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# POLICY DEBATES ON REPROGENETICS

The Problematisation of New Research  
in Great Britain and Germany





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In December 2000, the British Parliament decided to amend the Human Fertilisation and Embryology Act, allowing so-called 'therapeutic' cloning of human embryos. Roughly a year later, in January 2002, the German Parliament introduced the Stem Cell Act, permitting and regulating import of and research on human embryonic stem cells. Both decisions were the result of year-long public debate ensuing the development of and publications on new rerogenetic practices: the cloning of a sheep in Great Britain and demanding permission to perform pre-implantation genetic diagnosis on human embryos as well as import human embryonic stem cells for research purposes a few years later in Germany. In both countries, public debates arose on whether or not existing law allowed the new practices and whether or not existing law should be revised. In the end this led to more flexible and permissive regulation of rerogenetic science and practices.

Reprogenetics and, more generally, biomedicine belong to the most contested areas of science and technology in Western societies. The notion of 'reprogenetics' refers to genetic-technological practices that combine genetic and reproductive technologies. It is a field of great political conflict and public contestation. Practices such as pre-implantation genetics diagnosis (PGD), embryonic stem cell research, or research cloning give rise to intense public/political debates in many Western countries including Great Britain and Germany (cf. Gaskell/Bauer 2001). Increased public interest in rerogenetic and biomedical developments is reflected in the emergence of political institutions, NGO's, or individuals concerned with rerogenetics regulation and also in an upsurge of more or less institutionalised procedures of deliberation between political officials, science, and the public that are associated with biomedical policy in one way or another (Braun et al. 2002; for an overview of European institutions cf. Fuchs 2001; Klüver et al. 2000).

For political decision-making, the issue area of biomedicine and reprogenetics presents "wicked problems" (Fischer 2000, 128, cf. Rittel/Webber 1973), that is to say, problems "in which we not only don't know the solution but are not even sure what the problem is" (Fischer 2000, 128). The very understanding of 'the problems' inherent in biomedical practices is highly controversial. "Wicked problems", as Fischer defines them, cannot be unambiguously or conclusively defined, and, thus, there are no clear-cut criteria by which 'resolution' thereof can be judged. Pluralistic societies are characterised by a multiplicity of values and normative disagreements, which lead not only to conflicts in terms of how to deal with problematic situations or issues but also to differences in regard to the very understanding of what the problem 'really' is. Especially in biomedicine and reprogenetics, it remains undecided whether the problem is one of weighing up 'chances and risks' or whether it is a conflict arising either between 'moral taboos and economic interest' or between 'individual rights and social consequences'. Either way, the definition of a problem motivates the search for a 'solution' and making decisions. Because of the varying comprehensions and definitions of what different actors see as problematic in biomedical or rerogenetic issues, it makes more sense to use the term problematisations (Bacchi 1999) rather than problems in this context.

In the case of biomedicine or reprogenetics policy (as well as, probably, science policy more generally), we can speak of a situation of "radical uncertainty" (Hajer/Wagenaar 2003, 9) with regard not only to the foundation and results of biomedical research and development but also to the foundation of decision-making and outcomes of policy-making. As Hajer and Wagenaar (ibid.) maintain, this means that policy-makers cannot make absolute judgements on the grounds of something like 'appropriate knowledge for policy', not least because knowledge foundation underlying decision-making is itself marked by uncertainty-even at the level of science. In the field of reprogenetics, not even distinguished experts agree on the (hoped for) techno-scientific results of research: Indeed, it is also scientifically unclear if embryonic stem cell research will actually lead to 'therapeutic results', what the 'side-effects' of particular procedures may be, or whether adult stem cell research might be a 'better or worse' way to achieve the intended results. Thus, in a situation of radical

uncertainty, problems "require us to make 'hard' decisions with only 'soft' evidence" (ibid., 9). Hajer and Wagenaar emphasise that this is not in fact a new phenomenon related to the enhanced complexity of society or merely to 'new scientific developments', but it is rather related to the "demise of the myth of absolute knowledge" (ibid., 10). Great conflicts concerning science and technology—such as those concerning nuclear power in the 1970s and 1980s or genetically modified crops and food, and the BSE debacle—and the failure of science as well as politics to prevent the negative consequences of scientific endeavour have created public unease about whether scientific development can be effectively regulated or not. As Fischer (2003b) asserts, this is not only true in the field of science policy but in policy-making more generally: in face of failing to solve problems effectively, such as poverty or unemployment, a technocratic "politics of expertise" (Fischer/Forester 1993b) has become disputable. Science and expertise no longer have a reputation for providing objective and unbiased knowledge, that is, knowledge that is derived independently of interests and power configurations, which escapes moral and social influences. Therefore, adherence to scientific knowledge is "no longer a credible policy-making strategy" (Hajer/ Wagenaar 2003, 10). Today, objective facts and values are no longer seen as two distinctly separate worlds, and science is not seen as value-free. There is a growing distrust of science and scientists. This is even more so in a policy area in which science itself is problematised, such as in biomedicine and reproductives.

