

Reply to Correspondence

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The point of view that Frye presents is, unfortunately, ethically shallow and logically flawed. His presentation is not bolstered by an argument, but merely by a hypothetical discussion of allele frequency data—a discussion that flouts the ethical issues at stake. We believe it is inappropriate for the speculative part of his comment to be published. Instead of countering that speculation, we focus on the ethical and logical flaws in his commentary.

Ethical Issues: For at least two reasons, speculation of the type Frye advocates has no place in the scientific literature. First, he regards his desire to investigate racial differences as more important than the need for informed consent, which he inappropriately ignores.. Second, Frye fails to consider ways to mitigate potential harm from such research, nor does he recognize that there is a potential for harm. . His discussion includes no caveats on interpretation, nor does he point to any complexity to the terms race and intelligence (see, e.g., Sternberg, Grigorenko, & Kidd, in press, for an excellent discussion). By contrast, the approach we advocate protects not only freedom of inquiry, but protects the research participants as well. One example of the community consensus approach that we and others (cf. Foster, 2004) advocate comes from a recent clinical trial of a drug intended to benefit black patients specifically: "*With the collaboration of the Association of Black Cardiologists*, NitroMed embarked on a large clinical trial involving more than 400 black women and 600 black men" (Henig, 2004, emphasis added).

Logical Issues: Frye's quotation of Bertrand Russell misses a key point: ethics does indeed govern scientific conduct. We entirely agree that "popular, political, religious, and ethical notions" do not determine what is scientifically true or false—of course! But this does not at all imply that ethical principles have no role in constraining what kind of scientific studies society should support. Publicly supported science is an endeavor conducted for the benefit of society, so scientific policy is not merely a question of deciding what is true and false. Ethics guides the conduct of science. Just as ethical guidelines constrain scientific enquiries with human embryos, or with toxins, or with placebos or new drugs in clinical trials, ethical principles should also constrain work on human genetic data that is likely to be socially divisive or has clear potential for negative social consequences.

Projects that attempt to correlate ethnoracial differences in genes with intelligence are socially divisive, as they seek out information that can readily be used to marginalize or discriminate against one ethnic or genetic group. Without the consent of the groups involved, such studies are not ethical. If such studies seek information with potential medical benefit to one racial or genetic group, without potential for harming others, they may be ethical, but only if approved by all the stakeholders. Frye fails to recognize that the need to seek out scientific truths in the arena of human genetic data and race differences is superseded by ethical safeguards that protect those individual participants and social groups whose genetic or ethnic information is being analyzed. We and others strongly advocate the participation of all ethnoracial groups in the consent process regarding race-based studies of medical and genetic data. We strongly affirm the right to oppose

the conduct of such studies when the potential for discrimination outweighs the potential medical benefit, as appears to be the case in race-based genetic studies of intelligence.

Foster, M. W. (2004). *Ethical issues in developing a haplotype map with socially defined populations*. Retrieved October 10, 2004, from <http://www.genome.gov/page.cfm?pageID=10001683>

Henig, R. M. (2004, October 10, 2004). The genome in black and white (and gray). *The New York Times*, p. 47.

Sternberg, R. J., Grigorenko, E. L., & Kidd, K. K. (in press). Intelligence, race, and genetics. *American Psychologist*.