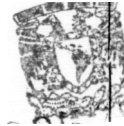


# 8 *Reproductive Rights and Access to the Means of Reproduction*



The examination in chapter 7 of the meaning of infertility showed that infertility is often perceived as a handicap requiring treatment. Do the infertile have a *right* to that treatment, particularly if it involves the use of artificial reproduction? The pursuit of an answer to that question requires attention to larger problems about the social structuring of human reproduction: problems concerning whether there is in general a right to reproduce or not to reproduce, and problems about how access to the various means of reproduction should be determined.

## A Right to Reproduce? Or Not to Reproduce?

The belief in a right to reproduce, a belief that is perhaps not always clearly articulated by those who hold it, is not only evidenced in strong reluctance by courts and social agencies to remove children from their parents unless it is absolutely necessary, but is also apparent in the controversy that surrounds the enforced sterilization of the mentally retarded.<sup>1</sup> Some such belief also seems to be behind the views of those who attack state regulation of in vitro fertilization and surrogate motherhood,<sup>2</sup> and of those who defend a system of private adoption.<sup>3</sup>

Genia Corea records her suspicion that the use of the language of rights in connection with reproductive technology

may be an attempt by antifeminist "reproductive engineers" - to obscure "the impact of reproductive engineering on women as a class."<sup>4</sup> Such a language is withdrawn, she says, when it interferes with patriarchal control of women's reproduction;<sup>5</sup> and it is certainly not applied in other arguably more crucial contexts, such as equal protection under the law and equal pay for equal work.<sup>6</sup> Moreover, as Rosalind Pollack Petchesky points out, "Rights are by definition claims staked within a given order of things"; they fail to challenge the existing social structure, the social relations of production and reproduction.<sup>7</sup>

Nevertheless, the language of rights has also been adopted by some feminists. Responding to the practice of barring access to reproductive technology to lesbians and single heterosexual women, they have argued that there is a general right to reproduce possessed, if not by all human beings, then at least by all women. Somer Brodribb, for example, in her paper, "Reproductive Technologies, Masculine Dominance and the Canadian State," unfortunately seems to assume that there is a logical relationship between the right not to reproduce and the alleged right to reproduce, for she recommends, "Following the principle that any woman who wants a baby has a right to one, no one should have the obligation to bear a child."<sup>8</sup>

Now there is undoubtedly a sound basis for claims to a right of women *not* to reproduce, for this means the entitlement not to be compelled to bear children against one's will—forced reproductive labor, as it were—and it requires, at the least, access to contraception resources and abortion services.<sup>9</sup> Without them women are the victims, through biological "destiny," of a sort of reproductive slavery.

To say that women have a right not to reproduce is to say that there is no obligation to reproduce. Consider a case in which a man and woman marry with the express agreement that the woman will bear a child. <sup>10</sup> If the woman then refuses to have offspring, she will cause unhappiness and disappointment in her spouse. But as many critics have pointed out, the utilitarian concern for creating as much happiness in the world as possible, either in existing persons or in persons who will exist in the future, cannot be a sufficient justification for an obligation to produce a child who will have a pleasant

There might be a case in which it would be very good of the woman to reproduce, just as there might be a case in which it would be very good of her to donate an organ to another, but in either case "it is something that cannot be legitimately required of her."<sup>12</sup> It cannot be said that any woman is morally obligated, against her present will, to procreate. The essential reason is that such an obligation would be a form of

tary servitude:<sup>13</sup> it would involve an alienation of her body from the person herself." She cannot have an obligation to donate the services of her body for the sake of another person's project, even if she previously entered into an agreement to do so.

Although there are ample grounds for defending a right not to reproduce, we should not assume that there is any ethical, political, or logical symmetry between that right and an alleged right to reproduce. Contrary to what some have claimed,<sup>15</sup> the right not to reproduce neither implies a right to reproduce nor follows from a right to reproduce.

Moreover, if there is a right to reproduce, then such a right must necessarily be limited in nature. For as Hugh LaFollette points out, "even if people had a right to have children, that right might also be limited in order to protect innocent people, in this case children."<sup>16</sup> Thus the alleged right is not unconditional but would have to be hedged with qualifications, just as people's other rights—to free speech, to drive, and so on—are not unconditional but are dependent on not causing harm and/or on possessing a certain level of competence.