Presenting very complex problems, biomedical and reproductive developments challenge political decision-making as development occurs at a fast rate, often escaping public notice. In order to comprehend developments, a highly specialised knowledge is required, which needs to be adjusted and re-adjusted according to rapid changes. Thus, in order to deal with questions concerning biomedical development, decision-makers have to fall back on experts in many ways. At the same time, the complexity of techno-scientific development implies an impact on many different levels, such as social, legal, ethical, economical, cultural, political, or health-related effects, which overlap and cannot be strictly separated from each other.

What is more, also the availability of language suitable to grasp bio-medical innovation is limited and inevitably normatively charged: ordinary language is often inappropriate for specifying biomedical innovations (do embryos in-vitro have 'parents' or 'siblings'), so a vocabulary must be found in order to define and tackle the issues. However, names, categories, and concepts have normative implications, because language is not value-free: terms that refer to an embryo, such as 'a cluster of cells' or a 'future child', are by no means purely objective, but imply particular, subjective beliefs and values (Braun 2002; Braun et al. 2002). Already the term 'embryo' has normative implications, as feminists have pointed out (cf. Duden 1993). Likewise, in the issue area under study, actors disagree whether we should speak of 'therapeutic' or 'research cloning' or whether we should discard the term 'cloning' for 'cell nuclear replacement' (cf. Sexton 2001), all of which have different normative connotations and evoke different associations.

To complicate things even more, also the normative foundations for evaluating and judging scientific endeavour are highly contested: Do embryos have the right to 'respect'? Do they have human dignity? Or, more generally: Do we want to restrict techno-scientific developments or should we leave science policy to science and scientists? Such problems are paradigmatic for questions that are highly contested in the public sphere. And, last but not least, the stakes are high: biomedical research and developments seem to promise huge profits, economic growth, and competitive strength in a global research field, thus generating pressures on governments to create a stable environment for research (Bauer et al. Gaskell 1998; cf. also Irwin 2006), while there is no agreement on the issue of whether or not economic goals should be integrated in policy-decisions in the field of reproductives. Thus, in regard to the wickedness of reproductive or biomedical issues, policy-making faces great uncertainties concerning socio-political-economic outcomes and public reactions. Indeed, policy-makers are

confronted with unpredictable research results as well as unforeseeable societal responses to and impacts of the decisions they make.

Additionally, at the theoretical as well as at the empirical level, we see that discourse becomes more salient in public policy and policy analysis (cf. e.g. Braun/Herrmann 2000, Fairclough 1992; Hajer/Wagenaar 2003; Irwin 2006). Particularly in the issue area of biomedicine or reprognetics, we observe an increase in discursive practices that marks a transformation in political practice. Public discourses and especially ethics discourses play an important role therein. From an idealized viewpoint, public participation in reprognetics policy discourse is a means of democratizing policy-making and securing societal participation in the shaping of reprognetics policy. Observed critically, however, public discourse is much more ambivalent: As empirical analysis shows, commitment to public engagement in dis-course does not exclude a similar commitment to scientific 'progress', but, instead, public ethical discourses prevent rather than allow a more general political scrutiny of the character and direction of scientific development, so that stimulation of (public) discourse could stabilize rather than reduce power configurations within science policy processes.

The present study analyses and compares the policy discourses on reprognetic research and practices that took place in Germany and Great Britain between the mid-1990s and the end of 2000/beginning of 2002, focusing on the question of how different actors problematised the issue, how problematisations changed throughout the years, as well as what the particular outcomes were. The empirical analysis identified landmarks related to the emergence of problematisations of existing policy on embryo research and the final change of policy, that is, the new regulatory decisions in terms of new laws. Whilst identifying the 'beginning' of a policy process is largely a superficial endeavour as 'new' policy discourses always build on existing ones, certain events can still be identified, which apparently prompted 'new' policy debates and finally led to a transformation of policy. The birth of the cloned sheep Dolly in Great Britain and the first applica-tion submitted by two medical doctors for permission to carry out a pre-implantation genetic diagnosis in Germany, as well as a funding application made by stem cell researchers for importing human embryonic stem cells a few years later were landmarks. The significance of these events was not simply due to the fact that they marked scientific 'progress' and 'called' for new policy, but because they received a great deal of publicity: To a greater degree in Germany than in Britain, they were widely and controversially debated in the public sphere as well as by high-ranking policy officials and, indeed, reached the status of policy problems. Policy decisions, that is, the implementation of a new law in Germany allowing and regulating imports of embryonic stem cells and the change of law in Great Britain allowing research cloning (GB), mark the end of the policy debates, despite the fact that both were reason for more controversy. However, implementation of new regulations was taken as caesura for data collection and analysis.