

C1-C2 English Worksheet

Designer Babies: Should Parents Be Allowed to Choose Their Children's Genes?

29 October 2026

Article

The 'designer baby' is no longer merely science fiction. A Guardian essay on 27 October describes firms that hold out the prospect of selecting embryos for disease risks or preferred traits. Established tests can screen out embryos with variants causing single-gene disorders, while newer polygenic scores combine genetic markers to rank embryos by estimated risks for complex conditions or traits. This distinction matters: choosing among IVF embryos does not edit their DNA. Reproductive gene editing remains outside established clinical care.

Marketing can blur the line between medical information and speculative forecasts. Predictions may hinge on ancestry, environment and the number of embryos available. Such scores may be less reliable for families whose ancestry is poorly represented in the underlying research. Providers may play down these limitations, encouraging customers to buy into false certainty. The American Society for Reproductive Medicine warns that polygenic embryo screening is not ready for clinical use and should remain limited to research. Even sophisticated scores cannot reliably determine a child's intelligence or long-term health. Treating population-level correlations as promises about particular children confuses probability with destiny.

Supporters emphasise reproductive autonomy and the hope of reducing avoidable suffering. Opponents question why we single out some traits as desirable while disability is routinely framed as a disadvantage. Critics fear a consumer-driven form of eugenics, in which parents pay to rank the value of future lives. Parents may feel compelled to trade off uncertain advantages against possible disadvantages, while affluent families gain greater access. Ethical decisions must draw on evidence, informed consent and debate, not technology alone. Expanding private choice could also reinforce public assumptions about which lives and characteristics are valued. Until claims meet rigorous standards, enthusiasm will fall short of responsible medicine. The deeper question is whose vision of a good life these choices reflect.

Sources: The Guardian (27 October 2026); American Society for Reproductive Medicine (2025).

True/False

Decide if each statement is True (T) or False (F).

No.	Statement	T / F
1	The article distinguishes selecting among embryos from altering their genes.	
2	The newer polygenic scores are described as reliably determining an individual child's future intelligence.	
3	The article says the number of available embryos has no bearing on the usefulness of comparisons.	
4	The American Society for Reproductive Medicine considers polygenic embryo screening unsuitable for routine clinical use at present.	
5	The author suggests that population-level statistical relationships cannot be treated as personal guarantees.	
6	The text presents access to genetic selection as financially equal across families.	
7	The ethical debate includes how society defines which characteristics are desirable.	
8	The article argues that technical capability alone is sufficient to justify offering a medical service.	

Phrase Match

Match the phrases (1-10) to the correct definitions (A-J).

Phrases (1-10)	Definitions (A-J)
1. hold out	A. make the distinction between two things less clear
2. screen out	B. balance a gain in one area against a loss elsewhere
3. blur the line	C. accept an idea or claim as believable
4. hinge on	D. use something as a source of evidence or support
5. play down	E. depend critically on something
6. buy into	F. fail to reach a required standard
7. single out	G. remove from consideration using a test
8. trade off	H. select something for special attention or treatment
9. draw on	I. offer the hope or possibility of something
10. fall short of	J. make a problem seem less serious or important

Synonym Match

Match the words (1-10) to the correct synonyms (A-J).

Words (1-10)	Synonyms (A-J)
1. prospect	A. lineage
2. distinction	B. obliged
3. speculative	C. independence
4. ancestry	D. regularly
5. limitations	E. difference
6. autonomy	F. preventable
7. avoidable	G. possibility
8. compelled	H. wealthy
9. affluent	I. conjectural
10. routinely	J. constraints

Use the New Language

Choose 5 words or phrases from the worksheet and write your own sentences.

No.	Your sentence
1	
2	
3	
4	
5	

Discussion Questions

Student A - Personal experience	Student B - Deeper discussion
1. Has a medical prediction ever changed how you viewed a risk?	1. Does choosing embryos to reduce serious disease risk cross a different ethical threshold from choosing height or intelligence?
2. How do you respond when a company promises a life-changing technological breakthrough?	2. Could supposedly voluntary reproductive choices become a form of social pressure?
3. Which personal qualities have shaped your life more than you expected?	3. Should companies be allowed to rank embryos using scientifically unproven polygenic scores?
4. Have you ever bought into a claim that later seemed exaggerated?	4. How might genetic selection affect society's treatment of disability and human difference?
5. How would you assess an apparently precise statistic about future health?	5. Where is the distinction between reducing suffering and promoting an ideal type of person?
6. When have you noticed economic advantage being mistaken for natural talent?	6. Could access to expensive screening entrench existing social inequalities?
7. Have you changed your mind about a technology after learning more about it?	7. How should regulators weigh reproductive autonomy against uncertain evidence and possible harms?
8. What would make you trust a service with highly personal genetic information?	8. Should public policy prioritise improving social conditions rather than optimising future children?

Answer Key

True/False	1=T 2=F 3=F 4=T 5=T 6=F 7=T 8=F
Phrase Match	1=I 2=G 3=A 4=E 5=J 6=C 7=H 8=B 9=D 10=F
Synonym Match	1=G 2=E 3=I 4=A 5=J 6=C 7=F 8=B 9=H 10=D

Example Sentences With the Phrases

No.	Example sentence
1	Some firms hold out the prospect of reducing a future child's disease risk.
2	Established tests can screen out embryos affected by some single-gene disorders.
3	Misleading claims can blur the line between scientific evidence and marketing.
4	The meaning of a genetic score may hinge on its statistical limitations.
5	Advertisers should not play down uncertainty in medical predictions.
6	Customers may buy into promises that sound more precise than they are.
7	Selecting preferred characteristics may single out certain differences as undesirable.
8	Parents should not have to trade off poorly understood predictions without guidance.
9	Good policy must draw on sound evidence and a range of ethical perspectives.
10	A sophisticated algorithm can still fall short of reliable clinical guidance.