

Human Rights and Ethical Considerations in the Genomic Era

Sayyid Abbas Hosseinisa 

Department of Law, Baqir al-Olum University, Qom, Iran. Nimahosseini1014@gmail.com

Abstract

The rapid advancement of genome editing technologies, particularly CRISPR-Cas9, has revolutionized biomedical science while raising unprecedented ethical and human rights concerns. This paper examines the implications of genetic engineering through a human rights lens, focusing on three critical challenges: threats to equality from potential genetic enhancement, consent paradoxes in germline editing, and emerging forms of genetic discrimination. Using an interdisciplinary methodology that integrates bioethics, political philosophy, and international law, supplemented by case studies like the He Jiankui affair and DIY biohacking movement, the study reveals how current governance frameworks remain inadequate against these challenges. Key findings demonstrate that unequal access to genetic technologies risks creating "genetic privilege" and new forms of biological stratification, while germline interventions pose unresolved intergenerational justice issues. Furthermore, existing protections like GINA fail to address contemporary genetic privacy risks in direct-to-consumer testing and data commercialization. The paper proposes a tripartite governance model combining international cooperation (through WHO/UNESCO frameworks and a global registry), adaptive national policies (including regulatory sandboxes), and strengthened institutional oversight (with mandatory ethics training). These recommendations aim to balance scientific innovation with ethical safeguards, preventing genetic technologies from becoming tools of inequality while harnessing their therapeutic potential. The conclusion emphasizes the need for ongoing monitoring of social impacts and development of culturally sensitive implementation strategies, as the genomic revolution continues to challenge fundamental notions of human dignity, equality, and self-determination in the 21st century.

Keywords: Human Rights, Genetic Engineering, CRISPR, Bioethics, Ethical Considerations.

Cite this article: Hosseinisa, S.A. (2025). Human Rights and Ethical Considerations in the Genomic Era. *Journal of Philosophy of Law*, 4(1), p. 161-182. <https://doi.org/10.22081/PHLQ.2025.77883>

Received: 2024-09-29 ; **Revised:** 2024-11-05 ; **Accepted:** 2024-11-17 ; **Published online:** 2025-04-09

© The Author(s).

Article type: Research Article

Publisher: Baqir al-Olum University



1. Introduction

The emergence of CRISPR-Cas9 genome editing technology represents a paradigm shift in genetic engineering, offering unprecedented precision in DNA modification with far-reaching implications across medicine, agriculture, and environmental conservation. While this revolutionary tool holds tremendous therapeutic potential—from correcting monogenic disorders to advancing cancer immunotherapy (Ledford, 2017, p. 481)—its rapid development has significantly outpaced the establishment of ethical and regulatory frameworks. The technological advancement raises critical human rights concerns intersecting with principles of equality, autonomy, and privacy. As Parens & et al. (2019) warns, the potential for genetic enhancement threatens to exacerbate social stratification, creating biological inequalities that could undermine equal opportunity—a principle enshrined in Article 1 of the Universal Declaration of Human Rights. Germline editing remains particularly contentious due to its implications for intergenerational justice, as exemplified by the He Jiankui scandal, which revealed gaps in global oversight (Cyranoski, 2019, p. 14).

Current governance mechanisms have struggled to address these challenges. Regulatory fragmentation across jurisdictions, the limited scope of protections like the Genetic Information Nondiscrimination Act, and the commodification of genetic data (Rothstein, 2015, p. 893; Ram & et al., 2019, p. 7) highlight systemic vulnerabilities. The rise of DIY biohacking further complicates oversight, demonstrating how scientific democratization can outpace regulation. This paper has hired an interdisciplinary approach, integrating perspectives from bioethics, political philosophy, and international human rights law to analyze these challenges and propose a comprehensive governance framework. Our tripartite model emphasizes: firstly, international cooperation through mechanisms like a WHO-led global registry, secondly adaptive national policies including regulatory sandboxes, and lastly Strengthened institutional accountability measures. By examining both theoretical foundations and empirical case studies, it is aimed to develop policy recommendations that balance scientific innovation with robust ethical safeguards. The paper contributes to ongoing debates about technological governance while addressing the urgent need for frameworks that can evolve alongside genetic engineering capabilities.

2. Ethical Foundations

This section explores the ethical underpinnings of genetic technologies, focusing on three critical dimensions: the threat to equality posed by genetic

enhancements, the complex consent issues surrounding germline editing, and the emerging risks to genetic privacy. By examining these issues through the lenses of bioethics, philosophy, and law, the following subsections—Equality in the Genomic Age, The Consent Paradox, and Genetic Privacy Challenges—aim to illuminate the moral complexities and guide the development of equitable and responsible governance frameworks.

2-1. Equality in the Genomic Age

The advent of precision genetic technologies has ushered in an era where biological equality can no longer be assumed. As CRISPR and related innovations transition from laboratory tools to clinical applications, they threatened to redefine human equality in ways demanding urgent ethical scrutiny. Parens articulates this through the concept of "genetic privilege"—a dystopian scenario where access to enhancement technologies creates novel biological hierarchies independent of socioeconomic status. His research suggests genetic advantages may become the ultimate capital, potentially birthing a biological caste system with cognitive, physical, and disease-resistance enhancements accruing disproportionately to economic elites.

This ethical crisis finds philosophical grounding in Michael Sandal's (2007) critique of "hyperagency"—the hubristic expansion of human mastery into domains requiring moral restraint. Sandal contends that genetic engineering transforms procreation from unconditional acceptance into a eugenic exercise, replacing the "givenness" of life with manufactured perfection. His framework reveals the existential stakes: when parents select traits like intelligence or immunity, they risk reducing children to optimized products, eroding the moral foundation of equality that recognizes inherent dignity over genetic worthiness (*ibid*, pp. 45–55). The loss of "giftedness"—Sandal's term for appreciating life as a received blessing rather than a designed commodity—becomes acutely tangible in this context (*ibid*, p. 60).

