

**Forum:** The World Health Organisation

**Issue:** Tackling eugenics and medical ethics, how far can scientific advancements be taken and to what extent can we “improve” mankind

**Officer:** Marc Acosta Quílez

## Table of Contents

<b>Introduction</b>	<b>2</b>
<b>Term Definitions</b>	<b>3</b>
Eugenics	3
Gene	3
Mutation	3
Prenatal screening	3
Genetic marker	3
In vitro fertilisation	3
Contraception	4
<b>Background Information</b>	<b>5</b>
Brief history of Eugenics	5
Liberal Eugenics	6
Current situation	6
<b>Countries and Organisations Involved</b>	<b>8</b>
World Health Organisation (WHO)	8
Human Fertility and Embryology Authority (HFEA)	8
American College of Obstetricians and Gynecologists (ACOG)	8
<b>Timeline of Events</b>	<b>9</b>
<b>Relevant UN Treaties/Resolutions</b>	<b>10</b>
United Nations Declaration on the Rights of Mentally Disabled Persons	10
Universal Declaration on Human Genome and Human Rights	10
<b>Previous Attempts to Solve Issue</b>	<b>11</b>
<b>Point a resolution should focus on</b>	<b>12</b>
<b>Bibliography</b>	<b>13</b>

## Introduction

Having become a hotly debated topic both nationally and internationally, the question of eugenics and how far should scientific advancements be taken as to “improve” mankind has become a priority within the World Health Organisation agenda, having made itself a place inside the Universal Declaration on Human Genome and Human Rights, adopted by the UNESCO on November 11th 1997, and further endorsed by the United Nations General Assembly.

However, prior to getting deeper into the aforesaid, it is worth focusing on the meaning of “eugenics”. Its literal meaning stands for “good birth”, through the selection of desired heritable characteristics in order to improve future generations. Yet its historical connotations tie it to a strong negative valence that stems from selective breeding programmes, concentration camps, medical experiments and mass exterminations promoted by the Nazi regime back in World War II (We will get deeper into these Historical concepts later, yet they are not the main focus of this report).

Some authors defend the idea that we, as human beings, have the moral obligation to promote “good births”. According to their claims, “if parents are encouraged to provide the best environment for their children, why not also encourage them to ensure that their children have the best genes?”. Nevertheless, in the event that we have some moral obligation to secure the “genetic well-being” of our future children, different questions come into focus: How far do such obligations extend, what justifies them and, most importantly, can contemporary practices be distinguished in their aims, justifications and consequences from the aforementioned eugenic programmes of the past?

## Term Definitions

### Eugenics

Eugenics is the selection of desired heritable characteristics in order to improve future generations.

### Gene

Genes are the basic functional units of heredity. They are made up of DNA and some of them have the "information" to make/codify proteins.

\*(It is important to be aware of the basic meaning of the concept "gene" because when we talk about genetic modifications and mutations we focus on these structural units).

### Mutation

Mutations are the changing of the structure of a gene, which results in a variant that may be transmitted to subsequent generations.

\*(The concept "mutation" is commonly tied to a negative connotation, given that we relate it to diseases such as cancer. However, mutations by themselves aren't always negative. In fact, they are the basis of human evolution).

### Prenatal screening

Prenatal screening stands for a set of diagnostic procedures performed during different phases of pregnancy, to assess whether a fetus has any kind of congenital abnormality.

\*(These include chorionic villus sample and amniocentesis, to name a few; however, knowing about them and their technical characteristics is not the goal of this report)

### Genetic marker

Genetic markers are identifiable DNA sequences found at specific locations of the genome and transmitted from one generation to the next.

### *In vitro* fertilisation

*In vitro* fertilisation (IVF) is the joining of a woman's egg and a man's sperm in a laboratory dish. Once fertilised, the egg or eggs are transferred to a uterus.

## **Contraception**

Contraception stands for all those methods aimed to prevent pregnancy.

## Background Information

### Brief history of Eugenics<sup>1</sup>

Authors claim that modern eugenics had its start back in the 19th Century, with Francis Galton as the main endorser of this new discipline. He was interested in improving “human stock” through scientific management; in other words, his main goal was to “create better humans”.

