

Good Morning, Madam Chairman, Ladies and Gentlemen of the Committee!

My name is Dr. W. A. Krotoski. I am a physician and retired medical scientist, with a career producing some 55 research articles, several chapters for medical texts, and co-authorship of one such text. I have lived in Louisiana since 1974, in Baton Rouge since 1982, and taught several years at both Tulane and LSU Graduate Schools and Schools of Medicine and Public Health. In 1989 my research was honored by a nomination for the Nobel Prize in physiology and medicine. Currently, I represent *The Hippocratic Resource*, a Louisiana-wide organization of physicians and other health professionals who have committed to promoting the principles of the Hippocratic Oath, the foundation of medical ethics. Although retired from active clinical practice, I also continue to serve on the research ethics board of Baton Rouge General Medical Center. I am testifying today in strong opposition to Representative Jefferson's HB 1234 for four basic reasons:

First ... in the Hippocratic context of 'do no harm,' it is medically unethical to expose a subject to an experimental procedure where the risks significantly outweigh the benefits to him or her, or where the subject's health integrity is significantly compromised. Obtaining oocytes from a woman requires significant manipulation of her body, including the use of high doses of hormones, followed by harvesting of the released ova under general anesthesia – and without benefit to her health or well-being. Some of the complications of "Assisted oocyte production," or "AOP," include a *severe ovarian hyper-stimulation syndrome*, which may include blood clots, twisting of an ovary to cut off its blood supply (and leading to major surgery), kidney malfunction, fluid accumulation in the chest or abdomen, and even death. They also include *possible ovarian cancer*; as well as *possible early infertility*, due to depletion of the finite supply of a woman's oocytes. The risk ratio to the non-benefiting subject is simply too high, and clearly falls into the category of proscribed action for an ethical physician.

Second ... "medical research and development of medical therapies," the stated goals of HB 1234, are obviously worthwhile in and of themselves, and, in fact, are goals to which I, personally, have devoted most of my medical professional life. However, these goals are capable of being misused as a convenient excuse simply to satisfy human curiosity in an unethical way. One, *extreme* example of this was the pseudo-medical experimentation done by the Nazis in concentration and death camps during the Second World War. However, although we pride ourselves on being different, experiments done by American scientific and medical personnel around the birth of the Atomic Age that involved injections of highly radioactive materials into terminal patients, as well as those involving the natural history of syphilis at Tuskegee for a large part of the last century, are not a whole lot better! These are now rightly condemned, and medical research work involving human experimental subjects – or animals, for that matter – must be individually and carefully evaluated and scrutinized for its ethics by designated panels or boards **that lack any conflicts of interest** – before being undertaken. Erring on the side of caution is still considered the more moral thing to do.

Third ... As a physician and medical scientist, I also remain unconvinced that the goals of the experimental work that could be anticipated from having numerous human ova available, e.g. human cloning, embryonic stem cell research, genetic manipulation, etc., are anywhere nearly as important, societally, as was claimed for those *other, now condemned, American experiments.* To begin with, there is the issue of simple practicality. Millions of oocytes would be needed to treat diseases – they are of a size approximating the period at the end of a sentence – and thus would lead to the exploitation of at least hundreds of thousands – if not millions – of mostly poor women. Furthermore, even if theories suggest some desirable outcomes, medical science has progressed very well by the stepwise process of first, test tube and "lower" animal, then "higher" animal, primate, and finally, human subject. Very few of these steps have been taken in this particular area of medical science, and proceeding directly to a human subject without them is simply impatient, questionably ethical, and often poor medical science. Additionally, experiments such as those I mentioned – cloning, embryonic stem cell research, or genetic manipulation of the human genetic line – may well have very serious and irrevocable consequences for the human *species*. They definitely deserve to be done carefully in experimental animals first, so that we can observe what those consequences might lead to, *before* embarking on what could be a one-way course for humanity.

Finally, and as a summary of what I have said above, it seems to me that this bill has, as at least one of its goals, an end-run around the serious, ethical opposition that continues to exist in the cloning and embryonic stem cell debates. We need to be acutely aware that some evidence of human culpability in the area of human cloning has already been seen in the unethical practices and deliberate deceptions perpetrated recently by the disgraced Korean scientist, Huang Woo-Suk. I also feel that those (usually quite young) women, who would participate as oocyte donors, do not fully recognize or care about the consequences of contributing their unique DNA to society without the benefit of the selective and protective filters that marriage, development in the womb, birth, and family provide. One can only wonder what the genealogy of the future would look like!

In conclusion, **I urge you to vote unfavorably on HB 1234**, and thank you very much for your attention!