Furthermore, the claim to a right to reproduce may be understood in either a strong or a weak sense. In its weak sense it would simply mean "the opportunity or liberty to decide when and how many children one will have"; it implies "an obligation on everyone or governments not to limit people's liberty to procreate."<sup>17</sup> Thus in the weak sense, the right to reproduce is the right not to be interfered with, or, in old-fashioned language, "the right to found a family" and to be protected from racist marriage laws, forced sterilization, and coercive birth control programs.<sup>18</sup> This seems to be the form of the right that is referred to in the

does not . . . require any person, government, or other authority to offer services to assist the infertile to overcome their disability. Further, it seems to refer to individuals' rights to use their own initiatives to have their own biological children, rather than to the right to donate sperm or ova to assist the infertile directly or indirectly to become responsible for rearing the biological children of others in their homes.<sup>19</sup>

A stronger sense of the right to reproduce would imply the entitlement to be given all necessary assistance to reproduce,<sup>20</sup> using any technique of reproduction. In this sense having children, it has been claimed by some, is a right to which one is entitled by virtue of being human. "Because fertile married persons have the right to add children to the family, infertile married persons must have it as well: a legal distinction based on the natural lottery of physical equipment is not reasonable."<sup>21</sup> One is entitled to have offspring that are the product of one's own gametes, "to separate the genetic, gestational, or social components of reproduction and to recombine them in collaboration with others."<sup>22</sup>

One argument for the existence of such a right has been based upon an appeal to the concept of privacy,<sup>23</sup> which was one of the main grounds for the American Supreme Court's landmark 1973 abortion decision, *Roe v. Wade*. It has been argued that the legal "right of privacy to be free from governmental intrusion" into decisions about childbearing entitles infertile couples—who could not otherwise have their own child—to the use of IVF and embryo transfer. Such a claim has also been made on behalf of a right of access to the services of a surrogate mother.<sup>25</sup> This reproductive privacy has been regarded as being analogous to the privacy to which people are entitled in regard to their sexual activities.<sup>26</sup>

But the concept of privacy may well be applicable in the case of abortion simply because it supports the right *not* to reproduce. Yet it cannot be assumed that the justification based on privacy of services supporting the right not to reproduce implies a justification of services supporting a right to reproduce.

To claim the right to reproduce in this stronger sense would

require the acceptance of certain implications about which feminists should have serious reservations. Although this right is sometimes explicated as a right not to be prevented *from* gaining access to and using techniques for artificial reproduction,<sup>27</sup> it has even wider implications. It shifts the burden of proof onto those who have moral doubts about the morality of technologies such as IVF and practices such as surrogate motherhood. For it suggests that a child is somehow owed to each of us, as individuals or as members of a couple, and that it is indefensible for society to fail to provide all possible means for obtaining one. For example, it would seem to imply that fertile men married to infertile women are entitled to the services of surrogate mothers,<sup>28</sup> and that surrogate mothers should be legally compelled to surrender their children after birth. It also suggests that if a man offers his sperm to fertile women and they all reject him, then his right to reproduce has been violated.<sup>29</sup> It implies that any person who wants to do so is entitled to adopt a child. It could be used as a basis for requiring fertile people to donate gametes and embryos to assist the infertile. And it might be used to found a claim to certain kinds of children—for example, children of a desired sex, appearance, or intelligence.

The strong version of the claim to a right to reproduce could therefore contribute to the treatment of children as commodities and to the misappropriation of women's reproductive capacities. Hence there is no "claim on society to provide expensive technology to give me a family, any more than society is obliged to find me a mate."<sup>30</sup> The fact that each of us has a right not to reproduce, and perhaps also that no one has a right to prevent another from reproducing, does not imply that one has a right in the strong sense to reproduce—that is, a right to be assisted to reproduce.