His ideas and claims were widely accepted and adopted in the 20th century by well-respected scientists (such as Alexander Graham Bell, inventor of the telephone) and policymakers, mainly in the United States, Great Britain and Scandinavian countries. Soon, two-fold aims emerged inside this new field. On the one hand, there was the goal to encourage people of good health to reproduce between themselves as to create “good births”. This is known as “**positive eugenics**”. On the other hand, in order to end certain diseases and disabilities, others were discouraged or prevented from reproducing, known as “**negative eugenics**”. Placing the spotlight on the case of the US (one of the countries where eugenics was more commonly spread) programmes such as “Fitter Family Fairs” were aimed at promoting positive eugenics. During these, families competed in local fairs where each family member was judged for conformation and physical dexterity. Likewise, negative eugenics emerged as encouraged or forced sterilisations of men and women deemed unfit to reproduce.

Soon racist, sexist and classist assumptions became more prevalent within the field of eugenics, to the point that German scientists and policymakers visited the United States to learn from their methods. When the Nazis came to power in Germany, they started eugenic policies of their own: early policies included involuntary euthanasia of people considered to have “lives unworthy of life”. These quickly expanded to bans on marriage between people of certain groups, forced sterilisation and internment in concentration camps of individuals belonging to groups deemed inferior, among others. Following the end of World War II, the concept of eugenics was so tied to Nazi Germany that eugenic

---

<sup>1</sup> EUGENICS 1910-2010. UNAIDS Annu Rep. 2010

societies all around the world had to temper their aims. Nonetheless, involuntary sterilisations of feeble-minded women didn't officially end until the 1970s, with California holding the highest rate of involuntary sterilisations to that date.

Later, in 1978 new attempts to promote positive eugenics emerged with the creation of the Repository for Germinal Choice, a sperm bank created with the idea of collecting sperm from Nobel laureates and Olympic athletes. This, together with *in vitro* fertilisation gave women the opportunity to reproduce with men presumed to have "high-quality genes" without having relations with them. Even to this day, we can find ads that request sperm or eggs from donors who meet certain criteria in terms of attractiveness, intelligence, athleticism...

## Liberal Eugenics<sup>2</sup>

Authors intend to distinguish liberal eugenics from its historical predecessors by highlighting two main differences:

Firstly, it is worth considering that liberal eugenics is individual rather than state-sponsored. In other words, the intended benefit of each eugenic intervention is individual, that of the child or the family, rather than for the wellbeing of a nation as a whole.

Secondly, it is based upon liberty. That is to say, parents have the freedom to choose according to their values. This implies that the state does not mandate contraception, sterilisation, prenatal screening, abortion or any other form of eugenic procedure.

## Current situation

The widespread practice of prenatal screening sets the opportunity for parents to identify genes, genetic markers or congenital conditions they prefer for their fetuses not to have. In the event that prenatal testing identifies an undesired gene, prospective parents may choose to continue the pregnancy or to abort the fetus. According to recent studies, 90% of positive diagnoses from prenatal testing in the United States result in abortion.

---

<sup>2</sup> Evans DB, Hsu J, Boerma T. The new eugenics. Bulletin of the World Health Organization. 2013

Moreover, with the rise of preimplantation genetic diagnosis, parents can choose to use *in vitro* fertilisation, and then test early cells to identify embryos with genes they prefer to avoid. Subsequently, they avoid the need for abortion by choosing to implant only certain previously selected embryos. This certainly appears eugenic, however, it lacks a coercive structure, and is set for the benefit of the individual family, rather than the benefit of a nation.

## **Countries and Organisations Involved**

### **World Health Organisation (WHO)**

It goes without saying that the World Health Organisation is one of the main authorities when it comes to the regulation of eugenic interventions, not only at a national stage but at an international level. Considering that the field of “eugenics” is now a global widespread issue, its regulation requires cooperation between the different member states. This cooperation can only emerge from the international approach given by the WHO.

### **Human Fertility and Embryology Authority (HFEA)**

The Human Fertility and Embryology Authority is a British government agency that oversees the use of gametes and embryos in fertility treatment and research. Even though it is an organisation with national competences, it holds great influence in the fields of fertility and embryology, having endorsed several policies to regulate eugenic interventions, shoring up the line between genetic intervention for disease and non-disease traits.

### **American College of Obstetricians and Gynecologists (ACOG)**

The American College of Obstetricians and Gynecologists is a professional association of doctors specialised in Obstetrics and Gynecology. Although this is not a government agency with policymaking competences, it still holds great international influence in the field of obstetrics and gynecology (including eugenics), having endorsed measures to implement regulations on eugenic interventions.

