Designer Babies

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Dolly the Sheep, having succumbed to premature aging, now stands stuffed in a museum in Scotland. The Raelians claim to having cloned an infant appears to have been a hoax intended to draw attention to their fringe cult. Bans on reproductive cloning in the United States would seem to relegate cloning back to the realm of science fiction. Yet, elsewhere in the world, there is strong commercial interest in human cloning, and scientists continue to pursue research in the area.

The AMA Code of Ethics advises physicians not to participate in human cloning at this time because further investigation and discussion regarding the harms and benefits of human cloning is required. Among the concerns cited are:

1. Unknown physical harms
2. Psychosocial harms introduced by cloning
3. The impact of cloning on familial and societal relations
4. Potential effects on the gene pool.

The Code notes that potentially realistic and possibly appropriate medical uses of human cloning might include assisting individuals or couples to reproduce and the generation of tissues, when not deemed harmful to the donor.

Very little has been written about the psychosocial implications of cloning and how it might affect child development and family dynamics. To give a hypothetical example, let's suppose that Susan and John pursued successful careers, put off marriage until their early 40s, and then found their fertility time clocks had slowed down past the point of rewinding. They would like to be able to pass on their accumulated wealth and at least 50 percent of their success genes. They also see parenthood at midlife as yet another challenge and an escape from their busy and sometimes boring careers. Money is not an obstacle and so they pursue cloning.

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Baby Susie is born and looks exactly like her mother did in her baby pictures. Susan finds herself falling in love with herself. She wonders if she will be competing with her own mother to see if she can do better than she did, while raising this version of herself. Will little Susie develop intractable colic keeping her up at night as she did with her mother? She reflects that she has always had an assertive temperament and wonders if this will lead to clashes with Susie, whose temperament will most likely be close to her own. On the other hand, their mirroring of one another might actually facilitate attachment.

Little Susie fulfills many of Susan's narcissistic needs but John is often left feeling like an outsider to their dance of mutual admiration. In his low moments, he feels insignificant and wonders if cloning takes off, will women still value men? Susan wonders what to tell her daughter when she asks "Mommy where did I come from?" A petri dish is not a very romantic start to life and telling her "Mommy and Daddy loved me so much, we wanted another me," while close to the truth, is not appropriate. At what point in her life should she tell her she is not genetically related to her father? Will Susie's friends regard her as some sort of alien if she tells them she has been cloned? As Susie matures, Susan has to catch herself when she sometimes projects her dislikes about herself onto her cloned daughter, who constantly reminds her of her own flaws upon which she tries not to dwell.

How will Susie handle separation-individuation when she looks just like her mother, shares the same mannerisms, interests, and speech patterns? Will she be under greater pressure to live up to her mother's expectations than a child of mixed genetic heritage? Will Susan be able to allow her privacy and autonomy and refrain from telling her "I know exactly how you feel!"? And what if Susan, aware of her fading looks, decides to

compete with Susie by a visit to her local plastic surgeon, who now offers, in addition to Botox and tummy tucks, more youthful looking hands. Meanwhile, John finds himself lusting for adolescent Susie who reminds him of the youthful Susan with whom he fell head over heels in love. And since Susie is not genetically related to him, the incest taboo is attenuated.

Of course, the reader may argue that any of these dynamics may also occur in traditional families, which are no longer the norm these days. However, infertile couples who travel the route of cloning will find themselves in uncharted waters with little empirical data to guide them on these issues. The above flight of fantasy is offered to encourage young psychiatrists to think about the novel issues that may confront them in the future, much as we had to do when surrogacy and sperm donation appeared on the horizon. Yet another question they might ponder, has to do with ensuing sibling dynamics should John and Susan go for a second cloned child. How to respond to novel developments such as cloning, calls for a basic grounding in child development and psychodynamics.

Perhaps the greatest ethical risks in cloning lie with exploitation of the cloned child for either narcissistic or commercial purposes. Additional concerns, should the practice become widespread, include effects of cloning upon the gene pool and whether cloning would alter the ratio of women to men. On the other hand, cloning could be a real boon for parents worried about passing on genetic disorders ■

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References

AMA: Council on Ethical and Judicial Affairs: Code of Medical Ethics. Current Opinions with Annotations, 2002-2003 Edition.

McCarthy from cover

to my destination. As I've come to recognize, the clinical part is easy compared to the logistics.

So what have I learned as an urban child and adolescent psychiatrist for the past 7 months? By far the families' incredible resilience and resourcefulness in the face of overwhelming odds and severe emotional trauma have been the most impressive experience. These families seem to have figured out for themselves the best mix of services to help recover from this tragedy. As a professional, I've gained increasing respect and admiration for my Child Study Center colleagues for their intense dedication, caring, and professionalism in working with these families and their ability to work collaboratively with other professionals on the team. Working as a member of 3 teams competing for my attention, I've learned requires balance, flexibility, planning, coordination, tact, focus, limit setting, and lots of energy. In my evolution from rural to urban child and adolescent psychiatrist, I've also realized that one can come home again.

For further information about these programs, go to the NYU Child Study web site at www.aboutourkids.org. ■

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I then repeated my wish to see the father.

"He's a very important part to Adrian's success. By the way, is Dad shy like Adrian?"

"Yes", responded the mother, "but he was wild in college. He had a real good time. The bad part was that he stayed at home, but he was in a fraternity and had a good time there."

With this I turned to Adrian. "Note that your father knows how to have a good time. By the way, Adrian, have you ever heard these stories before?"

He said, "No."

"Well, maybe you should talk to him about them."

Adrian seemed to think this a great idea.

"Cause part of Adrian's therapy will be to have him figure out how to have more good times. I wonder what gets in the way of that? I wonder what the family would be like if Adrian suddenly woke up and wasn't shy? How would the family be different? What would change?"

There was no answer.

"Think about it?" I ended. "Oh, and I'd like to see Dad next session." ■

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