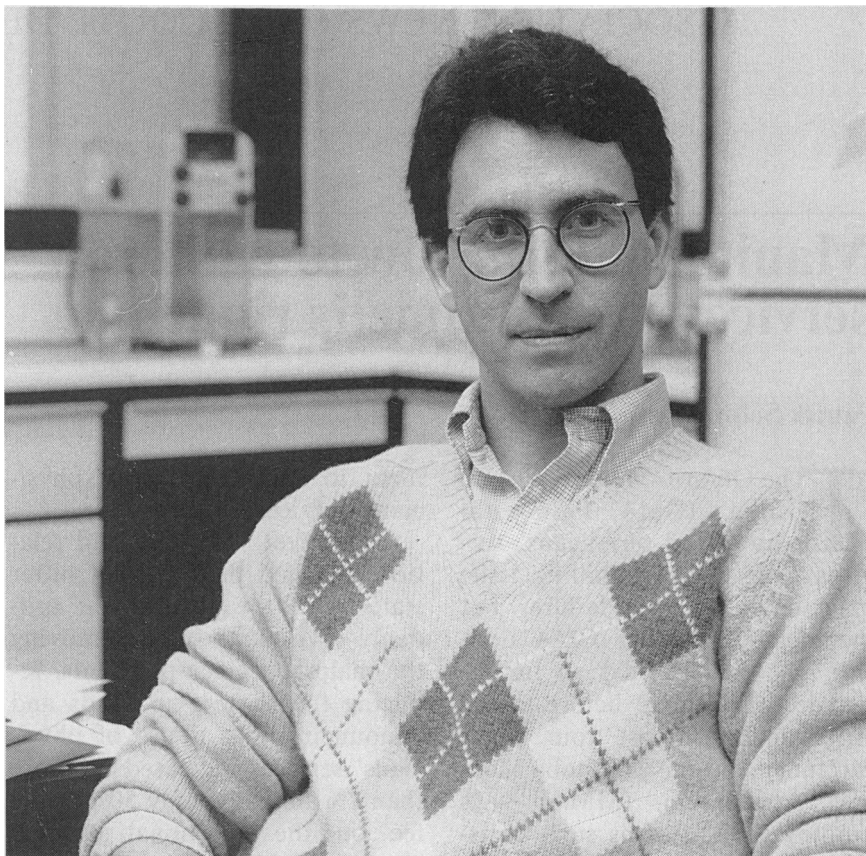
In a study published in the US journal *Science*, the Swedish researchers described how the condition of a 49-year-old man improved dramatically after doctors transplanted brain tissue from four fetuses into his brain. Similar research has been undertaken in Europe, China, Cuba, Mexico and the United States.

The researcher behind Canada's involvement is Dr. Alan Fine, who moved to Dalhousie University in 1987 after leaving a post at England's Cambridge University and the Medical Research Council Centre, Cambridge.

Fine said the Halifax opening offered laboratory and other facilities "which promised to make these sorts of studies, both laboratory and clinical, feasible. It offered the possibility to go forward better than anywhere else".

Fine, who holds a doctorate in veterinary medicine, said he became interested in fetal transplantation while completing veterinary training. "When you come to neurology you discover neurologists have superb tools to identify sites of injury and diseases, but because of biology they're limited in terms of what they can do to help the patient. Unlike other systems in the body, the cells in the brain don't multiply in adult life.

"That's the reason spinal injuries and strokes are so catastrophic. Further, with neurodegenerative diseases the loss of cells is an ongoing, continual, steadily worsening process. These people just get steadily worse and there's nothing we can do about it. That sense of helplessness is terribly frustrating to a student."



Fine: no ethical qualms about the procedure

Fine was excited by reports in the 1970s "that embryonic mammalian brain cells could be successfully transplanted, [could] survive in adult brains after transplantation. I immediately realized this was a possible way to overcome the limitations".

Fine has no ethical qualms about the procedure. "It's true that in the public mind a big issue is the abortion issue. I and my colleagues who have thought responsibly about this research have taken pains to point out that's a mistake. The abortion issue is absolutely separate from our research.

"What we're doing has no influence, and we take great pains to make sure of that, on a woman's decision. We take tissue on its way to the incinerator. Abortion goes on or doesn't go on in our society quite independently."

Fine rejects suggestions, which have been offered by anti-abortion groups, that tissue from

miscarried fetuses be used instead. "The majority of spontaneous abortions occur because of fetal or placental abnormalities or infectious causes . . . the fetus is unhealthy or even dead at the time of the miscarriage, which means the brain cells we would need are no longer viable."

In the future, research involving other sources of transplantable material may remove the cloud the abortion issue has placed over this type of treatment for Parkinson's patients.

"It's in the realm of science fiction right now", Fine said of that research. "It's far from ready for any application, while the technique of using fetal neurons from tissue from abortions is feasible right now. We have good experimental justifications . . . [of its] benefits for patients for whom there is otherwise no hope. The ethics of the issue are quite clear and all the necessary equipment exists and is in place." ■