**More U.S. Curbs Urged in the Use Of Fetal Tissue**

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The clamor over the recent extension of a ban on Federal financing for one type of fetal tissue research has obscured an emerging battle over the longstanding use of the tissue in other types of medical research.

Encouraged by the continued financing ban, which covers only transplants of fetal tissue from elective abortions, abortion opponents say they will push to bar all federally financed research using such tissue. Although researchers have not publicized the fact, they have for decades used fetal tissue for a wide variety of medical research, from that on birth defects to Parkinson's disease. But during that time, there has been no Federal regulation. Questions on Obtaining Tissue

Abortion foes, and even some ethicists, doctors and medical researchers who favor the use of fetal tissue in research, say they are uneasy over the way some groups obtain and distribute the tissue.

These critics say many abortion clinics do not tell women that their fetal tissue will be used in research. Ordinarily, fetal tissue is discarded after an abortion.

The critics fear that some doctors, eager to get good fetal tissue samples, have put women at additional risk of complications by altering abortion methods and extending the time it takes to perform an abortion. But practitioners deny this. And since no statistics are kept on the abortions from which fetal tissue is obtained, it is impossible to determine who is right.

The critics also say some clinics have a financial incentive to be sure they get plentiful supplies of fetal tissue because they are paid by fetal tissue procurers. It is illegal to buy or sell fetal tissue, but those who obtain the tissue are permitted to compensate clinics indirectly and to charge researchers processing fees. U.S. Regulation Urged

''This sleazy, scummy world of fetal tissue procurement cries out for Federal regulation,'' said Dr. Arthur Caplan, a co-director of the Center for Bioethics at the University of Minnesota, who recently headed a committee that studied fetal tissue procurement, distribution and use in research. His committee has not yet released its report.

There are no good figures on the number of fetuses used in research, but there are indications that it is substantial. Fetal tissue is widely used because it grows quickly and easily in the laboratory and because fetal cells in some ways resemble cancer cells, enabling scientists to look into what controls cell growth. Fetal tissue can also be used in direct experiments on the causes of birth defects.

The National Institutes of Health is financing more than 100 research projects that involve the use of fetal tissue; it spent $8.3 million on this research in the last fiscal year. The list of projects finances by the institutes ''includes some of the most promising projects in biomedical research today'' the institutes said in a report on the work.

In addition, privately financed research, often involving transplants of fetal tissue into animals and people, is carried out at places like the University of Colorado Medical Center in Denver and Hana Biologics, a company in Alameda, Calif.

While this research has gone on for some time, recent public attention has focused on the Bush Administration's announcement Nov. 1 that it would extend a 20-month-old ban on Federal financing of fetal tissue transplants. The ban was meant to head off what abortion opponents feared might be an enormous market for fetal tissue.

Although fetal tissue transplants have not yet cured patients, researchers are optimistic that the transplants might soon cure diabetes and Parkinson's disease and that they might eventually cure other diseases, like Alzheimer's disease. If the transplant work succeeded, millions of Americans could be candidates for fetal tissue transplants. #3 States Consider Restrictions In addition to the Federal prohibition, at least three states, Illinois, Pennsylvania and South Dakota, have introduced legislation to restrict or prohibit all fetal tissue research, Dr. Caplan said. And Senator Gordon J. Humphrey, a New Hampshire Republican who describes himself as a strong opponent of abortion, said he was working to end all federally financed fetal tissue research. He has not introduced any legislation.

Mr. Humphrey said it is ''monstrous'' to ''take tissue from these prenatal infants and then to monkey around with it in the laboratory. It lends respectability to this grisly practice of abortions.''

James Bopp Jr., general counsel for the National Right to Life Committee, and others, including Dr. Caplan, also say the only ethically acceptable way to get informed consent from women is one that is virtually unheard of in the fetal tissue business. They say women should be asked after, not before, they have their abortions.

''The basic premise is that you should keep out of it until the abortion is over,'' Dr. Caplan said. ''You want to be sure there is no cutting of corners, no risk to the mother, no encouragement to have an abortion.'' Arrangements With Clincs

The largest supplier of fetal tissue is a nonprofit company, the Institute for the Advancement of Medicine, in Effington, Pa. James W. Bardsley, president of the institute, said he provides scientists with 300 to 600 specimens a month from 150 to 300 fetuses.

Another leading supplier is Dr. Thomas Shepard, a professor of pediatrics, obstetrics and environmental health at the University of Washington in Seattle, who is supported with Federal money to collect about 600 fetuses a year and distribute fetal tissue to researchers. He does not pay the clinics or charge the researchers. Dr. Shepard estimated that he has obtained about 10,000 fetuses in the past 26 years.

