

**‘Yes’ to Mitochondrial Replacement Techniques and Lesbian Motherhood: A Reply to  
Françoise Baylis**

In a recent paper – *Lesbian motherhood and mitochondrial replacement techniques: reproductive freedom and genetic kinship* – we argued that lesbian couples who wish to have children who are genetically related to both of them should be allowed access to mitochondrial replacement techniques (MRTs). Françoise Baylis wrote a reply to our paper – *‘No’ to lesbian motherhood using human nuclear genome transfer* – where she challenges our arguments on the use of MRTs by lesbian couples and on MRTs more generally. In this reply we respond to her claims and further clarify our position.

**MRTs - Should I Stay or Should I Go**

The first point of contention between Baylis and us is on how we should collectively refer to: maternal spindle transfer, pronuclear transfer, first polar body transfer, and second polar body transfer. In her reply, Baylis asserts that our use of the acronym ‘MRTs’ to refer to ‘mitochondrial replacement techniques’ “introduces significant ambiguity”.<sup>[1]</sup> According to her, the source of ambiguity is that MRTs can be interpreted as standing for: i) mitochondrial replacement *therapies*, or ii) mitochondrial replacement *techniques*. Moreover, she claims the acronym MRT “commonly refers to ‘mitochondrial replacement *therapy*’ to prevent the transmission of mitochondrial disease”, and that using this acronym in the way we do “amounts to serious equivocation.”<sup>[1]</sup>

In response to this, we would like to highlight some points that we believe deserve careful attention. First, the term ‘mitochondrial replacement *techniques*’ and its acronym ‘MRTs’ are and have been commonly used within: i) the bioethics debate [2][3], ii) the legal literature [4][5], iii) the medical literature [6][7], iv) the media coverage of the development of these techniques and their legalization [8][9], and v) by at least one national report on these techniques. [10]<sup>i</sup> Second, our use of the acronym MRTs does not amount to an equivocation. Equivocation, as an informal fallacy, results from using a word, or phrase, in multiple senses

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<sup>i</sup> This references list is not comprehensive, and it does not include work by Palacios-González and Cavaliere. We have limited this list to two examples per category due to space constraints.

throughout an argument. In our paper we use MRTs consistently as an acronym of mitochondrial replacement techniques. And importantly, a section of our paper is dedicated to defending the claim that PNT and MST are *not therapeutic techniques*.

We appreciate that there is an ongoing terminological debate on the appropriate nomenclature for these techniques and that it has normative implications. Despite this, we conditionally stand by ‘mitochondrial replacement techniques’ and purposely use its acronym, rejecting other proposals – including Baylis’ “human nuclear genome transfer”. [1], [11] The reason for doing so is that, despite being a misnomer, the term has already secured a place within the debate, and it does not affect the strength of the arguments presented. [12]

To conclude on the terminological dispute: i) since our paper is not about the nomenclature debate, ii) we do flag the existence of this nomenclature issue, iii) there is no ambiguity or equivocation in our use of the term mitochondrial replacement techniques (and its acronym MRTs), iv) we have a section dedicated to arguing that these techniques are not therapeutic, and v) the strength of our arguments is not affected by using the term mitochondrial replacement techniques (and its acronym MRTs); we must conclude that Baylis’ criticism misses the mark.

### **Treating Like Cases Alike**

Baylis argues that she is:

“concerned about the disingenuous practice of using backdoor approaches to the introduction of a controversial technology by first insisting on its therapeutic potential and only later advocating slippage from therapeutic to non-therapeutic goals.” [1]

Then, she moves on to assert that we “instantiate this practice” as our argument in favour of allowing lesbian couples access to MRTs “relies on the endorsement of human nuclear genome transfer for therapeutic purposes—hence, their claim about ‘treating like case alike’.” [1]

Baylis is mistaken. As mentioned above, we do not accept the view that MRTs are therapeutic. Given that we reject that MRTs are therapeutic, qua techniques, then it is not possible for us to practice what Baylis identifies as “using backdoor approaches”. In addition to this, in our work we do not “advocat[e] slippage” from X to Y. [1] We present clear arguments for showing that

accepting X entails accepting Y, and we are in reasonable disagreement on the morality of employing these techniques.

