

After Jack and Lisa Nash had their first child, Molly Nash, they were devastated to discover that she was affected with a serious genetic condition called Fanconi anemia (FA). FA is an autosomal recessive condition, and both Jack and Lisa were totally unaware that they were carriers until Molly was diagnosed. Now they were faced with two dilemmas: getting effective treatment for Molly and deciding whether to have a second child.

FA is the most common type of hereditary bone marrow failure. The onset of anemia typically occurs in childhood and is usually the cause of death at a median age of 13 years. The best chance for effective treatment is an infusion of cord blood stem cells from a sibling with an appropriate tissue match.

Now that the Nashes knew that they were both carrying FA mutations, they were reluctant to initiate another pregnancy, even though they had always planned to have another child. Then they discovered that preimplantation genetic diagnosis (PGD) would permit them to select an embryo free of FA mutations that was also a tissue match for Molly. Following PGD, Lisa gave birth to Adam.

There was an uproar when their choice became public. This debate is therefore based on the challenging situation faced by the Nashes.



Should couples be able to choose their offspring according to genetic characteristics so that tissues from the baby can be used to treat a sibling who is ill?

Possible Starting Points for Discussion and Debate:

This is a medical problem, not a moral problem.

Creating and then destroying embryos is murder.

Molly's care takes precedence.

It is wrong for couples to "play God."

Adam's cord blood improves the chance of successful treatment.

Designer babies devalue us as human beings.

Selecting perfect embryos is an insult to the disabled.

Parents should not be penalized for their genetic status.

Parents should accept any child.

The parents may not value the donor child.