

The Ethical Challenges of the New Reproductive Technologies

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INTRODUCTION

How should we ethically evaluate the new reproductive technologies that treat human infertility? National debate over this issue continues as the incidence of infertility increases and new techniques become available. Without a consensus about what is morally acceptable, a huge, profitable, and virtually unregulated “baby business” has grown and expanded.¹ At this point in the United States, legal lacunae and regulatory inconsistencies exist amidst contested ethical views.² One cause for the confusion arises from the rapidity of technological innovations and the burgeoning market practices serving the growing demand.

Another factor is the existence in our society of large conflicts over the morality of sex and reproduction. Ongoing bitter debates exist over abortion, stem-cell research, the status of embryos, and, to a lesser extent, contraception and sex education in the schools. Lacking societal consensus on the morality of using medical technology to plan, limit, or interrupt pregnancies, we confront difficulties in evaluating the newest assisted reproductive technologies aimed at producing births. To add to the uncertainty, the developed world is experiencing cultural changes in attitudes toward women, children, gender, and the family. These interrelated social and technological changes have produced a pressing need to develop an ethic of responsible reproduction.

My focus here is on some of the newest challenges. How should we ethically assess the innovative array of recent techniques developed to assist reproduction, such as in vitro fertilization, embryo transplants, egg and sperm donations, and surrogate mothers?

TWO INADEQUATE APPROACHES TO EVALUATING ALTERNATIVE REPRODUCTIVE TECHNOLOGY

Two inadequate approaches to the ethical assessment of the new alternative reproductive technologies are mirror images of each other in the narrowness of their focus. A conservative approach adopts as a moral requirement an “act analysis,” in which the biological integrity of each marital heterosexual act must be preserved without artificial interference. In this view, a heterosexual married couple’s act of sexual intercourse and union must always remain open to procreation.³ Morally, marital “love making” and “baby making” must not be separated. This view forbids separation of sexual acts from their procreative potential in order to obtain a contraceptive or reproductive effect; ergo, artificial techniques that separate conceptions from acts of marital intercourse are wrong. It also does not support third-party sperm and

eggs ever being used for assisted reproduction. The fact that many alternative reproductive technologies do not protect embryonic lives gives further cause for condemnation. Although the use of medical knowledge of human fertility for interventions that increase the probabilities of in vivo conception are approved, achieving procreation through in vitro fertilization, artificial insemination, cloning, or third-party egg and gestational surrogacy is judged to be unethical.⁴

At the opposite end of the ideological spectrum, another form of act analysis focuses on the private acts of autonomous individuals for reproduction by medical technologies as exercises of procreative liberty and the intrinsic human right to reproduce. One must permit competent adult persons to exercise their reproductive rights at will, without interference. As long as due process and informed consent by these adults are safeguarded through appropriate contracts, they should be free to engage in any safe alternative reproductive technology that can be procured from providers.⁵ This permissive stance toward individual-willed choices and the acceptance of market transactions is held to be morally justified on the basis of an individual's right to privacy and autonomy. In this perspective, those who would limit acts of reproductive liberty must bear the burden of proving or demonstrating concrete harm from an innovative practice. Therefore, in effect, almost any alternative reproductive technologies will be allowed as ethically acceptable because long-term negative consequences can hardly be shown beforehand.

One can evaluate both of the above approaches to the ethics of using reproductive technologies as too narrow to address the breadth and complexities of the moral challenge. In a multifaceted, intergenerational, socially critical, and conflicted situation, no single good can be decisive. A reproductive ethic based solely on private liberty or on preserving the biological integrity of each marital act of genital intercourse will hardly be adequate or satisfactory. Humans are both biologically evolved creatures and socially embedded rational persons living within overlapping cycles of familial cultures. Mastery of biological nature through technological interventions is an essential characteristic of the human species. Religious believers will add that the exercise of reason and technological discovery fulfills the call of the Creator to further human survival, human flourishing, and the relief of suffering. Yet either as believers or unbelievers, rational human beings observing their own historical record must acknowledge that innovative technologies can also produce harm.

That the unrestricted use of new technologies has resulted in ecological and ethical disasters is an unfortunate but incontestable truth. In too many cases, such as the invention of lethal weapons of war, the ends were destructive and intended. In other cases, well-meaning innovative technologies have inadvertently produced unforeseen harms. Often harms arise from ignoring the ecological and social environment or from failing to foresee that long-term side effects will outweigh immediate advantages. There is a grain of truth in the warning that control of nature by some people can end in producing oppressive control of other people. Because technological innovation is rarely value free or neutral, there must be a prudent and ethical assessment. Consequently, according to a precautionary principle, one should ask those proposing innovations and change to show that no biological or social harms would ensue.

Innovative reproductive technologies are particularly worrisome because the stakes are so high for both individuals and society. New human lives are at risk, and the children conceived and born are nonconsenting third parties who are completely vulnerable to the desires and decisions of adults. Reproduction is not only central to family formation but also carries significant cultural values. Highly intelligent humans are “the self-interpreting animals,” who live in sociocultural groups governed by symbolic meanings. Endorsing particular reproductive technologies will have cultural effects beyond fulfilling an individual’s private desire to become a parent. Unfortunately, individual human desires, even good desires, may not serve the good of others.

