

Letter from Chicago

Surrogates

George Dunea

Traditionally doctors wear white coats, exhibit a wide spectrum of bedside manners, and carry in their hip pockets a wallet sized medical license. In this they differ from other white coated people who may also have excellent bedside manners but who lack a valid license to practice medicine. These non-card carrying individuals are often quite popular with their patients, especially the elderly. They give advice or injections, operate, or give anesthetics. They have private practices or work in the government service. They often land in jail.

According to estimates there may be some 10 000 medical impostors in the United States—one in 50 doctors. They have been called a medical malady that resists cure. They are accountants, pharmacists, or chiropractors who wake up one day and decide to be doctors. They practice either with no license, hoping that nobody will ask for it, or with a forged one that may have cost thousands of dollars. Some impersonate a known doctor and fraudulently obtain copies of his credentials from his medical school. Some have performed surgery, at times with disastrous results; others have given anesthetics from which patients never recovered. They are difficult to unmask and slip through the system despite official vigilance and yearly checks on doctors' licenses. Some have been jailed and then re-emerged in distant parts under different names. Many are talented people with charming manners, but they lack training and constitute a public danger.

Also dangerous are some of the bogus remedies used by some 46 million Americans at a yearly cost of over \$2 billion. Many are used to alleviate musculoskeletal disorders. Thus for rheumatoid arthritis the alphabet soup throughout history has ranged from arsenic and antimony through Speransky's cerebrospinal pump to standing inside a whale. Modern remedies consist of inhaling radon gas from uranium mines, wearing a copper bracelet to allow the metal to permeate the joint, or shocking the arthritis into quiescence with electromagnets. The more prudent stick to herbal teas or snake venom, or to bee extracts on the basis of a book called *Bees don't get arthritis*. Some diabetics also use bee pollen and herbal teas, but a few have had their diseased pancreas removed by psychosurgery. Patients also take feverfew for headaches, hook themselves to electric stimulators to release endorphins, change the electric charge of the dust in the air with expensive ionization machines, or undergo temporomandibular joint reconstructions that are often extensive, expensive, and useless.

A better choice would be Simplese, a fat surrogate made of egg white or milk protein, cooked and beaten up into minute particles that fool the taste buds. Simplese feels like fat, almost tastes like fat, but in fact is protein-containing merely one calorie per gram, to boot. It could be used in ice cream, sour cream, salad dressing, low calorie cheese, or on bread instead of margarine. It could have an enormous market, considering that everybody worries about their cholesterol (even though only 42% of Americans have had it checked and only 6% remembered the result). Simplese cannot be used for cooking because heat would change its molecular structure back to regular egg white. Unlike a competing synthetic product that may have to endure years to testing

Simplese would be available now were it not for nervous bureaucrats and consumer activists. But laissez faire gourmets think that people should eat their surrogate scrambled eggs in whatever form they choose.

Institutionalized slavery

Not so surrogate motherhood. Here agitated people have stampeded their legislators into passing laws that some regard hasty. The trouble began after several surrogate mothers, having rented their uteruses for \$10000 to fertilized ova that could not nestle down elsewhere, waxed hysterical and became attached to the products that they had contracted to deliver. Several custody cases ensued and achieved considerable publicity. Then followed the foundation in this election year of a national coalition against surrogacy by feminists, biotechnology opponents, and surrogate mothers. Calling surrogacy institutionalized slavery, selling of women's bodies, buying of children, and use of reproductive meat, they stirred up this "emotional minefield" and attempted to raise it into a national issue. All three surrogate mothers wept on television, one describing the emotional problems within her own family, another vowing to fight to get her baby back. There was also much publicity about the bearer of surrogate twins who found that the contracting "mother" decided to take delivery of the girl but rejected the boy because she was too frail to raise two children. In addition, two surrogate mothers wrote an emotional book calling surrogacy "reproductive prostitution" or "the rich using the bodies of the poor." All this roused legislators into action. In June Michigan outlawed surrogate contracts, making them punishable by five years in jail and a \$50 000 fine for the surrogate broker. At least 20 other states may follow suit. But some think that surrogacy is here to stay and that hasty legislation will merely drive it underground or to states that continue to allow it.

The final controversy concerns synthetic growth hormone. Produced by recombinant deoxyribonucleic acid synthesis, it became used after the production of natural growth hormone from pituitary extracts was halted because of the danger of transmitting slow viruses. So far it has been given according to strict selection criteria to about 5000 growth hormone deficient children who would otherwise grow no taller than five feet. The treatment costs about \$20 000 a year, paid by the government for patients who meet the criteria. It requires three injections a week.

Recently, concerns have arisen about possible abuse, leading to suggestions that growth hormone should be placed on a restricted list like narcotics. This, however, could lead to the development of a black market, particularly for athletes. Some parents may also go to great lengths to have tall children in a society that rewards tallness and makes short people feel disadvantaged. They may become even more insistent when told that growth hormone tests are equivocal and that children having normal provocation tests may also respond by growing further. Yet the long term effects of regular growth hormone injections remain unknown, which suggests that there is need for caution. Ethicists have also warned that using the hormone for cosmetic reasons poses moral issues, since only the rich would be able to pay. Might we then end up with a society split into two groups, the rich and tall on the one hand, the poor and stunted on the other? Let us hope that the discomfort of three weekly injections will thwart such selective breeding of a tribe of surrogate giants.