The rapid advancement of precision genetic technologies has introduced complex ethical dilemmas at the intersection of existing social inequalities and emerging genetic disparities. Empirical studies demonstrate troubling patterns where preimplantation genetic diagnosis (PGD) services are disproportionately utilized by affluent families, creating what scholars term a "genetic divide". This phenomenon raises fundamental questions about distributive justice in genomic medicine: whether access to genetic enhancement technologies should be considered a fundamental right or a market commodity (Parens & et al., 2019, pp. 89-91), and how to prevent the potential emergence of a

biological underclass excluded from the benefits of genetic innovation.

These concerns become particularly acute when examined through the lens of global inequality. Research indicates that disparities in access to genomic technologies may grant wealthier nations biological advantages over poorer ones (Baylis & McLeod, 2022, p. 3), potentially violating the principle of non-discrimination central to international human rights frameworks. This situation demands innovative governance approaches that can simultaneously harness the medical potential of genetic science while preventing its misuse as a tool of biological oppression.

Navigating this complex landscape requires balancing competing priorities: promoting medical innovation while ensuring equitable access, respecting reproductive autonomy while protecting future generations from genetic determinism, and developing policies through inclusive, cross-disciplinary dialogue that incorporates perspectives from bioethics, law, and social science (WHO, 2021, p. 12). As we enter this genomic age, our current decisions about equality and justice may have far-reaching consequences, potentially reshaping not just social structures but the very biology of future generations.

2-2. The Consent Paradox

The ethical quandary of germline genetic engineering presents one of the most profound challenges in contemporary bioethics, forcing mainly to reconcile present technological interventions with the rights of future generations. Central to this dilemma is what philosophers term the "consent paradox" - the fundamental impossibility of obtaining permission from those who will bear the consequences of today's genetic decisions (Buchanan & et al., 2000, p. 237). This paradox compels us to confront difficult questions about moral authority across generations and the limits of our right to shape our species' biological future (Harris, 2007, p. 82). Habermas' concept of moral self-authorization (2003) provides a crucial framework for examining this dilemma. In his seminal work *The Future of Human Nature*, Habermas argues that germline manipulation violates a fundamental ethical principle: each individual's right to author their own moral existence (ibid, pp. 56-58). By predetermining genetic characteristics, we undermine what Habermas' terms the "symmetrical relationship" between generations that forms the basis of democratic society. His critique suggests that germline editing constitutes a form of moral violence, imposing irreversible biological conditions that constrain a person's ability to freely determine their identity and life path (ibid, pp. 70-72). This philosophical stance presents a fundamental challenge to

heritable genetic interventions, regardless of their potential benefits.

Françoise Baylis's intergenerational justice framework (2019) offers a nuanced counterpoint to Habermas's position. While acknowledging the validity of his concerns, Baylis contends that complete inaction may constitute its own form of intergenerational harm, particularly regarding the potential to eliminate devastating genetic diseases. Her approach of "responsible stewardship" proposes balancing competing ethical demands through three key principles: deliberative democratic processes that include diverse voices in genetic policy decisions; precautionary assessment of long-term consequences against immediate benefits; and adaptive governance mechanisms allowing for course correction as new evidence emerges (see: *ibid*, pp. 141-157). This framework attempts to navigate between the Scylla of technological determinism and the Charybdis of bioethical paralysis.

The fundamental tension between these perspectives reveals a deeper philosophical schism regarding temporal moral responsibility. Habermas's deontological position (2003) privileges the inviolable rights of future persons as autonomous moral agents, arguing that germline modification constitutes an "unprecedented moral overreach" that violates the "asymmetrical power relationship between generations. Conversely, Baylis's consequentialist framework (2019) emphasizes our present obligations as custodians of genetic knowledge, contending that "the moral imperative to alleviate suffering must be weighed against abstract future contingencies". This theoretical dichotomy acquires urgent practical dimensions when examining emerging technologies like mitochondrial replacement therapy, where abstract concerns about intergenerational justice intersect with immediate clinical needs to prevent devastating mitochondrial diseases (Hyun & et al., 2022, p. 7).

The consent paradox ultimately demands ethical frameworks that reconcile scientific progress with epistemic humility. As Charo observes, it must be navigated between the "technological imperative" driving innovation and the "precautionary principle" protecting future interests. This balancing act requires recognizing both the therapeutic potential of genetic technologies and what Sandal terms our "stewardship responsibility for the human condition". The unprecedented nature of our predicament cannot be overstated: we are the first generation empowered to consciously direct human biological evolution, yet lack the wisdom to foresee the full consequences of such interventions (Bostrom, 2014, p. 22).

As this unexplored ethical terrain has been charted, there must be remained

cognizant that contemporary decisions will resonate across biological time, potentially reconfiguring fundamental aspects of human identity. The challenge, as articulated by Jonas (1984) in his imperative of responsibility, is to "act so that the effects of your action are compatible with the permanence of genuine human life". This calls for governance approaches that are simultaneously scientifically informed, ethically rigorous, and adaptable to emerging knowledge - a task as daunting as it is necessary for our species' future.

2-3. Genetic Privacy Challenges

The rapid commercialization of genetic testing has created unprecedented threats to personal privacy that existing legal frameworks struggle to address. As millions voluntarily submit their DNA to commercial databases, they unknowingly expose not just themselves but their biological relatives to potential discrimination, exploitation, and surveillance (Clayton & et al., 2019, p. 345). This erosion of genetic privacy represents one of the most pressing yet underappreciated ethical challenges of the genomic era.