Faced with new assisted reproductive technologies, the technological imperative (i.e., what can be done should be done) must not be allowed to govern individual and group reproductive practices and policies. The question is whether certain practices are right, good, and conducive to human flourishing for all the individuals and social groups concerned. One must address complex moral and social concerns as well as technological effectiveness.

A BASIS FOR DEVELOPING AN ETHICAL POSITION

In the case of reproductive technology, ethical positions should be grounded on consideration of what furthers the future good of potential children, their individual parents, their families, and the moral standards of worth of the larger society. What will benefit the various individuals involved as well as the common good? Conflicts will assuredly arise, and priorities and limitations will be enforced. It seems right and just that in conflicts of interest, one should give precedence to the good of the potential and newly existing child. The nascent human life is the most vulnerable party in the reproductive process and cannot give consent. Practically and politically, it is also clear that the physical and psychosocial welfare of a population’s children determine the future welfare of the whole society. The protection, care, and education of children is a central moral obligation of humanity, and it is also collectively necessary for survival and social flourishing. The 1989 United Nations Convention on the Rights of the Child recognizes this moral and social truth. Human communities have a moral and social imperative to protect children and to institute practices that will provide for their well-being.

Prudent decision makers respect the biologically built-in social needs that evolution has produced for the successful reproduction of the species, as well as recognize the advantages that scientific knowledge and technological interventions bring. Evolved biological processes, sociocultural norms, and altruistic ideals have served human reproductive success. Parental altruism and protective caretaking is the foundation of group survival. In the human struggle against biological and social dangers, achievements have produced wonderful progress against disease, mortality, and social oppression. Yet, when scientific and social innovation involves unknown risks to vulnerable lives without their informed consent, precautionary principles should prevail. In the pursuit and practice of parenthood, given the intensity of emotional desires mixed in with profit motives and discrepancies in personal power, vigilance and safeguards are necessary. *Do no harm* is the primary moral mandate, always and everywhere.

One ethical justification for taking risks and adopting new assisted reproductive technologies claims that they should be permitted because they are analogous to, and just an extension of, the socially accepted practice of adopting children. Adoption is an ancient and widespread human practice that continues to flourish in modern societies. Evidence abounds that without ties of genetic kinship, one can incorporate children successfully into families by legal adoption. Therefore, why not allow and encourage innovative infertility treatments that break genetic ties and involve collaboration from third parties, such as egg and sperm donors or surrogate mothers? The claim is that the psychological intent and social commitments of parents are the most important and essential characteristics for family success. Therefore, achieving parenthood and founding a family through reproductive technological assistance should, like adoption, be open to infertile heterosexual couples, single parents, and homosexual couples. Moreover, individual children can prove to be resilient and manage to cope with step-families, single-parent families, and other cases where nonbiologically related “fictive kin” step in to rear children.

However, arguing from the example of adoption and “after the fact” crisis management is flawed and hardly justifies initiating or accepting any and all innovative reproductive technologies. Emergency adaptations make for poor standard operating procedures and norms.⁶ In the case of adoption, a child already exists and is in need of parental care. Adoption rescues a child through an altruistic and committed action that benefits a child in need of a parent.⁷ Regulations are placed on adoption by law, and there are many social protective measures aimed at preventing abuses. A rescue situation differs greatly from deliberately conceiving a child in order to give it up to others for monetary or other rewards.

Commercial sale or intentional breeding of human beings has been legally and morally unacceptable in Western society since the outlawing of slavery. In the interest of preserving the human dignity inherent in embodied integrity, there has been a prohibition on the purchase of brides, children, sexual intercourse, or bodily organs. Society considers the selling of children for sexual trafficking and pornography as a monstrous abuse. Existing moral norms regarding personal bodily integrity safeguard the moral mandate to treat a human being as an end and not as a means to another’s purpose. To fabricate, make to order, or sell a baby to satisfy another individual’s reproductive desires for parenthood reduces a human life to a product or material commodity.

Admittedly, no child can consent to its own birth, and a child once born generally would rather exist than not. A person can be grateful for life but also disapprove of his or her means of conception, even wanting such future acts to be banned. A child conceived through rape or incest could adapt well in a good adoptive family environment, but surely it would be wrong to plan or approve of such conceptions. Children kidnapped at birth from pregnant prisoners in Argentina’s dirty war could have experienced good family care but feel deeply wronged. It is also no argument for employing an innovative procedure to point out all the failures and family dysfunction that beset children conventionally conceived. Yes, genetically related families can produce suffering, but existing dysfunction hardly justifies risk-taking practices because the outcomes could be no worse. Ethical decisions for employing an alternative reproductive

technology should be justified on the grounds that it will strengthen, rather than threaten, basic operating moral and cultural values. What ethical norms should be proposed and defended?

A PROPOSED ETHICAL STANDARD

With the aim of safeguarding the well-being of the child, individual parents, family structures, and positive moral values of society, the following ethical standard for the use of alternative reproductive technologies can be proposed. It is ethically permissible to use an alternative reproductive technology if it makes it possible for a socially adequate heterosexual married couple to have a child that they would normally expect to have but cannot because of their infertility. The innovative techniques used should be proved medically safe and not harmful to nascent life or to the health and well-being of individual women and men.

