Topic: Should Genetic Engineering of Humans Be Allowed?

For the motion (excerpt):

The question is no longer whether we can edit the human genome. CRISPR has settled that. The question is whether we should, and on what terms. I argue that genetic engineering of humans should be allowed, but only in tightly defined cases.

The first case is the treatment of a severe genetic disease. Sickle cell, cystic fibrosis, Huntington's disease, these are conditions where a single gene causes a lifetime of suffering. We already accept gene therapy for living patients. Editing the embryo before implantation does the same job earlier, more cheaply, and once for all the patient's descendants. Refusing it on principle while accepting it in practice is incoherent.

The second case is the prevention of a disease that the parents are known carriers of. A couple who both carry the cystic fibrosis gene can either accept a one-in-four chance their child has the disease, or use IVF with embryo selection, which we already permit, or use gene editing to correct the gene. If selection is allowed, editing should be. The outcome is the same.

The objection most often raised is the slippery slope to designer babies, intelligence, height, eye colour, and athletic ability. That objection is real, but the answer is regulation, not prohibition. We regulate what surgery is legal, what drugs are legal, and what reproductive technologies are legal. We can regulate this, too.

To ban genetic engineering outright is to refuse a tool that can end specific suffering, because it might one day be misused. By that standard, no medical technology would have ever been allowed. I support the motion.

Against the motion (excerpt):

The case my opponent has made depends on a regulatory regime he assumes will work. I will explain why it will not.

The technical line between treating sickle cell and selecting for height does not exist. Both use the same tool to change the same kind of genetic instruction. The line is moral, not biological. Moral lines drawn by regulators are pushed back every year. We have seen this with IVF, with surrogacy, with embryo selection itself. What was unthinkable in 1980 is routine now.

The second problem is access. Gene editing will not be free. The first families to have access will be wealthy families. The first generation of edited children will be a generation born to parents who can afford it. We will not abolish disease. We will redistribute it. The poor will still get sickle cell. The rich will not.

The third problem is consent. A patient consents to surgery. An embryo cannot consent to anything. We are making permanent choices on behalf of a person who does not yet exist, and those choices pass to every descendant. No medical ethics framework we have answers this question, because the question has never had to be answered before.

I am not arguing that suffering is good. I am arguing that the cure my opponent proposes carries harms he has not addressed, harms that do not show up in the first generation but compound across generations. For these reasons, I oppose the motion.