I would guess that the assumption made by feminists who assert a right to reproduce in this latter strong sense is that such a claim must be made in order to protect women against unjustified discrimination in the provision of reproductive services. They are concerned about the general disregard for and ignorance of the experiences and needs of infertile women<sup>31</sup> and about the possibility of state-imposed limitations on their access to

limitations appear to be the price of sacrificing a right to reproduce in the strong sense. If appeal to such a *right* is abandoned, then we seem to be committed to holding that having children is a *privilege* that must *be* earned through the possession of certain personal, social, sexual, and/or financial characteristics. The provision of reproductive technology then appears to become a luxury service the access to which must be controlled by means of criteria used to screen potential candidates.<sup>32</sup>

Undoubtedly forms of screening for parenthood are occurring in many contexts in Western society. That is, one or more sets of criteria are employed to determine who will and who will not be permitted to become parents. This process of screening now occurs, most obviously, in the institution of adoption. But it is also a part of the determination of eligibility for access to reproductive technology such as in vitro fertilization, artificial insemination by donor, and surrogate parenting by means of embryo transfer. (Interestingly, criteria of eligibility for parenthood are apparently employed for some forms of reproductive technology and not for others. For example, "surgical repair of a woman's fallopian tubes is now undertaken . . . without physicians or others asking whether she is married, is suited for motherhood or, for instance, has a history of child abuse."<sup>33</sup>)

In general, for most processes of artificial reproduction the criteria of eligibility include such characteristics as sexual orientation, marital status, and consent of the spouse. Because access to these processes is costly, economic status also has become, at least indirectly, a criterion of eligibility. Further criteria have also been used—for example, the number of existing offspring<sup>34</sup> and the absence of physical disabilities.

Can screening for parenthood in these ways be justified? To answer that question, it is first necessary to evaluate the reasons that have been offered so far to justify various forms of screening. Then, instead of laying claim to a right to reproduce in the strong sense, feminists can attack unjustified discrimination in access on its own grounds and attempt to understand the relevance of that discrimination to the patriarchal control of women. In the next sections I demonstrate this approach by concentrating in

and marital status have been used to determine access to artificial reproduction. Feminists need not be pushed into agreeing that the new reproductive technology is a privilege for the special few; access to the means of reproduction is neither a right in the strong sense nor a privilege to be defended by screening.

### Sexuality and Access to Reproductive Technology

As some commentators never tire of pointing out, the various forms of modern reproductive technology permit the complete separation of reproduction from sex, a possibility that may be deliberately sought, as in the case of contraceptive use, or merely a by-product, as in some treatments of infertility.<sup>35</sup> More or less effective contraception permits heterosexual activity without the hazards of reproduction. But even more significant, forms of artificial reproduction such as artificial insemination by donor and in vitro fertilization permit reproduction without the hazards of heterosexual activity.<sup>36</sup>

Not all of those who write about artificial reproduction have been convinced of its independence from the taint of sexuality. For example, in the recent past some concern was expressed (mostly by male commentators) that a woman who receives AID might be guilty of adultery,<sup>37</sup> on the ground that adultery is just any act that results in illegitimate conception.<sup>38</sup> But the expression of that worry appears to have subsided, and the consensus seems to be that these technologies constitute a modern-day form of the immaculate conception.<sup>39</sup>

Nevertheless the apparently growing technological separation of the biological processes of reproduction and sex should not dupe theorists into supposing that in the uses of artificial reproduction there are no important connections between attitudes toward sexuality and attitudes toward procreation, and between the practices that regulate both of them. In fact, the reproductive choices we make and are permitted to make still remain closely connected to attitudes toward sexuality and sexual expression. The social uses of reproductive technology thus have two apparently contradictory functions: while they

disengage sexual activity from procreation in important respects, they simultaneously reconnect sexual expression with reproduction in ways that reinforce the patriarchal control of women's bodies.

Infertility is usually regarded as a handicap; there is a social stigma on the infertile. And since infertility may result from certain sexually transmitted diseases,<sup>40</sup> from the use of some contraceptives such as the intrauterine device, and from botched abortions, infertility may also be seen as a type of punishment justly administered to those who transgress accepted gender norms for sexual and reproductive activity—another case of blaming the victim.<sup>41</sup> For example, Leon R. Kass asks rhetorically "whether it makes sense for a Federally funded baby to be the wage of aphrodisiac indiscretion"; he believes that government-funded IVF services and research unfairly "rescue" those whose "unrestricted sexual activity" during adolescence resulted in infertility.<sup>42</sup> Furthermore, a recent proposal has suggested that access to artificial reproduction be limited to those who are not "responsible" for their infertility (i.e., those whose infertility is caused by disease and not by elective sterilization<sup>43</sup>—which is sought, presumably, to permit more carefree sexual expression).

