Many questions in today’s complex world require valid scientific data to lead to wise answers. The issues are diverse and the public, politicians and scientists often hold divergent opinions. You probably can think of many examples: Is global warming really happening? If so, what role do human activities play in the process? What are the consequences, if any, of air pollution on asthma, or acidification of lakes on the deaths of trees? None of these questions have easy answers, and for some of them, the information we have is incomplete. Nonetheless, decisions must be made. We must insist that the individuals entrusted to make these decisions are thoughtful, well-informed and open-minded with respect to the answers. Official reports, once they are reviewed by experts for errors in fact, should not be modified just because their conclusions may not be politically acceptable.

Considerable concern about the decision-making process has been expressed by many individuals and groups, most notably and in the greatest detail by the Union of Concerned Scientists (www.ucsusa.org). This group cites examples in which membership of advisory boards has been manipulated so that members are sure to reflect a particular position and in which reports have been edited so that scientific data supporting a recommendation has been altered. In either case, the result is flawed advice on which important decisions are based. This has potentially serious consequences for us all. I have witnessed both kinds of manipulation — of personnel and of reports. For the past two years, I’ve been working with colleagues on the President’s Council on Bioethics to address an important and complex issue: the use of human embryos to produce embryonic stem cell lines that could be useful in treating human degenerative diseases. (See “Perspective” by Bruce Lahn, Medicine on the Midway, Fall 2002.) Leon Kass, BS ’58, MD ’62, asked me to consider being proposed for the President’s Council on Bioethics late in 2001; after some consideration, I agreed to serve if selected.

The White House appointments office called me for a telephone interview. Many of the questions about why I wanted to be a member of the council and why my scientific background and participation in other committees made me a suitable member were appropriate. However, I was unprepared for the last question, which was whether I had voted for President Bush and whether I supported his policies in late 2001. I demurred, saying that I didn’t see that this information had any bearing on my ability to be an effective member of the council. The response was that this was a presidential appointment and that they only wanted supporters on the council. The conversation ended, later I learned that the strong support of Dr. Kass carried the day, and I attended our first meeting in January 2002.

Our council meets in public and all discussions are taped and transcribed; the proceedings are on the Web site (www.bioethics.gov) usually within three to four days. All of the issues and our perspectives, the lucid and eloquent as well as our verbose wanderings, are available for all to read. Our meetings often are conducted like a graduate seminar, although I’m sure that, in general, we are better behaved, waiting our turn to speak. Dr. Kass is fair about calling on us in turn and is remarkably patient with some of our extensive comments.

As a result of meeting almost monthly for the first two years and hearing presentations from many consultants, the council published four reports: two on human stem cells (both embryonic and adult), and one each on human reproduction and enhancement (intellectual, athletic and anti-aging). The reports are drafted by Dr. Kass and the staff, with council members suggesting modifications and revisions. The staff is uniformly conservative, so modifications suggested by others lessen the bias in the documents’ assumptions and presentations. And although the last report, Monitoring Stem Cells, January 2004, was accepted unanimously, it included personal statements describing council members’ remaining reservations.

I have caused problems because I mainly write on hard copies printed from the electronic text, so these changes have to be transcribed by the staff and corrections made on the electronic text. Except for the first report, I have received a record describing whether each comment was accepted and how the text had been changed. This process is used for every member. This clearly is demanding on staff, who have been very dedicated in their efforts. I believe that my efforts have made many of the reports less biased, but they still leave something to be desired.

The first report on stem cells (Human Cloning and Human Dignity: An Ethical Inquiry, July 2002) was the only one in which we took a vote. The vote was unanimous in opposing cloning for reproduction — i.e., a cloned baby — but with a split vote on the use of cloned embryonic cells for potential therapeutic purposes. The vote depended both on one’s views of the sanctity of the human embryo and on whether there had been sufficient public discussion about therapeutic cloning and guidelines for its regulation. The issues were being debated in the U.S. Senate; the House already had passed a bill banning all use of embryonic cells for cloning. Among the council members, three opposed any use of embryos, seven proposed a moratorium because we were not ready and seven thought that the country had adequate guidelines, many of which were proposed by a National Institutes of Health committee headed by Shirley Tilghman of Princeton. The final document reported the vote as 10 in favor of a moratorium and seven in favor of moving ahead. The split in our council reflected the sentiments in Congress.

Our council illustrates the problems with obtaining unbiased advice. The council, which initially was established for two years, was reauthorized in November 2003 for another two years. At that time, two members were not reappointed: Elizabeth Blackburn and William May, both of whom voted to move ahead with research using embryos because of the potential benefit for people with serious diseases. Three new members have been appointed, all of whom oppose this type of research. Therefore the council, a majority of whose original members opposed the use of embryos for therapy, is now even more skewed. The ability of the council to provide the president with balanced advice, albeit divided, has been seriously jeopardized. He now will receive a one-sided view of many issues. This raises serious questions regarding the future impact of the council on critical bioethical issues.

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