Ethical Issues Raised by Assisted Human Reproduction: An Introduction

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Assisted Human Reproduction involves a number of ethical issues and are becoming the foci of public debate. In this issue of the Otago Bioethics Report we want to start some discussion about the major ethical issues raised by these new technologies. The first Report of next year will include an article written by Ken Daniels that will make reference to current issues in the New Zealand scene. In this discussion piece we would like to begin by summarising the major ethical themes that are often raised in discussions of Assisted Human Reproduction (hereafter AHR). As with many areas in bioethics many of the arguments that are used as arguments for can be altered to be arguments against. In the following sections we will try to take a fairly non-partisan view of AHR, our main hope here is to highlight the arguments that are often employed and offer at least some preliminary classification of them.

1. The autonomy argument

Some argue that there is a basic right for all to be able to reproduce. Most people are able to exercise this right through normal reproduction. However, there are those who due to a physiological problem are unable to reproduce. Assisted Human Reproduction provides means by which some of these people can reproduce. Simply because these people need some technological help in reproducing is not a relevant moral difference between them and what they do and those who are able to reproduce without assistance. Therefore to place restrictions upon those who wish to utilise AHR is to discriminate against them and violate their basic right to reproduce.

This version of the autonomy argument is one of the strongest for AHR. Some ethicists have commented upon the limitations of this argument. There are three brands of counter argument. The first is that there is no right to reproduce. The second is that the possibility of using AHR creates a kind of coercion which in the future

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may produce limitations on women's reproductive choices. The first set of arguments just deny there is a right to reproduce. They might concede that if no impediments apply then a consenting couple ought not be prevented from reproducing, but this negative right not to be impeded does not constitute a positive right to be enabled to reproduce. Given that AHR is a way of enabling people to reproduce, not just situations in which they are allowed to reproduce, then we are under no obligation to provide AHR. A stronger rebuttal of this point would go further and appeal to some kind of against nature argument to claim that not only do we have no duty to assist but also there is no way we should participate in practices which go beyond natural reproduction and involve unnatural or technological means of reproduction. This will mesh with a later set of arguments about the technologisation of reproduction.

The coercion arguments are close to various feminist arguments against AHR. One could object by saying how could having these new possibilities for reproduction be coercive, surely they are simply creating more options for people? One point focuses on the idea that infertility is a disease or impairment. Reproductive choices are often made by more than one person and whereas a person on their own may be content with the fact that they are unable to have children, once there exists a set of technologies designed to overcome this "problem" the excuse for not pursuing the issue and accepting one's childless lot is not available to spare the woman concerned the social discomfort of doing nothing about "the problem". Thus the continued development of techniques to cure the "infirmity of infertility" produces pressure on the infertile to use them. It is this subtle coercion which forces one to see oneself as having a problem rather than just a course in life that doesn't include children that the objector is worried about. Once you are identified as having a problem it becomes irrational to not do anything about it, thus, in the future, the "diagnosis" of infertility may become a pressure to correct your deficiency.

2. Feminist arguments about AHR

a) Other coercion arguments.

We have already canvassed arguments about coercion which weaken the straightforward link between expanding women's choices and AHR. Some feminists further argue that women's identity has been defined in terms of their role in reproduction and motherhood. An individual's choices are always embedded in the social context from which they come. The social context for many western

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women is one in which the childless couple or woman is a social anomaly and that, in particular, the woman has failed in her role as bearer of children. The autonomy argument focuses upon the rights of an individual to reproduce but it does not consider the background to those expressed wishes. Focusing narrowly upon the expressed wishes of an individual can obscure the effects that the social context can have upon the nature of wishes and aspirations. Therefore AHR can help to perpetuate views about the proper function of women and result in them undergoing procedures which they may not have done if the particular views about a woman's role as reproductive vessel were not dominant.

One feminist author who articulates this viewpoint is Robyn Rowland who says

> In an ideological context where childbearing is claimed to be necessary for women to fulfill themselves... whether this is reinforced by patriarchical structures or by feminist values, discovering that you are infertile is a devastating experience. (1995 p 318)

There are other feminsts arguments about AHR. Some argue that because AHR is usually only available to woman in a stable heterosexual relationship, this in fact limits the options open to women. If it is not the case that lesbian women or single women are able to access AHR then woman can only have access to AHR if they confirm to a certain type of relationship in which a male role is prominent.

b) The technologisation argument.