According to those who are in the business of developing or providing reproductive technology, its preferred use is for women who demonstrate certain limited forms of sexual activity. Ordinarily they must be heterosexual, but only within a marriage or a "stable" union." For example, a sociological study of AID unequivocally recommends that "artificial reproduction should only take place where a couple responsible for nurturing the child are married."<sup>45</sup> Similarly, while not requiring that a couple be married, the Warnock Report explicitly assumes that a couple seeking access to reproductive technologies would inevitably be heterosexual." Thus women who are independent of men as regards their living arrangements and/or their sexual activity are excluded from access to the technology, and this exclusion is held to be justified. This social use of reproductive technology both reinforces, at least indirectly, the connection of standard heterosexuality with reproduction and disengages other forms of sexual life expression from procreation.

The justification for the requirement that potential consumers of reproductive technology be heterosexual and married is usually couched in terms of concern for children or, more ambiguously, "the family."<sup>47</sup> Here is a representative example of such a justification, offered in some detail in a report by the British Council for Science and Society:

In so far as the social norm clearly associates childbearing with family life and parents who are married, this practice of providing AID for single women and lesbians is abnormal. . . . AID to single women will increase the social problems of child-care and welfare, and the encouragement of lesbian families can be seen as a threat to normal family life, to say nothing of both instances failing to provide a nurturing father-figure. The imbalance of interests in these cases suggests that the practice should be discouraged.<sup>48</sup>

Notice first that this argument assumes, without offering corroboration, that there are *many* single and/or lesbian women who would seek access to methods of artificial reproduction such as AID, and that their sheer numbers would raise special concerns. Yet the existing evidence actually suggests that their numbers would be fairly small.<sup>49</sup> On the other hand, if their numbers are not small, it is necessary to consider whether the prospect really poses a serious ethical and social danger. The argument claims that providing artificial reproduction methods to single women would increase problems of "child-care and welfare." But in fact there is no evidence that large numbers of very poor, indigent, unemployed women, who are struggling with the minimal conditions of personal survival, would necessarily seek the technologies of artificial reproduction. It might be speculated instead that it is more likely to be relatively secure, employed women who would want access to them. In either case, however, if large numbers of women do want to use the technologies, and problems of "child-care and welfare" were to arise, it is always open to the society in which they occur to provide better forms of socially assisted child care and medical care, and ultimately to change the social context that makes rearing children a severe economic problem for many women. It should not be

assumed, on an a priori basis, that raising a child without a man must inevitably be a financial burden shouldered by the mother alone.

Second, the sincerity of the concern, in reports such as the one quoted, for a family for every child is called into question by their usually very negative evaluation of lesbian families. Although willing to refer to a lesbian couple as a family, the report quoted clearly does not regard it as a "normal" family. In a similar fashion, a case study of a lesbian couple seeking AID refers to lesbianism as a "problem" and a lesbian woman's desire for a child as a "dilemma." The reception of a gynecologist to their request for AID is described as follows: "He pointed to Jill's family life and Roman Catholic background, and stated that he did not consider their relationship a stable one in which children could be reared." (The relationship actually was of five years' duration at the time of the couple's request for AID.)<sup>51</sup>

Such a family may of course not be statistically normal (what family now is?), but the study fails to adduce any evidence for its abnormality in any other sense likely to affect the child's well-being, which is the purported concern. The only explicitly alleged problem that is cited in the report I first quoted is the absence of a "nurturing father-figure." It would be interesting to know what is meant here by nurturance and whether in this argument the kind of nurturance allegedly provided by "father-figures" is thought to be different from that provided by mothers. Certainly it appears implausible to suppose that all intact "normal" heterosexual families include a "nurturing father-figure." As a philosopher and not a social scientist I must be modest in the claims I make on this issue. But I would at least say that if by "nurturance" what is meant is concern and care for, involvement in, and cherishing of the developing life of the child, then the degree of nurturance provided by many fathers is not immediately evident. While it can scarcely be disputed that children need and deserve nurturance, it is not clear that "father-figures" always provide it.

"Therefore it is simply begging the question to claim, as some have, that "as a general rule it is better for children to be born into a two-parent family, with both father and mother."<sup>52</sup> The mere

a child from abuse, and in fact somewhat more fathers than mothers are responsible for physical violence directed against their children.<sup>51</sup> But in any case, even if it were conceded that most fathers are exceedingly nurturant, there is no a priori reason to suppose that such nurturance cannot also be provided by women, and it is unjust to rule out, in an a priori fashion, the possibility that individual women and female couples can provide it.