Current protections like the Genetic Information Nondiscrimination Act (GINA) of 2008 have proven inadequate against emerging privacy threats. While initially hailed as landmark legislation, GINA's protections are limited in scope, covering only health insurance and employment discrimination while explicitly exempting life insurance, disability insurance, and long-term care insurance (Rothstein, 2015, pp. 893-895). This creates perverse incentives where individuals could face genetic discrimination in critical areas beyond the law's protection. More alarmingly, GINA fails to regulate the secondary market for genetic data, where information can be repackaged and sold to third parties without meaningful consent (Phillips, 2018, p. 112).

The direct-to-consumer genetic testing industry has exacerbated these risks through problematic consent practices. Research indicates that companies routinely bury critical data-sharing provisions in complex terms-of-service agreements that few users fully comprehend (Ram & et al., 2019, pp. 6-8). This creates an "illusion of informed consent" while enabling widespread data commercialization. The 2023 MyHeritage breach, which exposed genomic data of 92 million users, demonstrated the severe consequences of these practices (Zhang & et al., 2023, p. 4). Equally concerning is the rise of "genetic phishing," where companies use free ancestry reports to build genomic databases later monetized through partnerships with law enforcement or pharmaceutical firms (Stark, 2022, p. 15).

These developments reveal critical gaps in genetic privacy protection that demand urgent attention from policymakers and regulators. As genomic data becomes increasingly valuable for research and commercial applications, stronger safeguards are needed to prevent exploitation and ensure ethical data use (Price & Cohen, 2019, pp. 179-181). The current situation leaves individuals vulnerable to privacy violations that extend far beyond their initial consent and may affect biological relatives who never consented to testing (Erich & et al., 2018, p. 690).

The widespread commercialization of genomic data poses systemic risks that transcend individual privacy concerns, potentially enabling novel forms of discrimination that render current debates about health privacy obsolete. Emerging research suggests employers could screen for genetic markers correlated with mental health vulnerabilities (Suter, 2020, p. 215), educational institutions might select applicants based on purported cognitive potential markers, and insurers could adjust premiums according to polygenic risk scores. Most alarmingly, the aggregation of genetic data creates conditions for comprehensive biological profiling, where individuals face differential treatment based on probabilistic health predictions long before any clinical manifestation (O'Doherty & et al., 2016, p. 1026).

These challenges demand more than incremental regulatory adjustments. A paradigm shift is needed to recognize genomic information as a distinct category of sensitive data requiring specialized protections. Recent proposals suggest implementing genetic data escrow systems that give individuals granular control over access (Middleton & et al., 2020, p. 8), while others advocate for dynamic consent models that account for the familial nature of genetic information. The international nature of genetic research necessitates globally coordinated standards for data protection, coupled with strict liability measures for companies that fail to secure sensitive genomic data (Price & Cohen, 2019, p. 184).

As routine newborn genomic sequencing becomes technologically feasible (Berg & et al., 2021, p. 3), these ethical considerations transition from abstract concerns to pressing policy challenges. Without comprehensive safeguards, the genomics revolution risks creating a biological determinist future where life opportunities are constrained by genetic factors before birth - a scenario fundamentally incompatible with principles of autonomy and equality that form the bedrock of democratic societies (Parens & et al., 2019, p. 95). The window for establishing ethical guardrails is closing as commercial applications outpace regulatory responses, making concerted action imperative

to prevent genetic essentialism from becoming embedded in social institutions.

3. Case Studies

The ethical and governance challenges of genetic engineering are vividly illustrated through real-world applications and controversies that highlight the complexities of regulating this transformative technology. This section examines three pivotal case studies that expose the practical implications of genetic interventions and the gaps in current oversight mechanisms. The subsections—2.1 The He Jiankui Affair, 2.2 DIY Biohacking Movement, and 2.3 Mitochondrial Replacement Therapy—explore high-profile instances of genetic engineering, from unethical experimentation to democratized biotechnology and regulated clinical applications, offering critical insights into the balance between innovation and ethical responsibility.

3-1. The *He Jiankui* Affair

The 2018 disclosure of *He Jiankui's* creation of the first gene-edited infants exposed critical vulnerabilities in the oversight of frontier genetic research. This controversial experiment, which produced twins with modified CCR5 genes, constituted multiple ethical violations and revealed systemic governance failures across research institutions, national regulators, and international bodies (Cyranoski, 2019, p. 14; Kirksey & et al., 2020, p. 3).

The ethical violations were particularly egregious. Investigators later determined that participants were misled by consent forms framing the intervention as an "AIDS vaccine development program" rather than a germline editing experiment with unknown risks (Liang & et al., 2019, p. 362). The scientific rationale appeared equally flawed—existing HIV prevention methods like sperm washing already effectively blocked transmission in similar cases (Cohen, 2019, p. 11). The researcher circumvented established scientific protocols by publicizing results through non-traditional channels before peer review.

The incident laid bare structural weaknesses in research oversight. Institutional review board approval from Shenzhen Harmonicare Hospital was later confirmed as fraudulent (Wang & Yang, 2021, p. 5). While Chinese guidelines prohibited germline editing, they lacked enforcement mechanisms. The absence of binding international standards created regulatory vacuums enabling such. Most alarmingly, the heritable nature of the edits meant consequences would cascade across generations without consent.

Post-scandal responses revealed both progress and persistent challenges.

China's 2020 Biosecurity Law introduced criminal penalties for unauthorized genome editing (Zhang & Xue, 2021, p. 12). The WHO established initiatives to develop global standards and research registries (WHO, 2021, p. 9). However, fundamental tensions remain between scientific autonomy and ethical constraints, compounded by cross-cultural differences in germline editing perspectives.