Infertility does not seem strictly classifiable as a disease, and is never life threatening. Nor is infertility or childlessness a bar to living a worthwhile, happy life. One does not prove or enhance one's masculinity or femininity by producing a child. However, procreation and founding a family is an important natural good and an expected outcome for a young adult married couple. Infertility can cause intense suffering, and one can aptly view it as a dysfunctional burden. The moral dedication of medicine is to correct human dysfunction and relieve suffering by effective and ethical interventions. Consequently, it can be a great benefit when scientific knowledge and medical technology can assist an infertile couple to fulfill their normally expected reproductive functions.

As in any practice of medicine, the techniques used must be ethically acceptable; they should correct, remedy, and restore without doing harm—to the infertile who suffer, to the child, or to others. Important values of the society at large need to be respected and encouraged. Ethically acceptable assisted reproductive technologies that meet these requirements would include artificial insemination by husband (AIH), in vitro fertilization (IVF) of the couple's egg and sperm, or various tubal transfer methods that neither use third-party donors nor deliberately destroy embryonic lives. It seems morally contradictory to destroy human life to create new life. Such a remedial ethical standard for reproductive technology is based on evolved biological and developed sociocultural norms in which the genetic parents, the gestational mother, and the rearing parents are not separate and are adequately prepared to rear the child that results from remedial medical intervention. To this end, potential parents who are to be medically assisted to reproduce should be presently alive and well, in an appropriate period in their life cycle, and possess average psychological and social resources to care for a potential child.

Helping the severely retarded, the mentally ill, the genetically diseased, the destitute, the aged, or widows with a dead spouse's sperm to have a child they otherwise could not have would be ethically unacceptable. It would also be ethically suspect and medically risky to alter average expectable reproductive conditions by using techniques that intentionally produce multiple births that endanger the health of the prospective children. Such methods also lead to

selection and destruction of “excess” embryos in the womb or to the use of genetic screening to obtain a desired gender. (The practices of sex-selective and other forms of abortion, genetic screening, and selection produce a whole range of other ethical problems that will not be dealt with in this chapter.)

One can generally acknowledge that the power to intervene in such a crucial matter as the procreation of a new life puts medical professionals and institutions in a fiduciary relationship with the potential child and not just with the adults involved. As causal agents, professionals have an ethical duty not to take serious risks on behalf of nonconsenting others. Agency brings moral responsibility and produces unavoidable moral obligations for professional practitioners. They, like other members of society, have moral obligations to uphold larger social goods and values as well as their duties to individuals in their care. Moreover, the fact that we employ medical resources and professional skills for hugely expensive remedial infertility treatments means that larger questions of distributive justice cannot be ignored. The huge profits that arise from unregulated marketing and innovative infertility services raise other ethical and political concerns.⁸ Other developed countries have instituted far more regulation and legal safeguards for use of reproductive technology than the United States, which is often derided as “the wild west” of reproductive medicine.

The claim that there is a violation of an individual’s right to reproduce if infertility treatments are not available to any individual who can pay for them seems wrongheaded. A negative right not to be interfered with (e.g., the right to marry, which itself is not absolute) does not entail a positive right (e.g., that society is obligated to provide a spouse). Moreover, as a society, we have already decided that when child welfare is in the balance, social, legal, and professional interventions and curtailments of liberty are justified. Adoption procedures, custodial decisions, and child abuse cases require that professionals make judgments on the fitness of parental capacities. As the frequent cases of child abuse leading to death attest, it is better to err on the side of safety than to take risks with children’s lives. Should not medical professionals and clinics be similarly responsible and cautious in carrying out the interventions that will create new children? The emotional desperation of many infertile persons (most often women) can be conducive to abusive but unregulated practices in a multibillion-dollar industry.

Employing third-party donors or different forms of surrogates is not, in this author’s judgment, an ethically acceptable use of reproductive technologies. The practice of selling eggs and sperm is equally suspect and belies the meaning of a “donor” as a gift giver. It is possible to variously combine collaborative procedures using procured surrogates or sperm and eggs to produce embryos that may gestate in hired gestational wombs purchased through contract. Such separating and fragmenting of the reproductive process poses social and psychological risks arising from diffusion of responsibility and fragmentation of identity. To understand the problems with third-party donors, we need to consider the evolution of values, goods, and safeguards in the biological and cultural norm of having two heterosexual parents who are the genetic, gestational, and rearing parents of their biological children, who will be cared for over an extended family life cycle.

Many proponents of third-party donors in alternative reproduction—whether for infertile married heterosexuals, single men and women, or homosexual couples—ignore what happens *after* the conception, production, and procurement of a baby. There has been little account taken of the fact that individuals live out their lives within complex familial ecological systems.⁹ The assumption seems to be that why and how one gets a baby makes no difference in what happens afterwards in the years of childrearing and family life. This might be true when breeding dogs and horses, but it is hardly true of complex thinking, feeling, imaginative, self-aware humans interested in their origins and narrative destinies in the world. Knowing your family history and kinship ties can be important in constructing one's self-identity, especially in adolescence. Identifying one's father, mother, and extended kinship group is critical in understanding and finding one's place in the world.

