# Journals in Philosophy and Theology

## Bioethics

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**Postnatal Reproductive Autonomy: Promoting Relational Autonomy and Self-Trust in New Parents**

*S. Goering*

New parents suddenly come face to face with myriad issues that demand careful attention but appear in a context unlikely to provide opportunities for extended or clear-headed critical reflection, whether at home with a new baby or in the neonatal intensive care unit. As such, their capacity for autonomy may be compromised. Attending to new parental autonomy as an extension of reproductive autonomy and as a complicated phenomenon in its own right, rather than simply as a matter to be balanced against other autonomy rights, can help us see how new parents might be aided in their quest for competency and good decision making. In this paper the author shows how a relational view of autonomy—attentive to the coercive effects of oppressive social norms and to the importance of developing autonomy competency, especially as related to self-trust—can improve our understanding of the situation of new parents and signal ways to cultivate and to better respect their autonomy.

## Expert Review of Obstetrics and Gynecology

Volume 4, Number 5
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**Should IVF Guidelines Be Relaxed in the UK?**

*A. Smajdor*

This paper suggests that ethical constraints may have a role to play in the provision of some medical interventions. If there are sound ethical reasons for preventing the use of some treatments, these restrictions will be valid whether treatment is provided in the state or private sector. If such restrictions prove unfounded or are unsuccessful in preventing unethical practices, they may be challenged and abolished or amended; that is, they stand or fall on their own merits. However, socioethical criteria incorporated in many primary care trusts' guidelines for IVF provision have come to be used as a means of restricting the pool of potential patients rather than preventing unethical practice per se. The author argues that this is contrary to the ideology of the National Health Service (NHS), is unjustly discriminatory, and constitutes the biggest problem for IVF provision in the U.K. Economic criteria are an essential consideration for the distribution of resources in a publicly funded health system. The least problematic way of approaching this is to primarily ration according to medical need. However, the author argues that this is peculiarly difficult in the context of IVF, and that this is why socioethical criteria of dubious validity have found their way into IVF provision at a number of levels. Since clinical factors alone are not sufficient to draw up eligibility criteria, IVF cannot be provided on the NHS without diverging from the NHS principles. The author suggests that further developments in reproductive technology will place untenable strain on the current system and that IVF and other fertility treatments may ultimately be relegated to the private sector, thus circumventing the need for additional discriminatory rationing criteria employed by primary care trusts.

## Fertility and Sterility

Volume 92, Number 4
October 2009

### Access to Fertility Treatment by Gays, Lesbians, and Unmarried Persons

*Ethics Committee of the American Society for Reproductive Medicine*

This statement explores the implications of reproduction by single individuals, unmarried heterosexual couples, and gay and lesbian couples, and concludes that ethical arguments supporting denial of access to fertility services on the basis of marital status or sexual orientation cannot be justified. This document was reviewed in June 2009. This version replaces the previous version of this document, published in November 2006.

## Hastings Center Report

Volume 39, Number 3
May–June 2009

### Judging Octomom

*J. Johnston*

This essay examines the ethical, medical, and legal issues surrounding Nadya Suleman's delivery of eight babies in California in January 2009. It states that Suleman gave birth to her babies through in vitro fertilization which was not often employed to transfer six embryos to a woman. The author is critical of the physician's observation of the American Society for Reproductive Medicine guidelines. The practice of fertility clinics, which monitors both patient fertility and physical readiness to gestate a baby, is also analyzed.

### The Octuplet Case: Why More Regulation Is Not Likely

*J.A. Robertson*

In vitro fertilization and assisted reproductive technologies, or ARTs, have always posed a regulatory conundrum. They have been hugely successful (fifty-two thousand births from one-hundred fifty-two thousand IVF cycles in 2005) and are firmly established as the treatment of choice for many kinds of infertility. But over the years there has been a steady drip of ethical lapses. The IVF industry argues that there is more regulation in place than meets the eye, citing the many federal and state laws that impinge on IVF practice in some way. Critics of the industry argue that it is like the Wild West—anything goes if patients can pay. Yet these critics are remarkably silent on what specific form more regulation should take. The Bush-appointed President's Council on Bioethics was concerned enough to spend two years examining the field but found no reason to urge major regulatory intervention.

Volume 40, Number 2
March–April 2010

### Self-Regulation, Compensation, and the Ethical Recruitment of Oocyte Donors

*A. D. Levine*

Over the last couple of decades, oocyte donation has become common, important, and sometimes lucrative. Women who donate eggs are often offered fees, though ostensibly only to offset their expenses and limited to no more than ten thousand dollars, following recommendations adopted by the fertility industry. Is the industry adhering to its recommendations? A study of advertisements published in college newspapers raises questions.

### What Are Parents For?

*B. G. Prusak*

The paradoxes that cluster under the name of the nonidentity problem appear to dissolve the worry that parents can harm a child by bringing it into being, and so absolve would-be parents of any culpability for a child's existence in all instances but when one can predict that the child's life would be so terrible that it would not even be worth living. But what exactly is the force of this kind of argument? Not all objections to reproductive decisions need turn on the interests of the children so produced. It is the thesis of

this paper that parents have obligations to make children's lives good, and that these obligations constrain the liberty of would-be parents to do as they will. This gives us another way of evaluating reproductive decisions. If we have reason to think that a reproductive decision would violate parental obligations, then we can object to the decision without having to engage the paradoxes of the nonidentity problem.