New technologies such as genetic counselling, ultrasound and electronic fetal monitoring have meant that there is much more medical involvement in the process of birth. This involvement arguably has resulted in significant health benefits. However, it has also meant that the process of birth has become "medicalised". What was once a process that was perceived to be "natural" is now something that is treated in a manner similar to other medical "problems". AHR continues this trend. AHR involves a medical involvement even in conception and medical involvement in the present climate usually means male control and male driven technology. Thus the women is marginalised to the role of a target of medical intervention with the implicit change in status involved in that role. This further changes her perceived status and self definition of the women in a way that demeans and lessens her role in a domain that should enhance her control of her own life.

c) The commodification of reproduction argument.

This argument is shared by a number of ethicists, including some who would not naturally ally themselves with feminists, in that most ethicists would agree that treating persons as objects only is a bad thing. Respecting a person's humanity is something that most would tend to see as being of high ethical importance. AHR can be thought to divide people up into parts, as it is often not men or women that are treated, but testes, ovaries, fallopian tubes, or wombs. Of course in most specialities of medicine particular body processes or parts or the object of attention, are sometimes the sole object of attention. The argument is that the language of AHRT encourages us viewing the whole reproductive process as the making of a product with all the implications of that imagery. Some techniques are worse than others in this respect.

Commercial surrogacy involves the exchange of money in return for carrying an embryo to term. Commentators have suggested that this process is particularly prone to turn the process of reproduction into a commodity that can be contracted, and on occasion haggled, for. The net effect is to regard the child as a product of a certain sort which is manufactured in a certain way, stored and cultivated by one individual and then passed over as per contract to the "real" owners. All this is argued to make the woman a negotiable and cost analysable part of a complex fiscal contract between different parties.

> ...there could be three mothers of one child

If it is the case that woman's reproductive capacity is commodified by commercial surrogacy then it seems reasonable that the child that results from commercial surrogacy will likewise be commodified. If a woman is paid to carry an embryo to term, or is paid for her eggs the child that results or her eggs must be products of some sort. We typically think of products or commodities as being things which can be transferred between parties in exchange for money or other products and this seems particularly damaging when we are talking about young human beings.

3. Feminine arguments about AHR

AHR theatens the meaning of motherhood in that they make it possible that there could be three mothers of one child. If an egg is taken from a woman she would be the genetic mother of a child produced in this fashion. It is possible that this egg could then be transplanted into another woman who carried the child to term and she would be the child's gestational mother. If this arrangement was to produce a child for a third woman she would be the child's social mother. In such a situation the child would be faced with a bewildering range of mothers once the child understood his or her own origins - who would be the child think was their real mother. This, it is argued, is fundamentally damaging to the integrity of the mother child bond, arguably a deep and important aspect of identity and a conception of self.

Some argue that for women the experience of having a child is one of the most meaningful experiences they can have. If there existed widespread or even commonly known use of AHR the experience of mothering may become fragmented and fall under threat. Once any deep and meaningful aspect of human experience is broken up and subjected to the dissecting gaze of popular medical science its significance is diminished in a way that cannot easily be restored, and thus for some feminine writers AHR is damaging to women.

There are also feminine arguments for AHR, in particular those reproductive technologies that involve altruistic acts on the part of women. (These include technologies such as non-commercial surrogacy and egg donation.) It is argued that the deepest caring response a woman can make to the plight of another woman's infertility is to take part with her in a complex act of childbearing. To decide that such acts in general are wrong involves a serious injustice to the women concerned.