When a young person becomes sexually mature and wishes to marry and procreate, thoughts turn to his or her own progenitors and life story. The difficult challenges of developing into adulthood can become more confusing when collaborative reproduction has been employed. In old age too, genetic family relationships become more salient in the arc of a life. Legitimizing and morally sanctioning third-party or collaborative reproductive technology puts at risks the well-being of the child, the parents in families, the donor(s), and important moral goods of our culture.

THE FAMILY

The advantages and safeguards for children in having two married heterosexual parents who also are the genetic, gestational, and rearing parents are manifold and becoming more evident in new sociological research.¹⁰ This kind of family produces biological and cultural advantages for its immediate and extended members. From an evolutionary point of view, mammalian “in vivo” reproduction and primate parent-child bonding provide an effective means for the protection, defense, and complex long-term nurture and socialization of offspring. Survival is endangered when a species lays eggs that are left floating unprotected in the sea or buried in the sand to take their chances with passing predators.¹¹

With the advent of long-living rational animals such as human beings, the basic primate models of parenting were broadened and deepened; they are constituted by committed pair-bonded parenting and extended kinship bonds, such as siblings and grandparents.¹² Two heterosexual parents supported by their respective kin can engage in more arduous parental care-taking over an extended period of time. Grandparents give aid to the third generation, or their children's children. The mated pair who reproduces is also embedded in a larger social network that gives protection and generates the culture that furthers human flourishing. Society bases the foundation of present families on biological realities along with the cultural norms of commitment that produce altruistic bonds and mutual caretaking between the generations.¹³

Slowly the Western cultural family ideal has become less patriarchal as the equal moral worth and rights of women and children have been recognized. Families ensure far more benefits than simply maintaining law, order, and stable continuity. As the mated couple freely chooses each other, they make a commitment to share the task and joys of life. Bonded by love and legal contract, a man and woman mutually exchange exclusive rights to each other and give each other emotional, sexual, and socioeconomic support. Sexual mating results in children who concretely embody the marital union and have an equal claim to parental care from father and mother. In addition, the extended families of both parents are important resources for the couple; they can serve as backup caregivers, especially in cases of death or disaster.

No analysis of one procreative act in a marriage can do justice to the social fact that a reproductive couple and their children exist as a unit within an extended family of kin. Siblings, cousins, aunts, uncles, grandparents, and other relatives are important in family life for both practical and psychological reasons. Individual identity is rooted in biologically based descent and cooperative kinship networks within larger social groups. The family is one remaining institution where one is given or ascribed status by birth; one cannot earn or achieve the provision of unconditional altruistic care. Psychologically and socially, the family provides emotional connections and opportunities for altruism and gives meaningful purpose to life. Those individuals who do not marry or found families of their own still have strong connections to their kin through their families of origin.¹⁴ Human beings exist within familial and social envelopes and must do so to flourish. However, as a human, culturally constructed commitment, why must genes and biology be the basis for the family? Cannot any persons who intend and declare themselves to be a family, be a family?

Although the internalized conscious psychological identification and commitment to be and supportively act like a family is the foundation of human families, one cannot deny the powerful bond created by genetic relationship. Biological kinship ties are important in other primates, and one should not underestimate them in human societies.¹⁵ One working definition of the family is that a family consists of people who share genes. Sociobiologists and evolutionary psychologists emphasize the power of genetic relationships to generate altruism and human bonding automatically.¹⁶ In fact, the willingness of infertile couples to continue the struggle to procreate their own biological child is testimony to the existence of strong innate urges to reproduce oneself genetically with a beloved mate. Even half of a genetic tie may be preferred to none. When an adoption is initiated, the legal system uses the template of genetic kinship ties as a model for legal relationships.

One understands that the genetic parental relation to their offspring of two married persons is the synthesis of two equal genetic heritages, with the child situated within both lineages. Members of both families give support, or one set of kin may by choice or chance become more important. But having two sets of kin provides important social resources or social capital. The child is heir to more than money or property when situated in a clear and biologically rooted kinship community. Siblings and collateral kin take an interest and help their biological relatives who share their genes and progenitors. In old age, younger generations of families take responsibility for caring for their older relatives.

Filial piety is an ancient virtue that still has force. The genetic tie is a powerful motivating factor because it is unique, localized, embodied, and an irreversible connection existing through time and space. One cannot undo it by changing circumstances and intentional commitments.

The search by adopted children for their biological parents and possible siblings reveals the psychological predisposition of humans to know of their birth origins and history.¹⁷ Social movements toward greater transparency and openness of information regarding biological origins respond to the child's right to know. The children resulting from third-party donations increasingly seek out knowledge of the third-party donors. When there are one or more third-party donors—of sperm, eggs, or embryos—a child is distanced or cut off from either half or all of his or her genetic origins and heritage. If there is secrecy or deception concerning the child's origins, then there are wrongs to the child. The child's biological relatives remain unknown to him or her, and for their part, the grandparents and half-siblings are deprived from knowing their descendants and family members. Because family secrets are difficult to keep and seep into a family's atmosphere, delayed disclosures can produce distrust among those kept ignorant or overtly deceived. Even when a child and his or her relatives know the truth, the identity of the donor (or donors) can become an issue for all concerned. Are there other siblings and relatives out there?

