ETHICAL, RELIGIOUS AND SCIENTIFIC REASONS FOR AND AGAINTS CURRENT AND EMERGING REPRODUCTIVE TECHNOLOGIES

Social, Ethics, Religion and Science in Reproductive Technologies

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Responsibility demands treating all patients in need. The United Declaration of Human Rights claims that individuals have the right to establish a family (Berg B. 1995). Even though this may seem quite obvious to fertile people, the infertile have to recur to reproductive technologies in order to achieve their complete well-being. We will look at the social, ethical, religious and scientific implications of these new techniques.

To begin with, we will analyse some of the social approaches to reproductive technologies. We must not forget that these are treatments that are usually very invasive for women (injections of powerful hormones, surgical procedures, childbirth …). It would then be very interesting to know what women as a gender, including feminists, think of these procedures.

One of the most recent advances in assisted reproduction is one that particularly worries feminists. It is the recent possibility of sex selection (through PGD - Preimplantation Genetic Diagnosis). On one side, some feminists, like Christine Overall, claim that “sex preferences in the lived experience of close human relationships are not necessarily sexist”. Some feminists see these new possibilities of sex selection as a possible strategy to be used against patriarchy: they might chose to have daughters to oppose male dominance, they might chose boys to raise them in a non-sexist way… However, it is true that in many countries, the desire for boys is particularly notorious, as is the desire for firstborn males. In many cultures (China, for instance), girls are seen as handicapped individuals (Bequaert Holmes H. 1995).

In today’s world, women are familiar with the risk of infertility. A woman becomes less fertile as her age advances, so, often, when she has reached her goals in life, her real maturation as an individual, economically independent, she frequently finds that she is closer to middle-age than to her most fertile period in life. Going through a pregnancy during the most fertile of her life can trap a woman into a less developed personal and economical position. Assisted reproduction techniques (ART) can help a woman, then, in a way, to unite these two different aspects, being the best approximation to natural conception. Adopting is, after all, another option but still it is a different situation to be an adoptive parent than a biological one.

Even though we hardly realize it, the use of many terms in infertility affects us psychologically: “uterine environment”, “incubators”. Reproductive language is often a derogatory language, a clear expression of dismemberment. Maria Mies, a German feminist states that “If the individual - the undivided person – has been divided up into his/her saleable parts, the individual has disappeared. There is only

the dividual which can be further divided up.” The tragedy, then, for her, is that these technologies treat women’s bodies as instruments for reproductive goals (Raymond JG, 1993).

We probably never stop to think how sexist the medical terminology can be: “habitual aborter”, “incompetent cervix”, “hostile cervical mucus”. Besides, our society has always seemed more comfortable discussing female than male infertility. Somehow, it is often assumed that infertility is the woman’s faults. Maybe because of men’s reluctance to be responsible for conception, maybe because of the influence of our patriarchal society, but the fact is that women and men have very similar rate of infertility factors (Kaplan JL, Kaplan CM, 1992).

Some feminists also worry about the potential exploitation of women undergoing these new technologies, especially given the fact that most of the clinicians and researchers are male. They claim that there are very ironical sympathies towards the reproductive liberalism of technological reproduction while many Third World women are made infertile by sterilization, contraceptives, etc. They see then these techniques as prone towards medical ambition and adventurism over the bodies of women (Raymond JG. 1993).

Finally, we cannot leave this subject without wondering about the issue of lesbianism. Do lesbian couples have the right to access to assisted reproduction techniques? Should lesbians be allowed to be mothers? What happens to those children born and raised by lesbian couples? How does their environment affect their idea of a family? Do these children suffer from teasing and disapproval as they grow up? Studies seem to indicate that these children are not impacted on their sexuality or present any disadvantages in their upbringing. In brief, there is no evidence to fear about lesbian parenting, but in most parts of Europe and in most fertility clinics, lesbian couples are not given the chance to reproduce (Haimes H. 2001).