## Human Fertility

Volume 10, Number 2
June 2007

**Debate: Do Upper Age Limits Need to Be Imposed on Women Receiving Assisted Reproduction Treatment?**

*M. Porter, V. Peddie, and S. Bhattacharya*

The inability of local National Health Service trusts to uniformly provide assisted reproduction technology (ART) services has resulted in what has come to be known as a "postcode lottery." Older women and those with responsibility for children at home often have to fund their own treatment. Recently, with the birth of babies to much older women, the mass media have debated whether women past menopausal age should be helped to achieve a pregnancy in this way. The authors argue that the time is right for interested professionals to enter the debate, especially in view of proposed revisions to the Human Fertilisation and Embryology Authority's code of conduct, which requires clinics providing ART to consider the welfare of the child. With that change in mind, the authors set out the case for imposing upper age limits on those receiving ART in the United Kingdom.

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**Short and Long-Term Risks to Women Who Conceive through In Vitro Fertilization**

*T.A. Gelbaya*

There are a number of potential risks to women who conceive through in vitro fertilization (IVF). Among these, ovarian hyperstimulation syndrome and multiple pregnancies are the most serious. Other potential risks include increased levels of anxiety and depression, ovarian torsion, ectopic pregnancy, preeclampsia, placenta previa, placental separation, and increased risk of cesarean section. The association between assisted conception and long-term risk of cancer is debatable. The objective of this review is to critically evaluate the current evidence for potential risks to women who conceive through IVF. To assess the relative risk for any condition, a number of factors need to be taken into account, including the method used in identifying the study and control group, the women's characteristics, and the number of women included in the study. Many conditions, such as ectopic pregnancy and preeclampsia, appear to be more common in assisted conception than in spontaneous pregnancy. Nevertheless, the increased risk of these conditions is probably related to the woman's sub-fertility status or increased incidence of multiple pregnancies. Currently, all efforts should concentrate on reduction of multiple births from IVF by restricting the number of transferred embryos.

## Journal of the History of Philosophy

Volume 47, Number 1
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**Kant's Defense of Human Moral Status**

*P. Kain*

The determination of individual moral status is a central factor in the ethical evaluation of

controversial practices such as elective abortion, human embryo-destructive research, and in the care of the severely disabled and those in persistent vegetative states. A review of recent work on Kant reveals the need for a careful examination of the content of Kant's biological and psychological theories and their relation to his views about moral status. Such an examination, in conjunction with Kant's practical-metaphysical analysis of the origins of freedom, reveals Kant's principled basis for his contention that all human beings possess moral status.

## Journal of Medicine and Philosophy

Volume 34, Number 2
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### Therapeutic Cloning and Reproductive Liberty

*R. Sparrow*

Concern for "reproductive liberty" suggests that decisions about embryos should normally be made by the persons who would be the genetic parents of the child that would be brought into existence if the embryo were brought to term. Therapeutic cloning would involve creating and destroying an embryo which, if brought to term, would be the offspring of the genetic parents of the person undergoing therapy. The author argues that central arguments in debates about parenthood and genetics therefore suggest that therapeutic cloning would be prima facie unethical unless it occurred with the consent of the parents of the person being cloned. Alternatively, if therapeutic cloning is thought to be legitimate, this undermines the case for some uses of reproductive cloning by implying that the genetic relation it establishes between clones and DNA donors does not carry the same moral weight that it carries in cases of normal reproduction.

## Linacre Quarterly

Volume 77, Number 1
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### Catholic Moral Teaching and the Conceivex Conception Kit Infertility Treatment Method

*E. L. Rivet II*

Catholic moral teaching with regard to infertility treatment and assisted reproductive technologies continues to evolve. Still, some uncertainties remain as to the licitness of various technologies. A new FDA-cleared product, the Conception Kit, developed by Conceivex, Inc., is a coital-based method of fertility enhancement designed such that the spouses remain sole agents of their procreative actions, in the privacy of their own home. This article provides a review and analysis of current Catholic moral teaching and how the Conception Kit relates to that teaching.

## Perspectives in Biology and Medicine

Volume 53, Number 1
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### The Ethics of Helping Transgender Men and Women Have Children

*T. F. Murphy*

A transgender man legally married to a woman has given birth to two children, raising questions about the ethics of assisted reproductive treatments (ARTs) for people with cross-sex identities. Psychiatry treats cross-sex identities as a disorder, but key medical organizations and the law in some jurisdictions have taken steps to protect people with these identities from discrimination in health care, housing, and employment. In fact, many people with cross-sex identities bypass psychiatric treatment altogether in order to pursue lives that are meaningful to them, lives that sometimes include children. Cross-

sex identification does not render people unfit as parents, because transgender identities do not undercut the ability to understand the nature and consequences of pregnancy or necessarily interfere with the ability to raise children. Moreover, no evidence suggests that being born to and raised by transgender parents triggers the kind of harm that would justify exclusion of trans-identified men and women from ARTs as a class. The normalization of transgender identities by the law and professional organizations contributes, moreover, to the need to reassess pathological interpretations of cross-sex identities, and trans-parenthood puts those interpretations into sharp relief.