Evolutionary psychology has come to see genetic factors as being increasingly important in mating, parent-child interactions, and childrearing outcomes.¹⁸ When rearing parents and genetic parents differ and the donor is unknown, there is a provocative void. If there is knowledge of the donor and he or she is part of the rearing parents' family or social circle, other potential psychological problems and conflicts may emerge regarding who the real parent is and who has primary rights and responsibilities. When the third-party donor is also the surrogate mother, combining genetic and gestational parenthood, the social and legal problems can be profound. The much-discussed Whitehead-Stern court struggle indicates the divisive chaos and suffering that is possible in third-party surrogate arrangements and contracts.

In the average expectable situation, two married parents possess equal genetic investment in the child. The mutual and equal genetic relationship to the child can become a unifying force for the parents. They are irreversibly connected and made kin to each other through the child they have jointly procreated. This new life is the concrete embodiment of their love, commitment, and sexual bonding. A pregnancy with mutual monitoring of the developing child unites the couple and prepares them for their joint caretaking enterprise.¹⁹ Each parent shares his or her genetic link with the child with his or her own extended family. Common genetic inheritance produces a family likeness and sense of belonging. Biological sharing of genes leads to empathy and easy affective attunement for family members. The child's genetic link to the other partner and to each marital partner's own kin can work to strengthen the marital and family bonds.

At the same time, the fact that the child is also a new and unique life formed by a random combination of a couple's genetic heritage gives the child enough difference so that he or she is seen as a separate and unique person. The child possesses what has been called an "alien dignity" as an irreplaceable, unique

human life that must be recognized.²⁰ (Cloning one's self or another would be wrong because of its denial of and infringement on a child's possession of a new and unique identity.) Because we are embodied creatures, the psychological bonds of caring, empathy, and social commitments are built on the firm foundation of biological ties and bodily identity.

Assisting two parents to have their own biological child through technological interventions without third parties can further the bonding of a couple. Medical treatments and other procedures to remedy infertility can be an arduous process that tests personal commitment to each other and to the potential child. When techniques such as AIH or IVF or tubal ovum transfer are used to correct a couple's infertility, the time and money spent, the shared stress and discomfort, and the cooperative efforts required can serve to strengthen the couple's union. Seeking to bear their biological child can focus two persons upon their marital relationship and their mutual contribution to parenthood. The psychological bonding can increase and transcend the stress and unpleasant procedures that intervene in their sexual and social lives. Mutual sacrifices are necessary. When successful, the resulting baby will be a new person in whom there is mutual investment and to whom the parents are equally related. Given the equal investment in their child, both parents are equally responsible for childrearing and support.

Unfortunately, in assisted reproduction, the success rates for the arduous and expensive treatments of infertility are low and often disappointing.²¹ The advancing age of men and women with infertility conditions is one obstacle; the expense of treatments is another problem. A couple has to be able to withstand frustration and burdens together and not become dangerously obsessed with the quest. Otherwise, the temptation is strong to move to ethically and medically problematic methods offered in unregulated marketplaces. So-called baby hunger can produce emotional pressures that cloud judgment and produce so-called genetically clouded children who will bear the risks.

When employing third-party genetic donors, one parent will have a biological relation to the child, and the other parent will not. True, the non-related parent can give consent, but even when consent is free, there is never an equalization of the imbalance. Although there is certainly no question of adultery in such a situation, the psychological intrusion of a third-party donor can have an effect on the couple's union. Even if there is no jealousy or envy, the situation dramatically defines the reproductive inadequacy of one partner, and reliance is placed on an outsider's genetic heritage and superior reproductive capacity. Asymmetry of biological parental relationships within a family or household has always been problematic, from Cinderella to today's stepparents and reconstituted families.²² Children who are unrelated to one of their married parents have less positive social outcomes and are in greater danger of abuse.²³ The most frequently cited cause of divorce in second marriages is the difficulty of dealing with another person's children.²⁴ The empathy and irreversible identification and tie that come from a knowledge of shared biological kinship seem to buttress parental authority and commitment. In disturbed families under stress, one finds more incest, child abuse, and scapegoating if biological kinship is asymmetrical.²⁵

Biological ties become psychologically potent just because human persons in families engage in imaginative subjective relations with one another, whether as children or adults.

Parents' fantasies about a child's past and future make a difference, as all students of child development or family dynamics will attest. Identical twins might even be treated very differently because parents project different fantasies upon them.²⁶ Third-party donors and surrogates cannot be counted on to disappear from family consciousness, even if legal contracts can control other ramifications and overt interventions. A child conceived by new forms of collaborative reproduction is part of a biosocial experiment without his or her consent. Although, as noted, no child gives informed consent to conception, a biological child of two parents is begotten and born in the same way as his or her parents. Even if there is no danger of transmitting unknown genetic disease or causing physiologic harms to the child, the psychological relationship of the child to his or her parents is at risk by third-party technological innovations. A child confronts the fact that his or her creation was made to order as a contracted product by third-party strangers—for pay. Treating a child like a commodity—something to be fabricated and procured to satisfy the desires of purchasing parents—infringes upon the child's alien dignity as a gift of nature's biological bounty.