We have seen that feminists are concerned with many issues raised by these new reproductive technologies, worried about women seen as “maternal environments” and men seen as “ejaculatory fathers” (Raymond JG. 1996). However, they also realize that the voices of the most affected – the infertile – shouldn’t be kept silent any longer.

As we said, many of the debates about reproductive technologies emanate from the voices of the fertile. There is a relative silence of the infertile. No one hears the view of those who cannot have children. It is very difficult for those who have families to understand the pain of the childlessness. Everyone feels they know a lot about reproduction. Infertile couples are often comforted by other people that suggest holidays, better and more relaxed sexual intercourse or even adoption. Many times, people giving this counselling have little idea of assisted reproduction techniques and how efficient they can be. Often, precious reproductive time is lost because of this. We must also acknowledge how hard it is for an infertile couple to be asked all the time ”And… what are you two waiting for?”, the kind of comments

that lead them many times to end up socializing with other couples in their same situation instead of their old friends that have already started a family.

Even the doctors themselves see many times their patients' problems as superfluous (Berg B. 1987): “The view of the infertile are superfluous; They could in fact prove counterproductive because they may contradict those of their doctor. What is required of the infertile is that they submit in silence to the claim that they are desperate.” (Pfeffer). M. Mazor (1992) describes three phases in dealing with infertility crisis. First, the couple feels the “narcissistic injury”, the patients feel damaged, anxious, the relations; even the sexual ones between the partners become strained. In the second phase, they want to call off the infertility investigation; they grieve over the loss of their reproductive function. In the third phase, they decide whether or not to go and pursue alternatives to biological parenthood (adoption, donor gametes, surrogate motherhood, etc) (. This a very difficult social problem for a couple, since, in general, success rates for IVF (In Vitro Fertilisation) are not that high, (30% approximately, more in some clinics) and the cost per attempt, specially if it includes the state of the art options can be quite high (10.000 dollars in the United States) (Kaplan LJ., Kaplan CM. 1992). We have to keep in mind that many couples have to undergo the treatment several times with no guarantee of success. For many couples, IVF is the only chance, at the end of a very rocky way, to have a child of their own.

Assisted reproduction techniques are a very extensive field to consider ethically, especially with the latest techniques that include all kind of genetic manipulations. We will focus then specifically on something that has bothered common practice clinicians for a long time: reduction of pregnancy and then specifically on cloning, to show that both present and future of reproductive technologies bring along ethical controversies.

In Britain, the maximum number of embryos that can be transferred at a time is three, but in many other countries there are no limitations. Many units transfer as many embryos as possible. In countries like the USA, the search for the highest possible pregnancy rate is on because that enables many clinics to continue working and be able to compete with the rest. The one that pays the price is, of course, the patient. Multiple pregnancies do not only bring more life threats to the mother but also increases the possibility of abortion, foetal abnormality and prematurity. Also, many couples do not have the financial resource to support many children at once. Reduction is then offered to the patients. This has a great psychological impact on couples that had been wanting a baby for so long: not only one of their babies is being killed, but then the whole of the pregnancy could turn out to be affected. It seems we are faced with a pro-choice / pro-life dichotomy. (Kaplan LJ, Kaplan CM, 1992). Opinions are very varied and the ethical issues are very controversial. Even if it has been proved that in the reduction from twins to a singleton the outcome of the remaining foetus is improved, it seems multifoetal pregnancy reduction is an attempt to deal with an aggressive and probably misconducted infertility management. (Evans MI., Wapner RJ, 2001)

We will now focus on what is probably today's most controversial ethical issue in the reproductive area: cloning. In reproductive medicine, if for instance both individuals of a couple are infertile or the prospective father has non-functional sperm, one could use cloning of one member of the couple's nucleus to produce a child (National Bioethics Advisory Commission, 1998).