## **Bioethics and a Just World**

In her reply to us Baylis asserts that her work on reproductive and genetic technologies is informed by answering the question “what kind of world do we want to live in?”[1], a world that she then goes on to describe:

I want to live in a world in which people are not discriminated against on the basis of their sexual orientation[...] where there is genuine concern for matters of social justice and careful attention to the judicious use of limited resources [...] in which the potential harms to egg providers are not ignored [...] a world where Bioethics is not busy fiddling while Rome burns – occupying itself with inconsequential matters such as the desire for genetically-related children when there are so many more urgent problems in the world.[1]

We too want to live in a world like that, however Baylis has some things to say about our arguments: “Too often, as is the case with the argument advanced by Cavaliere and Palacios-González, the ethical acceptability of a technology is examined with no (or little) attention the fact that there are many social priorities and limited resources”. [1]

We accept that in this particular paper we do not address all, nor in full, the issues that Baylis mentions above. This does not mean that we are not concerned with, and striving for, social justice and the important issues that she lists. In our paper, however, we do address some of the points that Baylis raises. The last section of our paper engages with the issue of MRTs and limited resources. There we assert that: “when we argue about the moral permissibility of MRTs, we have to factor in the costs of *satisfying this preference*, even if it is a strongly held one, against other medical opportunity costs, for example *satisfying the basic medical needs of others*”.[12] We also argue that the existence of medical opportunity costs does not make MRTs *inherently* immoral since we still need to show that when compared against other medical research the use of scarce medical resources for MRTs is unwarranted.<sup>ii</sup> In her reply, Baylis does not engage with our position on limited resources. Concerning the ethics of egg donation, Baylis correctly asserts that we do not engage with this issue in our paper.

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<sup>ii</sup> We also reference a paper, by one of us, titled *Resource Allocation, Treatment, Disclosure, and Mitochondrial Replacement Techniques: Some Comments on de Melo-Martin and Harris* [13], which clearly expand on these questions.

Nevertheless, we do mention on egg donation, and reference a paper by one of us that discusses this issue.[14]

Finally, at no point do we claim that society would be better served by an understanding of parenting as a biological relationship; nor does this follow from anything that we say in our paper. We argue that if a lesbian couple resorted to an MRT “both mothers would be parents under a causal account of parenthood, at least”.[12] And, that: “[t]he use of MRTs by lesbian couples in fact defies the current dominion of the bionormative family in that it challenges the folk assumption about the correct type and amount of shared genes that are necessary for establishing a parental genetic link”.[12] Concluding that we endorse the idea that society would be better served by an understanding of parenting as a biological relationship from our paper is a *non sequitur*.

Baylis also suggests that bioethics should not be “busy fiddling while Rome burns”.[1] This assertion can refer to either i) the lack of academic production in terms of papers, books, etc. on the issues such as “rapid and uncontrolled population growth, food insecurity, water scarcity, climate change, air and water pollution, war, terrorism and nuclear fall-out”[1]; or ii) to how bioethicists are not seeking social change in regards to the above mentioned problems, among many others. Regarding the first interpretation, we do not share Baylis’ view. It seems to us that bioethicists, collectively, are in fact addressing those issues<sup>iii</sup> and that there is a sort of division of ‘cognitive labor’ within bioethics.[15] Regarding the second interpretation, we believe that there are examples of bioethicists who in fact try to change the world through their expertise via advising governments, activism, advising international bodies, etc. We agree with Baylis that academics should both individually and collectively strive to actively contribute to a better world, but the extent to which this is currently done is an empirical question, one that should not be hand-wavingly dismissed.

### **Concluding Remarks**

We have a liberal view of reproductive technologies, and we do not think that MRTs could harm society. What counts as a better world and the ways in which it can be achieved is a matter of disagreement among reasonable persons. Considering our conception of the good,

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<sup>iii</sup> See for instance the work published in journals such as: *Developing World Bioethics*, *Global Bioethics*, or the *Journal of Agricultural and Environmental Ethics*.

we prefer to provide arguments and advocate, as well as we can, for finding ways in which, on the one hand, people's reproductive preferences are not easily dismissed, and on the other, concerns such as those listed by Baylis are adequately addressed. For us, it is a matter of balancing burdens and benefits, and not resorting by default to 'leveling down' solutions, where the exercise of certain freedoms is prevented without careful consideration of what is at stake.

## References

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