As ideals of parenthood have developed, those who seek a child not as a gift received for its own sake but to satisfy some personal parental need or desired extrinsic end are judged ethically lacking in altruism and commitment. Unfortunately, we are still struggling to overcome residual beliefs that see children as a kind of personal property or as an adult entitlement that provides a "life-enhancing experience." Only gradually have we welcomed children as new lives given to their parents in trusted guardianship. Children are now valued as equal in moral worth to adults, despite their dependency and powerlessness. Having a child solely for some selfish purpose has now become as morally suspect as marrying solely for money or status. In the past, people have wanted children to secure domestic labor, to have caretakers in old age, to increase social power, to prove sexual prowess, or to have someone of their own to possess—or scapegoat. A person or a couple obsessively driven to procure a child might not be prepared to rear the actual child once born. Being wanted and being well reared are not the same. Parental dreams of the optimal baby or perfect child, the overinvestment in "gourmet children," also can be psychologically burdensome for a child.²⁷ Adolescent problems of anorexia, depression, and suicide have been viewed as related to the dynamics of parental overcontrol.²⁸ A young person must achieve a separate identity in order to interrelate adequately with others and to become autonomous-in-relationship. More ominously, the child who was desired for all the wrong reasons may not be accepted if born with problems. Outright rejection of imperfect or nonoptimal babies cannot be safely avoided by contracts. There may also be some health risks for IVF children, mainly due to multiple births and prematurity.

In the course of a child's development, psychologists note that thinking and fantasizing about one's origins seems to be inevitable in the search for self-identity. In alternative reproduction, the question "Whose baby am I?" becomes inevitable.²⁹ "Why was my biological parent not more concerned

with what would happen to the new life he or she helped to create?" The need to know about possible half-siblings and other kin might become urgent at some point in development. The first infants conceived from sperm donors are now entering young adulthood, and they have started new Internet support groups and blogs to address their issues. Similarly, young adopted adults also search for their biological relatives and support movements for transparency and access to information. One concern is the problem of inadvertent incest, but the main focus is on the issue of achieving identity and integrity.

DONORS AND THE CULTURAL ETHOS

Procuring donors of sperm, eggs, embryos, or gestational wombs is an essential component of collaborative reproduction. Brokers, individuals, and clinics advertise and sell sperm, eggs, and gestating surrogate services in competitive marketing. The multibillion-dollar business has grown as infertility has increased. Reproductive marketing has been clothed in a "gauzy shroud of sentimentality," where misleading terms such as "donors," "surrogate mothers," "family building," or "forever families" are used to describe highly profitable enterprises.³⁰ Affluent infertile persons shop for sperm, eggs, and womb services in competitive markets with fluctuating prices. Brokers advertise and search for donors to recruit them for a profit; clients shop for the eggs and sperms they want and that they can afford. Donors, too, shop for the best deal.³¹

However, in this burgeoning enterprise, little research has examined the effect of the baby business on the donors. Women's physiologic health is one growing concern, as the complicated, arduous process of egg donation has increased the dangers posed by powerful drugs and invasive procedures. In addition, there has been little critical analysis of the morality and psychology of what a donor is doing. When persons are being paid, they are not strictly donors but are selling their genetic and bodily resources. There is an effort to have such transactions assimilated into the model of blood donations or organ donations, but this analogy is misleading.

When young persons sell their eggs and sperm, they are selling the unique genetic identity that they received from their own parents and grandparents. This is not like donating a kidney, because sperms and eggs contain the unique information and inherited generative potential that is basic to identity—one's own, and a future other. When an individual treats this inherited gift of unique genetic identity and generative power as less than personally inviolate, or contracts to sell it, he or she breaks an implicit compact to respect and practice "procreative stewardship."³² An egg donor is selling the reproductive capacities of the eggs that she inherited from her mother while still in her mother's womb. A gestational surrogate mother sells her reproductive capacities much as one sells bodily sexual function in prostitution. The poor will need money, and the rich can offer to pay.

Occasionally there will not be an exchange of money, and donors or surrogates can consider that their voluntary participation in another's assisted reproduction is an act of unalloyed altruism, perhaps undertaken for a relative or close friend. But this altruism is clearly being directed to fulfill the desires of

adult(s), not of the child who will be born. No donation, unpaid or not, of either sperm or eggs avoids the serious problem in the practice of donation of sperm or eggs by third parties: such practices counter a basic principle of morality, that is, that you take responsibility for the future consequences of your actions as a causal agent. Adult persons are held morally responsible for the effect of their words and deeds. In serious matters that bring about powerful effects, such as sex and reproduction, which have irreversible lifetime consequences, we rightly hold competent persons to a high standard of moral and legal responsibility. Specifically, to counteract tendencies toward sexual irresponsibility and child neglect, Western culture has insisted that men and women are accountable for those sexual acts that create new life. Donors, whether male or female, who take part in collaborative reproduction abdicate their future responsibility for their reproductive acts that will enable the births of their own biological children.