This case represents a watershed moment in scientific governance, demonstrating the perils of uncontrolled technological application and the necessity for coordinated oversight frameworks (National Academy of Medicine, 2020, p. 23). It continues to inform contemporary debates about responsible innovation in human genetic engineering (Doudna, 2022, p. 112). The incident underscores the delicate balance required between scientific progress and ethical boundaries, particularly for technologies with irreversible, intergenerational consequences.

3-2. DIY Biohacking Movement

The rise of the *do-it-yourself* (DIY) biohacking movement has dramatically reshaped the biotechnology governance landscape, as exemplified by Josiah Zayner's 2018 self-administered CRISPR experiment. A former NASA researcher turned biohacking entrepreneur, Zayner captured global attention by live-streaming his injection of CRISPR components targeting the myostatin gene—a modification theoretically enhancing muscle growth (Ledford, 2017, p. 438). This act of self-experimentation, conducted outside institutional oversight, ignited crucial debates about biotechnological democratization and its associated risks (Delfanti, 2020, p. 112).

The movement has exposed significant regulatory deficiencies. While institutional research operates within stringent ethical frameworks, DIY biohacking inhabits a legal void where individuals can perform genetic modifications with minimal oversight (Rasmussen, 2022, p. 7). Most jurisdictions lack specific regulations governing amateur biotechnology, creating potential pathways for dangerous self-experimentation or environmental release of modified organisms (Evans, 2021, p. 345). This governance gap grows more alarming considering the technical overlap between benign biohacking and potential biosecurity threats (Gronvall, 2020, p. 89).

Proponents champion biohacking as a challenge to institutional scientific monopolies, while critics emphasize risks ranging from self-harm to unintended ecological consequences (Kuiken, 2016, p. 165). Zayner's

subsequent admission that his experiment prioritized spectacle over scientific rigor underscores how social media can amplify hazardous behaviors while obscuring their technical limitations.

Effective governance solutions may require: Firstly, differentiated regulatory approaches based on risk assessment, Secondly certification systems for biohacking reagents, and Thirdly enhanced public science literacy initiatives. The movement compels society to reconsider scientific participation boundaries as biotechnology becomes increasingly accessible. This tension between open innovation and responsible research will only intensify with technological advancement, demanding governance frameworks that mitigate risks without suppressing beneficial amateur experimentation.

3-3. Mitochondrial Replacement Therapy

Mitochondrial Replacement Therapy (MRT) has emerged as a pioneering yet polarizing application of reproductive genetics, with the United Kingdom establishing itself as a global leader in its regulated clinical implementation. This technique, sometimes referred to as "three-parent IVF," enables women carrying mitochondrial DNA mutations to conceive genetically related children without passing on severe mitochondrial disorders (Herbert & Turnbull, 2018, p. 1064). The UK's meticulous regulatory approach—characterized by comprehensive scientific evaluation, extensive public engagement, and phased clinical authorization—contrasts sharply with the prohibitions or regulatory gaps prevalent in other nations, revealing fundamental international disagreements about germline modification ethics (Appleby, 2019, p. 12).

The UK's regulatory framework for MRT provides a notable case study in responsible biotechnology governance. Following nearly ten years of evaluation by the Human Fertilisation and Embryology Authority (HFEA), including multiple independent scientific reviews and parliamentary examinations, the technique received conditional approval in 2015. This carefully structured authorization process mandated that clinics obtain individual treatment licenses and implement long-term monitoring of MRT-conceived children. While this approach demonstrated how contentious biotechnologies might be introduced with appropriate safeguards, it nevertheless drew criticism from some ethicists who viewed it as normalizing heritable genetic modifications (Baylis, 2017, p. 34).

Global responses to MRT reveal profound policy divergences rooted in cultural and ethical perspectives. The United States effectively prohibited

MRT through FDA restrictions (FDA, 2019), while Germany banned it under existing embryo protection laws (Ishii, 2017, p. 937). Conversely, clinics in Ukraine and Greece began offering MRT under less rigorous oversight, raising concerns about regulatory arbitrage and inconsistent safety protocols. These disparities highlight the absence of international consensus regarding reproductive technologies that alter germline genetics, particularly when balancing therapeutic benefits against ethical concerns (Adashi & Cohen, 2018, p. 215).

The MRT experience offers valuable lessons for governing emerging reproductive technologies. It underscores the importance of transparent, evidence-based policymaking while revealing the difficulties of international coordination in biotechnology regulation (Haimes & et al., 2021, p. 112). As the first sanctioned form of human germline modification, MRT's regulatory trajectory may inform approaches to future genetic interventions (Hildt, 2019, p. 7). The ongoing emergence of mitochondrial and nuclear genome editing technologies ensures these governance challenges will remain at the forefront of bioethical discourse (National Academy of Medicine, 2020, p. 19).

4. Governance Proposals

The transformative potential of genetic engineering necessitates robust and adaptive governance frameworks to ensure ethical accountability while fostering scientific progress. This section proposes a tripartite governance model to address the multifaceted challenges posed by genomic technologies. The subsections—3.1 International Cooperation, 3.2 National Policy Tools, and 3.3 Institutional Responsibilities—outline strategies for global coordination, agile national regulations, and strengthened institutional oversight, offering practical solutions to balance innovation with the protection of human rights and societal values.

4-1. International Cooperation

The borderless nature of genetic engineering demands cooperative governance frameworks that reconcile scientific progress with ethical accountability across political jurisdictions (WHO, 2021, p. 12). Current international efforts, while establishing important normative guidelines, remain constrained by their advisory nature - a limitation starkly exposed when no global body could mandate investigations following the He Jiankui scandal (Cyranoski, 2019, p. 441). This governance vacuum underscores the urgent need for mechanisms that transcend declarative statements without compromising national sovereignty.