The reference in the report to "father-figures" also suggests a concern about the importance to children of specifically male role models. In the case study cited earlier, one participant remarks,

I do not think we can abandon the concept that a child normally develops out of an experience in which there is a male person, usually father, and a female person, usually mother, and that it is the interaction in that situation which does a great deal to fit him to eventual masculinity and her to femininity [sic].<sup>54</sup>

And the authors of a book on AID remark, "once a stable marriage relationship is no longer a necessary precondition for AID then the social and psychological implications of babies being born in households where no males are present, have seriously to be considered."<sup>55</sup>

But the concern expressed in the examples just cited begs the question that feminists would raise: Is the type of modeling provided by most males essential in child-rearing? Is there some component of child-rearing that only males are capable of providing? One writer claims, "there are advantages to having both masculine and feminine influences on the child's development regardless of the child's sex."<sup>56</sup> But such a claim appears to assume without question both that models of traditional masculinity and traditional femininity are valuable in child-rearing, and that only parents of the "appropriate" sex can and do provide them. Those who point to the alleged necessity of male role models are taking for granted, without argument, that masculine behavior, attitudes, beliefs, and values ought to influence our children.

Yet another reason often cited for depriving women of

access to reproductive technology on the basis of their sexuality is that the resultant offspring will suffer ostracism because of their mother's sexual orientation. For example, "Given the structure of our society, it is easier and more practical to bring children into the traditional two-parent family . . . [because] the child is less likely to be subjected to denigration by his peers."<sup>57</sup> One critic goes even farther and suggests that lesbians who seek AID are "us[ing] the child as a catalyst to change society."<sup>58</sup> He argues that one should not deliberately put a child, who must in any case face the usual problems involved in growing up, in an environment in which extra problems, pertaining to the deviance of his parent, will be encountered.

Corea has pointed out that the notion that "every child should have a father" is an underlying value both in standard child custody proceedings and in the defense of the provision of artificial insemination.<sup>59</sup> This approach, of course, uses the sheer existence of the status quo to defend the status quo and then accuses those who wish to depart from the status quo of exploiting their children as a means to revolutionary change. This tactic is particularly unjust because it ignores the feminist criticism that the problems lesbian mothers face stem not from their inherent nature as women but from the heterosexist social context. A feminist analysis does not assume the moral validity and historical invariance of existing social arrangements.

One writer on artificial reproduction remarks that "it makes a difference whether artificial insemination [or IVF] is refused to a person simply because of that person's sexual orientation or because of the potential harm of that sexual orientation to the child who will be born. The latter is probably justifiable, the former may not be." But what is also unjustifiable is to assume that there is inevitably a connection between the sexual orientation of the parent and potential harm to the offspring. If a woman changes her sexual orientation from heterosexual to lesbian, does she thereby become a worse parent? Would a child born to a lesbian parent be better off if it had never existed? Fitness to parent cannot and should not be evaluated on an a priori basis; at most it can be assessed only from individual case to individual case.



maids, nursery schools, housekeepers, and so forth." The implication, surely, is that such a woman is too selfish to consider other individuals', particularly men's, interests because she regards such individuals as "inconvenient." I hence one writer asks, rhetorically, "Can the American social conscience accept a woman who feels she has no need of a husband or a father for her children?"<sup>74</sup>

As Mary O'Brien so wisely points out, paternity is not a natural relationship to a child but is rather a socially created right to appropriate a child.<sup>75</sup> Marilyn Frye suggests that "the progress of patriarchy *is* the progress toward male control of reproduction, starting with possession of wives and continuing through the invention of obstetrics and the technology of extrauterine gestation. Giving up that control would be giving up patriarchy."<sup>76</sup> A careful evaluation of their arguments shows that in the final analysis nonfeminists and antifeminists are troubled about giving lesbians and single heterosexual women access to reproductive technology because they fear that it would result in a partial disruption of patriarchal power, disruption brought about by the severance of marriage and motherhood and the separation from men of certain women and their reproductive capacities." They therefore anticipate and seek to prevent this possibility by reinforcing the connection between heterosexuality and procreation and by condemning the forgoing of any links between artificial reproduction and other expressions of sexuality.