This idealism and caring analysis can, however, hide facts which constitute a strong argument against these technologies. Take Alejandra Munoz as an example. Munoz was a poor illiterate Mexican women who was brought across the US border illegally to bear a child for relatives at the urging of many family members. She was deceived about her role having been told that once she became pregnant the embryo would be removed from her an transferred to the womb of her infertile cousin. When this didn't happen she tried to end the pregnancy but was stopped by family members. She was confined to the family house until the time of her delivery. When she wanted to keep her child she was threatened with exposure as an illegal alien. (Raymond 1995 p 309)

4. The financial and emotional costs of AHR

There is a considerable financial cost of AHR. Thus even if we accept the premise that couples may experience a social pressure to produce children of their own, care needs to be taken in the recommendation of these health care services. Should they be paid for privately, in which case we discriminate against those too poor to afford them but who might have the same kind of felt need for children? Should the state pay or contribute, in which case they have to compete for funds with other services such as hip replacement for those who live with daily pain and immobility and cancer therapy for those who will otherwise die earlier than they need? There are also emotional costs in that couples wanting such therapies often experience an emotional roller coaster. The autonomy argument suggests that we ought to respect an individual's right to make up their own mind about the risk and benefits of a proposed course of treatment. This of course involves ensuring that they are adequtely informed about what the risks and benefits involved in the proposed treatment are. One of the difficulties is explaining what the emotional costs of such an endeavour are like to people who do not quite realise the level of intervention and the cycles of disappointment that may culminate in failure. Those who can recall recovering from surgery in hospital for the first time will testify that the reality of this situation is far removed from what they would have imagined it would be like. The same can be said for the emotional costs that are part and parcel of embarking upon a course of AHR. Thus although it is hard to argue that individuals ought not to be able to make their own minds about what emotional costs they are willing to bear we need to be cautious about whether or not people are aware of what the AHR process might do to them.

5. The integrity of the family

The Roman Catholic Church has claimed that the practice of surrogate motherhood is a threat to the stability of the family. This argument is one of a general group which holds that AHR usually separates or prises apart the different contributions to parenting and thus destroy a natural and integral set of relationships inherent in human reproduction. However the apparent simplicity of this approach conceals some serious questions. What is a family? What is a mother? How important is the white middle class paradigm of the nuclear family? Are the problems of AHR more serious than the problems of the nuclear family with incest, abuse, emotional manipulation, economic injustice, patriarchy, and so on? Arguments need to take these complicated problems into account but seldom do. The Roman Catholic church's position on AHR is often based on the fact that it separates procreation from normal sexual intercourse and the expression of love manifest in the conjugal act. This celebration of human love and intimacy as the proper climate for parenting is an important point. The intrusion or acceptance, for instance of another man's sperm into a marital relationship does change the nature of that relationship. The church has, of course, Joseph and Mary's response as a model of procreation by donor but the arguments in this area deserve careful consideration in the light of fatherhood, motherhood and the traditional, and sometimes objectionable, arguments about lineage, inheritance and so on.

6. Harms to the child

The last set of arguments concern the possible harms to the child of AHR. The harms are commonly thought to include genetic bewilderment about one's origins and how to feel about the different people involved in them. They also include the possible emotional effects of feeling pulls in more than one direction in terms of parenting. These harms are unknown but according to some commentators very real. But here we must also consider the validity of arguments focussing on the fact that it is better to be born than not born at all. These are different but often assimilated to the argument that it is better to be alive than dead and they depend a lot on the status we give to potential people.

As can be seen the ethical issues surrounding AHR are complex and difficult. We have merely surveyed them and not done anything by way of clarifying, resolving or analysing them in any depth. There is a vast and growing literature on these topics but, for those who are interested, it is well worth tackling. One book which provides an excellent introduction to this literature is *Life choices: A Hastings Center Introduction to Bioethics.*

Lauritzen, P. "What Price Parenthood?" in *Life choices: A Hastings Center Introduction to Bioethics,* 1995. Published by Georgetown University Press, Washington DC.

Raymond, J. "Reproductive Gifts and Gift Giving: The Altruistic Women", in *Life choices: A Hastings Center Introduction to Bioethics,* 1995. Published by Georgetown University Press, Washington DC.

Rowland, Robyn. *Of Woman born, but for how long?* in Made to Order, 6-7

New Bioethics Centre

The Australian Institute of Health, Law and Ethics is based at the Faculty of Law, Australian National University. The Centre produces a newletter for its members. More information about the Centre can be gained from The chair of the AIHLE Professor Tom Campbell c/o The Faculty of Law, Australian National University, Canberra, ACT 0200.

The Centre is holding a National Conference from 15-17 November at ANU titled Politics of Health Care. Keynote speakers will include Julie Hamblin, David Seedhouse, Max Charlesworth, Janne Graham, Anne Marie Scully.