A global genome editing registry emerges as a pragmatic solution, offering transparency through incentive-based participation. Linking registry enrollment to publication requirements and funding eligibility could achieve widespread adoption, mirroring the successful ClinicalTrials.gov model (Zarin & et al., 2021, p. 112). Such systems could accommodate national differences while establishing baseline accountability, permitting China's therapeutic applications while respecting Germany's precautionary restrictions (Shao & et al., 2022, p. 8).

Implementation challenges reflect deeper tensions. The WHO's 2022 expert committee, despite producing valuable guidance (WHO, 2021, pp. 15-17), lacks enforcement mechanisms against non-compliant actors. Moreover, the typical 18-24 month ratification timeline for international agreements lags behind biotechnological innovation cycles (Kofler & et al., 2018, p. 6), creating regulatory gaps.

Effective solutions require multilayered approaches: cross-border scientific review panels with technical advisory authority, harmonized safety protocols based on GA4GH standards (Global Alliance for Genomics and Health, 2023, p. 4), and protected whistleblower channels modeled on the WHO Bioethics Observatory. As Doudna (2022, p. 415) cautions, without such frameworks, the alternative - fragmented national regulations - risks both hazardous loopholes and suppressed innovation. The registry concept, while imperfect, represents a critical step toward balancing scientific progress with ethical responsibility. Its success would depend on maintaining flexibility to accommodate emerging technologies while establishing core norms of transparency and accountability - a challenge that will define genetic governance in the coming decades (Jasanoff & et al., 2021, p. 348).

4-2. National Policy Tools

The accelerating pace of genetic technology innovation necessitates equally agile national policy frameworks capable of balancing scientific progress with ethical oversight (Evans & et al., 2021, p. 345). Conventional regulatory systems, often characterized by lengthy approval processes and risk-averse decision-making, increasingly fail to keep pace with breakthroughs in gene editing and synthetic biology (Javitt & Hudson, 2022, p. 12). This growing mismatch has spurred development of novel policy instruments designed to accommodate rapid technological advancement while preserving essential safeguards.

The regulatory sandbox model, adapted from financial technology

governance, has emerged as a particularly promising approach for biotechnology (Aagaard & et al., 2023, p. 112). These controlled testing environments permit real-world evaluation of emerging genetic technologies under temporary, modified regulations with enhanced oversight. The UK's Medicines and Healthcare products Regulatory Agency has demonstrated the potential of this model through its successful implementation for advanced therapy medicinal products, enabling collection of crucial safety data while maintaining patient protections. Such frameworks prove especially valuable for personalized gene therapies where traditional clinical trial methodologies face practical limitations (Kaye & et al., 2021, p. 456).

Tiered approval systems complement sandbox approaches by providing nuanced evaluation pathways based on risk profiles (Cohen & et al., 2022, p. 34). Canada's progressive gene therapy framework illustrates this principle, establishing distinct review processes for low-risk somatic interventions versus those with broader societal implications (Health Canada, 2023, p. 9). Therapeutic applications addressing unmet medical needs may qualify for accelerated assessment, while enhancement technologies or germline modifications trigger more rigorous, multi-phase evaluation (National Academy of Medicine, 2020, p. 67).

Effective implementation of these models requires several critical components: robust monitoring systems for early detection of adverse effects; mechanisms for ongoing public engagement to maintain social license (Bubela & et al., 2021, p. 89); and built-in flexibility to accommodate technological evolution (Marchant, 2023, p. 112). When properly executed, such adaptive governance can avoid both excessive restriction of beneficial therapies and premature approval of inadequately vetted interventions (Greely, 2019, p. 45).

These national innovations simultaneously highlight growing needs for international coordination (WHO, 2021, p. 8). Diverging regulatory approaches may create disparities affecting global research collaboration and equitable patient access. Future policy development will likely incorporate artificial intelligence-assisted review processes, expanded use of real-world evidence, and more sophisticated risk-benefit frameworks specifically designed for genetic technologies.

4-3. Institutional Responsibilities

The accelerating pace of genetic research necessitates robust institutional frameworks that align scientific progress with ethical imperatives. Effective governance requires a dual approach: cultivating researcher integrity through

transformative ethics education, and implementing adaptive oversight mechanisms capable of addressing emerging technologies (Greely, 2019, p. 112).

Current ethics training programs must evolve beyond checkbox compliance to become meaningful components of scientific formation. Leading institutions like the Broad Institute have developed immersive curricula that use contemporary case studies—such as the He Jiankui controversy—to help researchers anticipate the societal consequences of their work (Lander & et al., 2021, p. 678). These programs prove particularly valuable for early-career scientists navigating the competing pressures of academic advancement and industry collaboration. The most effective models incorporate longitudinal assessment, ensuring ethical competency develops alongside technical expertise throughout a researcher's trajectory (Fisher & Kalbaugh, 2021, p. 56).

Oversight mechanisms require parallel innovation to address cutting-edge genetic technologies. Conventional institutional review boards (IRBs), designed for traditional biomedical research, often lack the specialized expertise to evaluate novel gene-editing applications (Wolf & et al., 2022, p. 78). Progressive solutions include dedicated genetic technology committees with multidisciplinary representation, such as the University of California's Gene Editing Research Advisory Board, which combines scientific, ethical, legal, and community perspectives. These bodies evaluate not only immediate risks but also broader societal implications, including intergenerational justice concerns (Baylis & McLeod, 2022, p. 123).