As I suggested earlier, feminists need not oppose this point of view by claiming a general right to reproduce; it is necessary instead to reveal the poor reasoning used in its defense and to expose its antifeminist and misogynist roots. A member of the Ontario Law Reform Commission claims, "To accept and encourage resort to the artificial reproduction technologies by persons outside a stable marital union under the existing legal regime, in my view, is to sow the seeds of injustice, hardship, and social disorder."<sup>78</sup> Perhaps what he vaguely recognizes is that the assumption of reproductive control by independent women could indeed have revolutionary implications.

### The Requirement of Spousal Consent

The deep and abiding concern for the maintenance of male control over women's sexual and reproductive capacities helps to explain the existence of another significant criterion for women's access to reproductive technology: the consent of certain men—in particular, for married women, the consent of their husbands. It is a criterion applied in a manner that appears superficially to be inconsistent but that can be wholly explained by reference to the requirements of patriarchal dominance.

First, it is notable that a woman seeking AID from a physician or clinic ordinarily has no choice as to who her donor will be; the physician himself makes the selection.<sup>79</sup> Moreover if she is married, she is usually required to have her husband's consent for the procedure.<sup>w</sup> While subscribing to the principle that "the freedom of the individual to take what steps he [sic] could [in being treated for infertility or establishing a family] had to be respected," the Warnock Report explicitly recommends "that the formal consent in writing by both partners should, as a matter of good practice, always be obtained before AID treatment begins." (Notice that if and when a single woman is provided with AID she has the advantage over a married woman in this one respect.) This requirement exists in spite of the fact that the problem of infertility is not hers but his; he permits her recourse to AID, although she could just as well have become pregnant through sexual intercourse with another man."

The requirement of consent in the case of AID appears to be related to the practice in some hospitals of requiring (often contrary to the law) the spouse's permission when a woman seeks sterilization or abortion." A case has also been reported in which a hospital would not perform surgery to clear a woman's blocked fallopian tubes without her husband's consent.<sup>85</sup>

In contrast to the requirements for AID, a man who hires a surrogate mother ordinarily has the opportunity to choose the woman who will receive his sperm, and since the contract is between only him and the surrogate, in *effect* he does not have



to have his wife's consent to the procedure. But the surrogate mother herself, if she is married, is often expected to have her husband's consent to her being a surrogate, whereas the wife of a sperm donor in most jurisdictions does not have to consent to his being a donor.<sup>86</sup>

Some writers have been seriously concerned about the implications of a woman's obtaining AID without the knowledge or consent of her husband. For example, one writer asks whether AID children conceived without the knowledge or "permission" of the mother's husband should be regarded as legitimate. "This would place obligations of a legal nature upon the mother's husband which he might well consider unjust", she remarks. And she adds, "No doubt AID could prove grounds for divorce if it were adjudged to be 'unreasonable behaviour.'" <sup>87</sup> Another writer suggests that such a wife might be sued for divorce on the grounds of mental cruelty.<sup>88</sup>

Michael D. Bayles claims that "the consent of a woman's husband to AID is ethically required if he is to have parental responsibilities";<sup>89</sup> as a matter of policy, he suggests, "husbands of women artificially inseminated by donors should have parental rights and responsibilities if and only if they gave consent for AID."<sup>90</sup> These claims derive from what he calls a "fundamental ethical principle": "No one should involuntarily have parental responsibilities," a principle that "prohibits completely involuntary parenthood."

But while it can easily be agreed that a married woman who undergoes AID or other forms of reproductive technology should so inform her husband and obtain his agreement, it is difficult to concur that his consent is a *necessary* condition for his wife's receiving AID, or that if she fails to obtain that consent he should have no moral or legal responsibility for the resulting child. Of course, in accordance with what was said earlier about reproductive rights, the woman does not in general have a right to be given access to AID—that is, a right to some man's sperm. Yet it seems morally unjustified to grant another person the power to deny AID to her, and that is precisely what the requirement of spousal consent does. This requirement implicitly assents to the myth of the conniving female who uses her reproductive capacities to manipulate a male; to compensate, it accords great respect to the

reproductive choice. But it utterly denies any recognition of the woman's reproductive freedom; such an approach confirms rather than challenges existing social inequities between women and men.