There are some views in favour of cloning. For example, it allows a couple to exert their reproductive freedom, it would relieve many couples from infertility, it would enable couples not to transmit hereditary diseases to their offspring, organs and tissues could be obtained for transplantation. In the end, it could also allow to deepen our knowledge of the scientific world. On the other hand, many people reject cloning because it would mean violation of moral rights to a unique identity. It is also important to state we don't know what risks or abnormalities a clone could carry along (Winston R. 1999), not to mention the psychological distress caused in the twin. Socially, it is argued that cloning would lessen the worth of human life and the respect for individuals (Kass LR. 1994). We also don't know what financial and exploitative purposes cloning might bring, humans may become, after all, "artefacts" (Winston R. 1999). Finally, reproductive human cloning has been ethically unaccepted because of the high abnormality risks, but therapeutic cloning is more easily acceptable by society so the debate will probably continue for a long time (Bruce DM. 2002).

In analysing assisted reproduction, we must not forget the importance of the religious perspective. Not only do modern couples have their own specific religion, but also religion has always been a major factor in history. For instance, there are records of sex-selection attempts in the ancient civilizations of Greece, Rome, Egypt. The worst thing the Pharaoh could do was drowning the Hebrews' first-born males in the Nile. Nowadays, the most reliable method of human sex selection is PGD, in which they carry out an analysis of the one of the embryo's cells DNA (Winston R. 1999).

But it is clear that today's most controversial issue in the reproductive area is cloning. We will analyse it once again, this time from the religious point of view. Richard Gurdon first achieved laboratory cloning of frogs in 1968. Then came along the world's most famous sheep, cloned by Dr. Ian Wilmut in Scotland (Winston R. 1999).

This obviously caused a big controversy in the religious world. Protestants and Roman Catholics often invoke the warning not to play God (O´Donovan. 1984). Life's mysteries belong only to Him. Human beings are fallible and evaluate their actions according to their narrow minds (National Bioethics Advisory Commission. 1998). The Catholic Church sees human cloning as "a violation of human dignity" (letter from the Pope John Center, 1997). Humans are supposed to be created by God's image ("a divine prototype"), so cloning would be a violation of God's very image (Brown RG. 1995).

Rabbi Elliot Dorff stated that “no clone may be denied any of the rights and protections extended to any other child”. However, what will be the rights of clones? Many Jewish theologists think that under certain conditions, cloning can be accepted. Technology would be morally neutral. Some rabbis accept, for instance, cloning a sterile person so they can have a child, especially in extreme cases (like in the case of a survivor from the Holocaust who has lost all the rest of his family, ensuring then the genetic line). They also accept cloning biological material for a terminally ill person.

Concerning Islam, only non-reproductive cloning is allowed and encouraged. PGD is also regarded less toughly than the Christians might do, since Islam allows abortion on the grounds of severe foetal abnormality. (Serour G.I., Dickens B.M. 2001)

Finally, we will present the view on reproductive technologies of the scientist that is probably the best suited for discussing this subject, since he has been called “The father of IVF”. Robert Edwards supports the development of clinical IVF to help infertile couples because there is no evidence in all the studies practised in non-human primates of an increase in the number of foetal abnormalities, so “there is no point in delaying the work on human infertility”. Also, nowadays, any abnormalities are easily screened through many kinds of prenatal diagnosis. There has also been accusations that these infertility treatments are wrong in that they wouldn’ t solve the initial infertility problem. He says that the cure to infertility is achieved: the patients can have their children. Some people argue that transferring embryos to a mother is the first step towards human cloning… That would probably be like saying that nuclear physics are responsible for to the atom bomb.

We have seen how infertile couples, doctors and scientists are faced with very hard decisions about to steps to take next in their own personal or scientific quests. Even for religious leaders it is difficult to know when to draw the line between what is simply “good” or “wrong” ethically. In Costa Rica, all clinicians that practised IVF are being judged for genocide, whereas in many other countries clonation is almost a reality… As we said before, reproductive technologies still have ground for a long debate.

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