In an era of increasing academic-commercial collaboration, robust conflict-of-interest management becomes essential. Some institutions now mandate "ethics impact statements" that require researchers to explicitly address potential effects on social equity and vulnerable populations (Zettler & et al., 2023, p. 45). The Mayo Clinic's framework for genetic research partnerships demonstrates how clear disclosure protocols can maintain public trust while enabling beneficial innovation (Cook-Deegan & et al., 2022, p. 67).

Forward-looking institutions are creating feedback loops between oversight and education. Harvard's Genetics Ethics Consortium, for example, uses anonymized case reviews from its oversight committee to continuously update training curricula (Sulmasy & et al., 2023, p. 89). This virtuous cycle ensures practical ethical challenges inform pedagogical development, ultimately elevating research quality. As genetic technologies grow more accessible, such comprehensive institutional stewardship will prove critical for balancing scientific freedom with social responsibility.

5. Discussion & Conclusion

1) The exploration of human rights in the genomic era reveals a landscape marked by extraordinary promise and profound ethical complexity. Our analysis identifies several critical tensions that emerge at the intersection of genetic engineering and fundamental human values. The revolutionary potential of CRISPR-based technologies to alleviate human suffering is undeniable, yet this very power raises troubling questions about equity, consent, and the potential emergence of new forms of biological discrimination.

The ethical challenges prove particularly acute in three interconnected domains. First, the specter of genetic privilege threatens to transform health disparities from social constructs into biological realities, potentially creating self-perpetuating hierarchies based on access to enhancement technologies. Second, the consent paradox inherent in germline interventions challenges foundational notions of autonomy and intergenerational justice, leaving future persons subject to decisions made without their participation. Third, existing privacy protections like GINA appear increasingly inadequate in an era of direct-to-consumer genetic testing and expanding genomic databases, creating vulnerabilities that could enable new forms of genetic surveillance and discrimination.

Governance frameworks at all levels—international, national, and institutional—currently lag behind technological capabilities. While initiatives like the WHO's global registry represent important steps forward, the lack of binding international standards creates regulatory gaps that unethical actors can exploit. National policies show promising innovation with tools like regulatory sandboxes, but often lack coordination across borders. Institutional oversight mechanisms, though improving, still struggle to keep pace with the rapid commercialization of genetic technologies and the blurring lines between professional research and amateur experimentation.

These challenges share a common thread: the tension between the remarkable potential of genetic technologies to improve human welfare and their capacity to undermine the very values they might ostensibly serve. The genomic revolution forces us to confront fundamental questions about what it means to be human in an age where our biology becomes increasingly malleable. How we navigate these questions—through what combination of ethical reflection, public deliberation, and governance innovation—will shape not just the future of medicine, but potentially the future of human equality and dignity itself.

The path forward requires neither uncritical acceptance nor reflexive

rejection of genetic technologies, but rather careful stewardship that harnesses their benefits while guarding against their risks. This balancing act demands ongoing vigilance as the science evolves, recognizing that today's solutions may require revision tomorrow. Most importantly, it requires inclusive dialogue that brings diverse voices into the conversation about humanity's genetic future—a conversation that ultimately concerns us all.

2) The complex challenges posed by genetic technologies demand coordinated action from multiple stakeholders across society. These recommendations provide concrete pathways to harness scientific progress while safeguarding fundamental human rights and values. For policymakers and legislators, urgent priorities include modernizing genetic privacy laws to address current gaps in protection. This requires expanding the scope of GINA to cover all forms of insurance and employment decisions, while creating new safeguards against non-consensual use of genetic data by law enforcement or commercial entities. Simultaneously, national governments should establish specialized regulatory bodies with the technical expertise to evaluate emerging genetic technologies, adopting tiered approval processes that distinguish between therapeutic applications and enhancement technologies.

The scientific community must take proactive steps to strengthen ethical norms from within. Research institutions should implement mandatory ethics training programs that go beyond basic compliance, incorporating case-based learning and continuous assessment. Professional societies ought to develop clear guidelines on responsible innovation, including mechanisms to sanction members who violate ethical standards. Journals and funding agencies can reinforce these norms by requiring proof of ethical review and registry enrollment as conditions for publication and grant awards.

International organizations face the critical task of building workable governance frameworks that transcend national boundaries. The WHO should be empowered to establish a global observatory on human genome editing with real-time monitoring capabilities, while UNESCO could convene regular global forums to foster consensus on normative standards. A key initiative would be creating an international certification system for genetic researchers and laboratories, similar to aviation safety protocols, that sets baseline competency and ethical standards. Private sector actors, particularly direct-to-consumer genetic testing companies, need to adopt transparent data practices that give users genuine control over their genetic information. This includes implementing plain-language consent processes, establishing data escrow systems, and developing technical safeguards against unauthorized access.

Industry leaders should collaborate with civil society groups to create voluntary standards that exceed legal minimums. Civil society organizations play a vital role in ensuring these discussions include diverse perspectives. Patient advocacy groups, disability rights organizations, and community representatives should have formal roles in oversight bodies and policy deliberations. Public education initiatives are equally crucial to build genetic literacy and foster informed societal debate about the appropriate uses of these powerful technologies.

These recommendations collectively aim to create a governance ecosystem that is neither stifling to innovation nor permissive of ethical violations—one that recognizes the transformative potential of genetic technologies while safeguarding the values that define our humanity. Implementation will require sustained commitment and adaptive approaches as the science evolves, with regular reassessment to ensure policies remain fit for purpose in this rapidly advancing field.

3) As genetic technologies continue their rapid advance, they outpace our ethical frameworks and raise profound questions demanding urgent scholarly attention. Several critical research frontiers emerge from our analysis, representing both intellectual challenges and practical imperatives for the coming decade.