But, Dr. Caplan said, about 90 percent of researchers get fetal tissue through private arrangements with abortion clinics or gynecologists. He added that it is not known how much fetal tissue these researchers use.

One indication that women do not always give informed consent before their fetuses are used in research is Mr. Bardsley's experience. About a year ago, he said, he began insisting that clinics and hospitals that supplied him with fetal tissue ask the women first if they wanted to donate the fetal tissue. About half of Mr. Bardsley's suppliers refused and no longer provide him with tissue, he said.

''Some of the clinics were just too busy,'' Mr. Bardsley said. ''They did not want to initiate a change like that. They thought it would be too much of a burden.'' Many hospitals, he said, ''did not want to have anything to do with changing their consent policies,'' adding, ''They felt that would bring it to the attention of the patients and that would be bad public relations.''

But a private doctor, Dr. James J. Parks of Denver, who supplies fetal tissue free to researchers at the University of Colorado, said that women are glad to donate and that more than 90 percent of his patients give informed consent. ''They say, 'Thank God, some good is going to come out of this,' '' Dr. Parks said.

Mr. Bardsley said he sends employees to abortion clinics three to five days a week to process fetal tissue as it is received. He pays rental fees of $500 to $600 a month when his employees are at clinics for several days a week and $1,000 a month when they are there every day. Special Abortion Techniques

To get usable tissue during the first trimester of pregnancy, Mr. Bardsley encourages doctors to use ultrasound to find the fetus in the woman's uterus and then to use special suction abortion techniques, varying the amount of suction ''to try to trap the embryo in the catheter,'' he said.

A Florida doctor, who asked not to be named for fear of reprisals from groups that oppose abortions, said he has procured fetuses for Mr. Bardsley by using a suction abortion technique he developed that allows him to extract intact first-trimester fetuses 80 percent of the time. Abortions using this method take 15 to 25 minutes instead of the usual 5 to 7 minutes, the doctor said.

He added that he always obtains the woman's consent before the abortion to use the fetal tissue for research. The doctor said the women were not placed at additional risk because much of the extra time is in preparation for the abortion. ''I've been doing it for nine months with hundreds of patients and I've not seen any increase in complications,'' he said.

For second-trimester abortions, Mr. Bardsley said, he looks for abortion clinics or doctors who use particular abortion methods. They cannot inject the fetus with saline, urea or other substances to kill it before the abortion because then the fetal tissue would not be usable. Instead, the abortion must be done by dilation and evacuation, in which the doctor essentially pulls the fetus out of the anesthesized woman.

Dr. Warren Hern of Boulder, Colo., an expert on the dilation and evacuation technique, said that it is safer than other methods when used by experienced doctors but that doctors who rarely do second-trimester abortions are probably better off using saline infusions. He also said that for abortions after 20 weeks of pregnancy it is best to give the woman an infusion of urea before doing the dilation and evacuation. Some Ethical Questions

Dr. Hern said that although he favors the use of fetal tissue in research, he has lingering ethical questions about the way it is procured. And he said he fears retaliation from anti-abortion groups if he supplied the tissue.

He said that a couple of years ago he was repeatedly asked to supply the tissue by a group that has since stopped procuring fetal tissue. ''I finally started throwing their letters away unanswered,'' Dr. Hern said.

He said the group suggested that he vary the amount of suction he used in abortions, which bothered him. ''I probably makes no difference to the woman, but I'm reluctant to do anything that would add length or discomfort to the abortion process,'' he said.

Dr. Hern added that an overriding reason why he does not want to procure fetal tissue is the ''unbelievable harassment'' he gets from anti-abortion groups.

''Right now, we work behind four layers of bulletproof glass,'' he said. ''We work in a war zone. It is not uncommon for me to hire armed guards when we do abortions. Our patients have to walk through these picketers and they are already distressed by the decisions they have to make. In those circumstances, I don't feel comfortable approaching patients and asking them how they feel about donating their fetuses for research. It's off the wall. It's inappropriate.''

James W. Bardsley, president of the Institute for the Advancement of Medicine, the largest supplier of fetal tissue, now insists hospitals obtain a woman's consent before donating her fetal tissue (NYT/Dan Olewski); ''This sleazy, scummy world of fetal tissue procurement cries out for Federal regulation,'' said Dr. Arthur Caplan, a co-director of the Center for Bioethics at the University of Minnesota. (NYT/Thomas Harm) (pg. 38)

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