**NACN-U.S.A. Testifies in Opposition to Any Experimental Use of Human Embryonic or Chimeric-derived Stem Cells**

The National Association of Catholic Nurses-U.S.A. has joined with other life-affirming national organizations in providing testimony to the International Society for Stem Cell Research (ISSCR) in response to the Draft Guidelines for Stem Cell Science and Clinical Translation.

These organizations include: The National Catholic Bioethics Center; the Catholic Medical Association; the National Catholic Partnership on Disability; the National Association of Catholic Nurses, U.S.A.; the American College of Pediatricians; and the Center for Family and Human Rights.

Their thorough analysis cites these organizations’ their strong opposition to any experimental or therapeutic use of human embryonic or chimeric-derived stem cells. In addition, it recommends that the ISSCR Guidelines state a strong preference for stem cell funding, research, and therapies that do NOT utilize human embryonic or chimeric-derived stem cells. (Rec. 9/15/2015)

### **Sound Policy Concerning Stem Cell Research**

June 9, 2016

A Consortium of Advocates for Sound Policies Concerning Stem Cell Research Has Some Success in Impacting ISSCR 2016 Guidelines for Stem Cell Science and Clinical Translation

Six organizations joined together in a Consortium advocating for sound research policies, especially as they involve vulnerable human life.  The National Catholic Bioethics Center, the National Catholic Partnership on Disability, the National Association of Catholic Nurses – U.S.A., the Catholic Medical Association, the American College of Pediatricians, and the Center for Family and Human Rights (C-Fam) provided testimony to the International Society for Stem Cell Research (ISCCR) on their draft 2016 Guidelines for Stem Cell Science and Clinical Translation.  In May 2016 the final 2016 Guidelines were released and two critical provisions advocated for by the Consortium were adopted:

The Origin of Stem Cells is to be Specified in All Communications by Scientists Concerning Such Cells.  The Consortium’s recommended language has been incorporated into the 2016 Guidelines verbatim: “Due to public interest and concern in the ethics of hESC research, and in order to ensure complete transparency of research and translational activities, the origin of stem cell materials should be clearly specified in all communications.”

Pregnant Women are to be Excluded from Early Phase Stem Cell Research to Protect the Fetus. The Consortium recommended this new guideline which was not in either the 2006 Guidelines or the draft 2016 Guidelines.  It is now listed in the new ISSCR 2016 Guidelines in Rec. # 3.3.2.5, p. 20-21 under “Early Phase Trials.”

Unfortunately, the Consortium’s other recommendations concerning chimera research, reinstatement of conscientious objection protections, and protections for oocyte donors were not adopted.  The right to conscientious objection for researchers and staff was upheld, however, the new 2016 Guidelines have eliminated the stronger wording used in the prior 2006 ISSCR Guidelines, which said that such objectors should be free of retribution or undue discrimination in performance assessments.  Here are some of the other provisions of the new 2016 Guidelines:

The 14 day limit on growing human embryos in vitro was upheld.

A new category of “tissue providers” was added to this section indicating that there is to be no profiting from procurement of aborted fetal tissue: “Medical procedures must not deviate from standard of care solely to facilitate the research use of donated fetal tissues.  Physicians and clinics may not profit from the procurement of fetal tissues for research.”  (ISCCR 2016 Guidelines, p. 10, Rec. 2.2.6).

Payment for medical care for a woman suffering from problems directly resulting from providing oocytes for research, has been eliminated. (It was provided for in the 2006 ISCCR Guidelines, Section 11.5b, vi, but omitted in the new 2016 Guidelines).

The 2016 Guidelines approved mitochondrial replacement therapy (p. 8, Rec. 2.1.4), and supported laboratory-based research using genome editing technologies (like CRISPR Cas9) but cautioned that its use in human reproduction should be prohibited (p. 8, Rec. 2.1.4).

The united efforts by each member of the Consortium demonstrated how such collective efforts can have a significant impact, even if not resulting in a total success for the vulnerable human beings, especially the embryos, whose voice the Consortium carried.