In fact, in most cases the donor contracts to avoid any future personal interventions. A person is specifically enjoined not to monitor or carry through on what he or she initiates or causes to happen. Instead, sellers hand over control of their generative resources and potency to physicians, brokers, or others, usually strangers. By design and contract, persons abdicate all consequences for their reproductive cooperative actions. Yet procreative responsibility is a basic demand of the natural responsibility arising from the causal efficacy inherent in the possession of power by rational human agents.³³ Taking part in the procreation of a new life incurs moral obligations and moral claims from the life engendered. It seems doubtful that a legal convention devised to further an innovative technology can undo such obligations. Certainly, contracts cannot undo the unique genetic linkage with biological parents.

Donors who abdicate reproductive responsibility also deprive their own parents of grandparenthood. They also keep other closely related family members from knowing their biological relatives. Future children of the donor, or other children of a surrogate mother, might never know their half-siblings. To disregard the biological reality of genetic relationships promotes a mistakenly disembodied, fragmented view of how human beings actually function. Moreover, when a woman donates her eggs or gestational capacity, or both, there is a grave danger of exploitation, as feminists have warned.³⁴ The physiologic risks attending the drastic intervention in a woman's reproductive system needed for egg retrieval and surrogacy are considerable.

If a woman is offered a great deal of money, she will be tempted to sell her bodily resources and suffer the consequences. Poor third-world women are already recruited to the gestational surrogacy market. Middle-class young women with desirable looks and high IQs can command high prices for their eggs; affluent bidders now advertise in college papers. When eggs are commodities sold to the highest bidder, a woman's identity as an integrated whole person is under the threat of reduction to a material supplier of parts. Similarly, with the sale of sperm, we sanction fragmented integrity and male abdication of responsibility for their biological offspring. Society allows the profit-making commerce in sperm, also complete with competitive advertising, despite social epidemics of male sexual irresponsibility and father-abandonment of children.

Many young males think nothing of masturbating and selling their sperm for cash until later in life, when they begin to rear their families. Popular published accounts of a donor finding out that he has over 70 children out there are unsettling—as are the prospects of being confronted by these children or having the half-siblings organize through Internet connections.³⁵

When there is commercialization of reproduction, governed by contract and the purchase of body parts and functions, familial culture becomes even more fragmented and alienated. There is endangerment of the great primordial civilizing reality of invested parental commitment, mutual dependency, and irreversibly bonded genetic kinship. There is a weakening of commitment to support and care for one's own children when we legitimize the isolation of genetic, gestational, and social parentage. Those individuals who disregard the biological and cultural values that have previously evolved in our societies are engaging in a risky experiment with their children and their family lives. Most often, as persons of good intentions, they do everything they can to normalize and fulfill their desired parental roles. Their argument is that the great good of having children justifies the means employed. Often, they may refrain from deception and even encourage extended familial relations with donors and surrogates. However, in the end, can children comprehend, without anxiety, the fact that men sell their sperm, women market their eggs, and mothers make babies and give them away for money? Nothing could be more risky to human welfare than to enable men and women to distance themselves emotionally from their own bodily being, from their own family heritage, or from their future offspring.

One of the requirements for a responsible ethic of sexuality and reproduction is to acknowledge sexual acts as personal acts involving the whole person. Lust is wrong outside of committed loving relationships because it disregards the whole person in the pursuit of sensual gratification. If money is involved, a person is reduced to a means to fulfill another's desire, and exploitation follows. So, too, it seems wrong and dangerous to isolate, purchase, and intentionally use a person's reproductive capacities apart from his or her own family existence.

SUMMARY

An approved practice of isolating sexual and reproductive acts from personal responsibility for the outcomes is a form of moral abdication that can only increase existing problems within the culture. Society already faces a challenge to its traditional norms of moral obligation, responsible reproduction, and parental commitments to caretaking. Cultural norms, based on reason and natural evolution, have mandated the unity of genetic, gestational, and rearing parents. A mated and committed pair-bonded couple exists in an acknowledged extended biological kinship system. Families exist as dynamic intergenerational institutions that are embedded in the larger society; through procreation and altruistic adoption, families fundamentally enable human health, economic well-being, and emotional flourishing.

In Western societies, new scientific knowledge has brought new techniques of assisting infertility dysfunctions, but these interventions require ethical assessment. Morally, the parental role is correctly understood as basically an altruistic endeavor—parents procreate and rear children so that these new lives can develop and flourish. Children are no longer ethically viewed as personal property or as a means to satisfy adult desires, needs, or purposes. When adults make individual reproductive decisions, or groups enact public policies, the good of the potential child should be the primary consideration. Children will most safely flourish in a society that culturally endorses socially committed, biologically related families upheld by personal moral responsibility in their procreating.

This author has argued for an ethical standard that limits alternative reproductive techniques to those that remedy the infertility of a committed couple in average expectable conditions that can adequately support child care. To this end, she argues that the unity of genetic, gestational, and rearing parents should remain intact. Collaborative reproduction risks the good of the child, the good of families, the good of donors, and the important norm that agents uphold personal moral responsibility for their reproductive actions. Certain limits should be set on using new technological means for assisted reproduction. As Gandhi wisely said, “Means are ends in the making.”³⁶

QUESTIONS FOR DISCUSSION

1. According to Callahan’s ethical reasoning, why would a business to create “gourmet children” be unethical when the potential parents are able to provide informed consent?
2. What ethical principles would apply in a decision to limit the use of current and future reproductive technologies?
3. How is Callahan’s position on reproductive technology different from Graber’s view in Chapter 3?
4. What ethical theories support Callahan’s position in this chapter? What theories would not support it?
5. What ethical principles could be used to support Callahan’s position in this chapter? What principles would not support it?