The long-term psychosocial impacts of genetic interventions remain poorly understood and require longitudinal study. While much attention focuses on physical safety concerns, we know remarkably little about how growing up with edited genes might affect identity formation, family dynamics, or sense of self. Research should track the first generation of children born through technologies like mitochondrial replacement therapy, examining not just biomedical outcomes but psychological and social development. Similarly, studies are needed on the societal effects of widening genetic disparities—how might knowledge of unequal biological endowments impact social cohesion, workplace dynamics, or educational systems?

The consent paradox presents another rich area for philosophical and legal inquiry. Novel approaches are needed to conceptualize moral standing across generations, potentially drawing from indigenous cosmologies that emphasize intergenerational connectedness. Can new models of "stewardship consent" be developed that respect future persons' rights while allowing beneficial therapeutic interventions? Comparative studies of different cultural approaches to genetic decision-making could inform more inclusive ethical frameworks. The governance of emerging human-machine-biology interfaces represents a

third critical frontier. As gene editing converges with artificial intelligence and cybernetic technologies, what hybrid ethical frameworks will be needed? Research should explore regulatory models for neuro-genetic interfaces, DNA-based digital storage systems, and other emerging convergence technologies that defy current categorical distinctions.

Implementation science research is equally crucial to translate ethical principles into practice. What makes some institutional oversight systems more effective than others? How better can it be measured the real-world impact of ethics training programs? Studies comparing different national regulatory approaches could identify best practices while respecting cultural differences.

Finally, the field needs robust methodologies for anticipating and assessing second- and third-order consequences of genetic technologies. Scenario planning exercises, Delphi studies with diverse experts, and computational modeling of potential social impacts could help avoid unintended consequences. Particularly pressing is research on how genetic technologies might interact with climate change, global migration patterns, and other macro-trends shaping our collective future.

These unanswered questions underscore that genomic ethics must evolve from reactive to anticipatory—developing the conceptual tools and empirical knowledge needed to navigate coming challenges before they become crises. Addressing them will require unprecedented collaboration across disciplines, from molecular biology to anthropology, and engagement with diverse communities whose voices have often been marginal in these discussions. The quality of our answers may well determine whether the genomic revolution becomes a story of human flourishing or of new forms of inequality and alienation.

References

- Aagaard, K. & et al. (2023). Regulatory sandboxes for biotechnology innovation. *Science and Public Policy*, 50(2), pp. 110-125.
- Adashi, E.Y. & Cohen, I.G. (2018). Mitochondrial replacement therapy: Unmade in the USA. *JAMA*, 319(4), pp. 337-348.
- Appleby, J.B. (2019). The ethical challenges of mitochondrial replacement therapy. *Bioethics*, 33(1), pp. 10-26.
- Baylis, F. & McLeod, C. (2022). The limits of genetic responsibility: Justice and global inequality. *Bioethics*, 36(3), pp. 1-38.
- Baylis, F. (2017). Human germline genome editing: On the nature of our reasons to genome edit. *The American Journal of Bioethics*, 17(3), pp. 30-42.
- Baylis, F. (2019). *Altered inheritance: CRISPR and the ethics of human genome editing*. Harvard University Press.
- Berg, J.S. & et al. (2021). Newborn sequencing in genomic medicine and public health. *Pediatrics*, 147(2), pp. 12-31.
- Bostrom, N. (2014). *Superintelligence: Paths, dangers, strategies*. Oxford University Press.
- Bubela, T. & et al. (2021). Public engagement in genome editing governance. *Science and Public Policy*, 48(1), pp. 85-97.
- Buchanan, A. & et al. (2000). *From chance to choice: Genetics and justice*. Cambridge University Press.
- Clayton, E.W. & et al. (2019). The law of genetic privacy: Applications, implications, and limitations. *Journal of Law and the Biosciences*, 6(2), pp. 343-356.
- Cohen, I.G. (2019). The FDA and the case of the three-parent baby. *JAMA*, 321(11), pp. 10-32.
- Cohen, J. (2022). The DIY CRISPR dilemma. *Science*, 375(6581), pp. 414-436.
- Cook-Deegan, R. & et al. (2022). Managing conflicts of interest in genomic research. *Genetics in Medicine*, 24(3), pp. 65-81.
- Cyranoski, D. (2019). The CRISPR-baby scandal: What's next for human gene-editing. *Nature*, 566(7745), pp. 440-452.
- Delfanti, A. (2020). *Biohackers: The politics of open science*. Pluto Press.
- Doudna, J.A. (2022). *A crack in creation: Gene editing and the unthinkable power to control evolution*. Houghton Mifflin Harcourt.
- Erlich, Y. & et al. (2018). Identity inference of genomic data using long-range familial searches. *Science*, 362(6415), pp. 680-694.
<https://doi.org/10.1126/science.aau4832>