## Timeline of Events

<b>1910-1940s</b>	Several US federal states pass regulation on forced sterilisation.
<b>1930</b>	Canadian medical association publishes "Sterilisation for Human Betterment".
<b>1934</b>	Norway passes Sterilisation Law.
<b>1935</b>	Nazi Germany passes de Nuremburg Race Laws
<b>1937</b>	Adolf Hitler orders the sterilisation of the "Rheinlandbastarde" (derogatory term to refer to the afro-germans")
<b>1939</b>	German government decrees mandatory registration of "retarded" and "deformed" children
<b>1948</b>	Convention on the Prevention and Punishment of Genocide
<b>1948</b>	The United Nations General Assembly adopts the Universal Declaration of Human Rights
<b>1950</b>	UNESCO statement on race: International scientists take a stand against racism
<b>1952</b>	Amniocentesis is introduced as a prenatal testing procedure
<b>1971</b>	United Nations "Declaration on the Rights of Mentally Disabled Persons"
<b>1997</b>	The Universal Declaration on Human Genome and Human Rights is adopted by the UNESCO

## **Relevant UN Treaties/Resolutions<sup>3</sup>**

### **United Nations Declaration on the Rights of Mentally Disabled Persons**

Adopted in 1971, it states that “the mentally retarded (intellectually disabled) person has, to the maximum degree of feasibility, the same rights as other human beings.” These rights include proper medical care and education, economic security, and protection from exploitation. This represents an attempt to delineate that the United Nations Declaration of Human Rights applies to persons with disabilities.

### **Universal Declaration on Human Genome and Human Rights**

The Universal Declaration on Human Genome and Human Rights was adopted in 1997 by the UNESCO and was further endorsed by the United Nations General Assembly. It is best known for its statement against human cloning and abuse of human genome against human dignity.

---

<sup>3</sup> Campbell J, Buchan J, Cometto G, David B, Dussault G, Fogstad H, et al. Human resources for eugenics regulation and control management. Bull World Health Organ. 2013

## Previous Attempts to Solve Issue<sup>4</sup>

Other than the aforementioned treaties and declarations, the focus of recent regulation has been placed on tackling sex ratios imbalances and underlying sexism.

It is worth bearing in mind that countries such as China and India are facing significant sex ratios imbalances as a result of the use of technologies against girls.

In response to these concerns, measures have been taken in countries such as the UK and the USA by different organisations. On the one hand, the Human Fertility and Embryology Authority implemented policies as not to learn about the sex of the fetus until birth, with the aim to avoid sex discrimination. Likewise, the American College of Obstetricians and Gynecologists recently recommended a policy of only allowing sex selective interventions to avoid sex linked diseases.

---

<sup>4</sup> Campbell J, Buchan J, Cometto G, David B, Dussault G, Fogstad H, et al. Human resources for eugenics regulation and control management. Bull World Health Organ. 2013;

## **Point a resolution should focus on**

A final resolution on the issue of eugenics and medical ethics should focus on giving member states a feasible path aimed at achieving the implementation of efficient regulation on eugenic interventions, through the coordination of different healthcare organisations and development partners, as to ensure a common and applicable strategy. Still, delegates should just consider those clauses and resolutions that are realistic and feasible, always considering that the political sovereignty of member states should never be violated.

Before writing and voting for or against each clause delegates should ask themselves the following questions:

- Has it been implemented before?
- Has it worked successfully?
- Is there a pragmatic example of it?
- Is it feasible?
- Is it implementable only in certain states?

(And many other questions delegates may come up with)

## Bibliography

EUGENICS 1910-2010. UNAIDS Annu Rep. 2010;

Campbell J, Buchan J, Cometto G, David B, Dussault G, Fogstad H, et al. Human resources for eugenics regulation and control management. Bull World Health Organ. 2013;

Dimitrova N, Zamudio JR, Jong RM, Soukup D, Resnick R, Sarma K, et al. Can eugenics be defended?. PLoS One. 2017;

Evans DB, Hsu J, Boerma T. The new eugenics. Bulletin of the World Health Organization. 2013.

Dye C, Reeder JC, Terry RF. Research for Eugenics. Science Translational Medicine. 2013.

Plianbangchang S. The future of eugenics. J Heal Res. 2018;

Meessen B, Akhnif EH, Kiendrébéogo JA, Belghiti Alaoui A, Bello K, Bhattacharyya S, et al. Learning for Universal Health Coverage. BMJ Glob Heal. 2019;