FOOD FOR THOUGHT

Suppose a woman is a celebrity whose income depends on her being “body ready” for her next role. She also wants to be a mother and has unlimited income to invest in a child that will meet her specifications of the “right baby.” Also suppose that the technology that she desires is now readily available.

1. From an ethics standpoint, how do you defend her decision to have the baby she desires? How would you refute the ethics of such a decision?

2. How could being a baby created by technology and according to specifications affect the child? How could it affect the child as he or she becomes an adult?
3. What, if any, limitations should be placed on the baby business?

NOTES

1. See D. L. Spar, *The Baby Business: How Money, Science, and Politics Drive the Commerce of Conception* (Cambridge MA: Harvard Business School Press, 2006); D. L. Spar, "The Business of Babies," *Science & Theology News* (July–August 2006): 43–46; and D. L. Spar, "Buying Our Children, Selling Our Souls? The Commodification of Children," *Conscience* 27 (2006): 14–16.
2. See B. Steinbock, *Life Before Birth: The Moral and Legal Status of Embryos and Fetuses*, 2nd ed. (Oxford: Oxford University Press, 2011); and E. Marguardt, *The Revolution in Parenthood: The Emerging Global Clash Between Adult Rights and Children's Needs* (New York: Institute for American Values, 2006).
3. Congregation for the Doctrine of Faith, *Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation* (Washington, DC: United States Catholic Conference, 1987).
4. A statement of these principles can be found in Roman Catholic Church teaching: see Congregation for the Doctrine of Faith, *Instruction on Respect for Human Life*. Also see P. Lauritzen, *Pursing Parenthood* (Bloomington, IN: Indiana University Press, 1993).
5. J. A. Robertson, *Children of Choice: Freedom and the New Reproductive Technologies* (Princeton, NJ: Princeton University Press, 1994).
6. J. Wallerstein, J. Lewis, and S. Blakeslee, *The Unexpected Legacy of Divorce: A 25-Year Landmark Study* (New York: Hyperion, 2000).
7. M. Stewart Van Leeuwen and G. Miller Wrobel, "The Moral Psychology of Adoption and Family Ties," in *The Morality of Adoption: Social-Psychological, Theological, and Legal Perspectives*, ed. T. P. Jackson (Grand Rapids, MI: William B. Eerdmans, 2005), 3–31.
8. M. Ryan, *Ethics and Economics of Assisted Reproduction: The Cost of Longing* (Washington, DC: Georgetown University Press, 2003). See also D. L. Spar, *The Baby Business*; D. L. Spar, "The Business of Babies"; and D. L. Spar, "Buying Our Children, Selling Our Souls?"
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10. Institute for American Values, *Why Marriage Matters: 26 Conclusions from the Social Sciences*, 2nd ed. (New York: Institute for American Values, 2005); Marguardt, *The Revolution in Parenthood*.
11. See J. Altman, "Sociobiological Perspectives on Parenthood," in *Parenthood: A Psychodynamic Perspective* (New York: Guilford Press, 1984); and E. O. Wilson, *Sociobiology* (Cambridge, MA: Harvard University Press, 1975). See also M. Daly and M. Wilson, "Evolutionary Psychology and Marital Conflict: The Relevance of Stepchildren," in *Sex, Power, Conflict: Evolutionary and Feminist Perspectives*, ed. D. M. Buss and N. M. Malamuth (Oxford: Oxford University Press, 1996), 9–28.
12. The role of the father has been seen as critically important in both the female and male child's intellectual development, moral development, sex role identity, and future parenting; for a summary of relevant research, see R. D. Parke, *Fathers* (Cambridge, MA: Harvard University Press, 1981); and S. M. H. Hanson and F. W. Bonett, *Dimensions of Fatherhood* (Beverly Hills, CA: Sage Publications, 1985).
13. See K. Gough, "The Origin of the Family," *Journal of Marriage and the Family* (November 1971): 760–768; P. J. Wilson, *Man the Promising Primate: The Conditions of Human Evolution*

- (New Haven, CT: Yale University Press, 1980); G. P. Murdock, "The University of the Nuclear Family," in *A Modern Introduction to the Family*, ed. N. W. Bell and E. F. Vogel (New York: The Free Press, 1968); and M. J. Bane, *Here to Stay: American Families in the Twentieth Century* (New York: Basic Books, 1976).
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 15. Wilson, *Man the Promising Primate*, and Daly and Wilson, "Evolutionary Psychology and Marital Conflict."
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 17. C. Nadelson, "The Absent Parent, Emotional Sequelae," in *Infertility: Medical, Emotional, and Social Considerations*, ed. M. D. Mazor and H. F. Simons (New York: Human Sciences Press, 1984); M. Stewart Van Leeuwen and G. Miller Wrobel, "Moral Psychology of Adoption."
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 22. Daly and Wilson, "Evolutionary Psychology and Marital Conflict."
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