

Designer babies are already here—and why we should be worried

Matthew assumed the weakness in his knee was the sort of orthopedic nuisance that happens when you turn 30.

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Matthew was lucky. His was a mild version of DYT1 dystonia, and injections of Botox in his knee helped. But the genetic mutation can cause severe symptoms: contractures in joints or deformities in the spine. Many patients are put on psychoactive medications, and some require surgery for deep brain stimulation.

Their kids, Matthew and Olivia were told, might not be as lucky. They would have a 50–50 chance of inheriting the gene variant that causes dystonia and, if they did, a 30% chance of developing the disease. The risk of a severely affected child was fairly small, but not insignificant.

My friends learned there was an alternative. They could undergo in vitro fertilization and have their embryos genetically tested while still in a laboratory dish.

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Presumably, many people would make the same decision as Matthew and Olivia if given the option, but many don't have that choice. Our discomfort around designer babies has always had to do with the fact that it makes the playing field less level—taking existing inequities and turning them into something inborn. If the use of pre-implantation testing grows and we don't address these disparities, we risk creating a society where some groups, because of culture or geography or poverty, bear a greater burden of genetic disease.

Read full, original post: [Designer babies aren't futuristic. They're already here.](#)