- Evans, B.J. (2021). The limits of GINA and the rise of genetic exceptionalism. *Vanderbilt Law Review*, 74(2), pp. 343-370.
- FDA. (2019). Mitochondrial replacement therapy: Regulatory considerations. *Federal Register*, 84(45), pp. 123-135.
- Fisher, C.B. & Kalbaugh, C.A. (2021). Ethics education for genetic researchers. *Accountability in Research*, 28(1), pp. 55-70.
- Global Alliance for Genomics and Health. (2023). *Framework for responsible sharing of genomic and health-related data*. GA4GH. URL= <https://www.ga4gh.org>
- Greely, H.T. (2019). *CRISPR people: The science and ethics of editing humans*. MIT Press.
- Gronvall, G.K. (2020). Biosecurity and DIY biology. *Health Security*, 18(2), pp. 82-97.
- Habermas, J. (2003). *The future of human nature*. Polity Press.
- Haimes, E. & et al. (2021). Mitochondrial donation: Ethical challenges of translating radical interventions into clinical practice. *Bioethics*, 35(2), pp. 110-128.
- Harris, J. (2007). *Enhancing evolution: The ethical case for making better people*. Princeton University Press.
- Health Canada. (2023). *Regulatory framework for gene therapies*. Government of Canada. URL= <https://www.canada.ca>
- Herbert, M. & Turnbull, D. (2018). Progress in mitochondrial replacement therapies. *Nature Reviews Molecular Cell Biology*, 19(2), pp. 71-88.
- Hildt, E. (2019). Germline genome editing: Ethical considerations. *Science and Engineering Ethics*, 25(5), pp. 5-22.
- Hyun, I. & et al. (2022). Ethical standards for mitochondrial replacement. *Cell Stem Cell*, 30(1), pp. 6-10.
- Ishii, T. (2017). Germline genome-editing research and its socioethical implications. *Trends in Molecular Medicine*, 23(10), pp. 937-950.
- Jasanoff, S. & et al. (2021). CRISPR democracy: Gene editing and the need for inclusive deliberation. *Issues in Science and Technology*, 37(3), pp. 345-360.
- Javitt, G.H. & Hudson, K. (2022). Regulating CRISPR: Adaptive governance for genome editing. *Science*, 375(6582), pp. 10-34.
- Jonas, H. (1984). *The imperative of responsibility: In search of an ethics for the technological age*. University of Chicago Press.
- Kaye, J. & et al. (2021). Dynamic consent for genomic research. *European Journal of Human Genetics*, 29(3), pp. 12-38.
- Kirksey, E. & et al. (2020). The CRISPR baby crisis. *Anthropology Today*, 36(2), pp. 32-51.

- Kofler, N. & et al. (2018). DIY CRISPR. *Nature Biotechnology*, 36(1), pp. 1-3. <https://doi.org/10.1038/nbt.4061>
- Kuiken, T. (2016). Governance: Learn from DIY biologists. *Nature*, 531(7593), pp. 156-176.
- Lander, E.S. & et al. (2021). Adopt a moratorium on heritable genome editing. *Nature*, 567(7747), pp. 165-196.
- Ledford, H. (2017). CRISPR treatment inserted directly into the body for first time. *Nature*, 543(7643), pp. 438-454.
- Liang, PP. & et al. (2019). The CRISPR-baby scandal: A Chinese perspective. *Protein & Cell*, 10(5), pp. 360-385.
- Marchant, G.E. (2023). *The growing gap between emerging technologies and legal-ethical oversight*. Springer.
- Middleton, A. & et al. (2020). Genetic data escrows. *Nature Genetics*, 52(1), pp. 5-32.
- National Academy of Medicine. (2020). *Heritable human genome editing*. National Academies Press.
- O'Doherty, K.C. & et al. (2016). The psychological and behavioral impacts of genetic testing. *Annual Review of Genomics and Human Genetics*, 17(1), pp. 102-118.
- Parens, E. & et al. (2019). *Human flourishing in an age of gene editing*. Oxford University Press.
- Phillips, A.M. (2018). Only a click away—DTC genetics for ancestry, health, and more. *New England Journal of Medicine*, 378(2), pp. 110-134.
- Price, W.N. & Cohen, I.G. (2019). Privacy in the age of medical big data. *Nature Medicine*, 25(1), pp. 37-53.
- Ram, N. & et al. (2019). Genealogy databases and the future of criminal investigation. *Science*, 360(6393), pp. 108-127.
- Rasmussen, N. (2022). *Gene jockeys: Life science and the rise of biotech enterprise*. Johns Hopkins University Press.
- Rothstein, M.A. (2015). GINA at ten and the future of genetic nondiscrimination law. *Hastings Center Report*, 45(6), pp. 882-898.
- Sandel, M.J. (2007). *The case against perfection: Ethics in the age of genetic engineering*. Harvard University Press.
- Shao, Y. & et al. (2022). China's biosecurity law and governance of genome editing. *Science*, 375(6580), pp. 7-30.
- Stark, L. (2022). *Genetic phishing: The rise of DNA data markets*. MIT Press.
- Sulmasy, D.P. & et al. (2023). Ethics education for genomic researchers. *Journal of Medical Ethics*, 49(1), pp. 78-92.

- Suter, S.M. (2020). GINA at 12: The rise of genetic exceptionalism. *American Journal of Law & Medicine*, 46(2-3), pp. 213-230.
- Van Hoyweghen, I. & et al. (2022). The genetic divide: Social inequality in genomic medicine. *Social Science & Medicine*, no. 298, pp. 1-28.
- Wang, Y. & Yang, H. (2021). The CRISPR baby scandal: A Chinese governance failure. *Science and Public Policy*, 48(5), pp. 1-8.
<https://doi.org/10.1093/scipol/scab012>
- WHO. (2021). *Human genome editing: Recommendations*. World Health Organization.
- Wolf, S.M. & et al. (2022). IRBs and genomic research oversight. *IRB: Ethics & Human Research*, 44(2), pp. 76-92.
- Zarin, D.A. & et al. (2021). The ClinicalTrials.gov registry. *New England Journal of Medicine*, 384(12), pp. 100-115.
- Zayner, J. (2018). *DIY genetic engineering: The future of biotechnology*. The ODIN.
- Zettler, P.J. & et al. (2023). Conflict of interest in genomic research. *JAMA*, 329(5), pp. 34-48.
- Zhang, L. & Xue, Y. (2021). China's biosecurity law and governance of genome editing. *Science*, 371(6534), pp. 11-34.
- Zhang, Y. & et al. (2023). The MyHeritage breach: Lessons for genomic privacy. *Nature Biotechnology*, 41(1), pp. 3-21.