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(Posted June 12, 2016)

**The NACN-U.S.A. Continues to Protect Vulnerable Human Life through Collaborative Public Policy Initiatives with Other Organizations**



The National Association of Catholic Nurses-U.S.A. (NACN-U.S.A.) has as one of its objectives “To advocate for those in need through efforts which integrate faith and health.” The hundreds of thousands of abandoned human embryos from in vitro fertility procedures, as well as those engendered for the purpose of research, have no one to speak for them, as many of them are researched upon and destroyed. However, a consortium of advocates for them has done just that, with some success.

Six organizations joined together in a Consortium for Sound Policies Concerning Stem Cell Research in an effort to impact the 2016 Guidelines for Stem Cell Science and Clinical Translation, proposed by the International Society for Stem Cell Research (ISSCR). The mission of ISSCR is to: “to promote and foster the exchange and dissemination of information and ideas relating to stem cells, to encourage the general field of research involving stem cells and to promote professional and public education in all areas of stem cell research and application.” While these international researchers attempt to provide ethical parameters for research, the ISSCR Guidelines present ethical concerns for the wellbeing of the embryos upon which they allow research. In response, the NACN-U.S.A. joined The National Catholic Bioethics Center, the National Catholic Partnership on Disability, the Catholic Medical Association, the American College of Pediatricians, and the Center for Family and Human Rights (C-Fam) and provided testimony to ISCCR on their draft 2016 Guidelines for Stem Cell Science and Clinical Translation. In May 2016 the final 2016 Guidelines were released and four critical provisions advocated for by the Consortium were adopted:

1. The origin of stem cells is to be specified in all communications by scientists concerning such cells.
The Consortium’s recommended language has been incorporated into the 2016 Guidelines verbatim: “Due to public interest and concern in the ethics of hESC research, and in order to ensure complete transparency of research and translational activities, the origin of stem cell materials should be clearly specified in all communications.” This includes human, animal, embryonic, cloned, or chimera sources.

2. Pregnant women are to be excluded from early phase stem cell research to protect the fetus.
The Consortium recommended this new guideline which was not in either the 2006 Guidelines or the draft 2016 Guidelines. It is now listed in the new ISSCR 2016 Guidelines in Rec. # 3.3.2.5, p. 20-21 under “Early Phase Trials.”

3. Abortion providers should not be reimbursed for fetal tissue.

4. Donors of eggs (ova) should be limited in the number of cycles for which they are donors (the Consortium recommended a one-cycle limit).

Unfortunately, the Consortium’s other recommendations concerning chimera research, reinstatement of conscientious objection protections, and protections for oocyte donors were not adopted. The right to conscientious objection for researchers and staff was upheld, however, the new 2016 Guidelines have eliminated the stronger wording used in the prior 2006 ISSCR Guidelines, which said that such objectors should be free of retribution or undue discrimination in performance assessments. Here are some of the other provisions of the new 2016 Guidelines:

a) The 14 day limit on growing human embryos in vitro was upheld.
b) A new category of “tissue providers” was added to this section indicating that there is to be no profiting from procurement of aborted fetal tissue: “Medical procedures must not deviate from standard of care solely to facilitate the research use of donated fetal tissues. Physicians and clinics may not profit from the procurement of fetal tissues for research.” (ISCCR 2016 Guidelines, p. 10, Rec. 2.2.6).
c) Payment for medical care for a woman suffering from problems directly resulting from providing oocytes for research, has been eliminated. (It was provided for in the 2006 ISCCR Guidelines, Section 11.5b, vi, but omitted in the new 2016 Guidelines).
d) The 2016 Guidelines approved mitochondrial replacement therapy (p. 8, Rec. 2.1.4), and supported laboratory-based research using genome editing technologies (like CRISPR Cas9) but cautioned that its use in human reproduction should be prohibited (p. 8, Rec. 2.1.4).

NACN-U.S.A.’s voice, in unison with those of each member of the Consortium, demonstrated how such collective efforts can have a significant impact, even if not resulting in a total success for those vulnerable human embryos, whose voice the Consortium carried. (Posted 7/3/2016).

From: Dr. Marie Hilliard, PhD, MS, MA, JCL, RN, NACN-USA, Northeast Regional Director and Director of Bioethics and Public Policy for The National Catholic Bioethics Center. She assists the NACN-U.S.A.’s Ethics and Spirituality Committee.