It might be argued that if women are entitled to choice about whether or not they reproduce, men are as well. Yet it is false to assume that men and women are in exactly the same situation in this respect. For a woman, reproductive freedom means the right not to be forced to give her body for the production of another human being, the entitlement to bodily integrity and self-determination. For a man there can be almost no equivalent of the forced reproductive labor to which women have been subject.

Nevertheless a concern for male reproductive autonomy might carry some weight were it not for the fact that failure to consent is linked to exemption from responsibility for the resulting offspring. For this condition disregards the welfare of the potential child, whose interests are probably not well served by providing a moral and legal escape hatch from responsibilities for the person who should be his social father.

In order to see this, consider the most difficult case (an imaginary one), that of a genuinely conniving female. A woman practices contraception (e.g., by taking contraceptive pills) with the full knowledge and consent of her husband. Then, without obtaining his consent or even informing him, she stops taking the pills. She subsequently becomes pregnant after intercourse with her husband. Without a doubt this man has not voluntarily consented to becoming a parent; he may have ardently desired to remain childless. His wife's unilateral action is unjustified; she ought to have at least discussed her decision with her husband. Perhaps the violation of spousal cooperation and good faith is even sufficient to justify his leaving her.

The most obvious observation about this case is that the wife's action does not entitle the husband to require that she obtain an abortion in order to maintain his reproductive liberty, for such a requirement would be a violation of her bodily autonomy. But in addition, it is not at all clear that the husband should automatically be relieved of all moral and legal responsibility for the child. In the rather clear-cut case of

deliberate deception that I have postulated here, it might seem reasonable to say that the husband has no obligations to the resulting child. But in engaging in sexual intercourse, every man should understand that there is almost always a possibility, perhaps in some cases remote, that pregnancy will result, and men should accept the responsibility associated with taking that chance. Furthermore, given a widespread pattern of failure by divorced men to fulfil their financial obligations to their offspring, in general it is also not wise to provide men a loophole ("She tricked me") for avoiding responsibility for their biological offspring. For the imagined case is not a typical one: It is false to assume that women are in general duplicitous; and most instances of "unplanned" pregnancy presumably do not occur through the woman's deliberate deceit. Therefore this case indicates that a lack of opportunity to make a reproductive choice cannot always automatically absolve one of parental responsibility.

It might be thought, however, that the important feature of the AID consent requirement is that the child who is produced is not biologically the child of the woman's husband. Here it would seem that the husband cannot be held responsible because it was no act of his that resulted in the pregnancy. Of course, to a philosopher such as Bayles this cannot be significant, since, as we saw in chapter 7, Bayles also believes that the desire for genetic offspring is irrational. But even if, as I have argued, such a desire is not necessarily irrational, it still could not justify automatically permitting the husband to repudiate an AID child born without his "permission." This is most obvious if we imagine that the husband somehow does not discover until, say, five or ten years after the birth of the child that the child was conceived through AID. In such a case we would surely not want to absolve the man of any moral and legal responsibilities for the child.

The most difficult problem would arise if the husband discovers, not years later but during the wife's pregnancy, that conception occurred by means of AID without his consent. Unlike the last case, in this instance he has not yet developed a history of responsibility to the child, for no child yet exists. But relieving him of all moral and legal responsibility is still not necessarily in the best interest of the child who will be born in *a*

few months. So although it might be important to allow the husband the opportunity for some legal recourse in this sort of situation, the possibility of such a case still does not of itself provide sufficient grounds for *automatically* relieving him of responsibility. Moreover the possibility of such a case is not sufficient to show that a married woman should be required to have the consent of her spouse before obtaining AID, for the requirement would still violate the woman's reproductive autonomy. Hence in general there seem to be a number of good reasons not to require a married woman to seek her husband's consent for AID.

### Parental Screening

In the last two sections discussion was confined to the criteria for access to artificial reproduction, particularly artificial insemination by donor. Nevertheless it is not correct to assume that parental screening does not take place in other contexts; a covert form of parental screening occurs now and has always occurred in connection with reproduction. By means of the following practices the state helps to determine, both directly and indirectly, who will and who will not be parents—that is, who will and who will not have access to the means of reproduction: (1) imposing social restrictions on sexual activity—for example, through the stigma of illegitimacy and regulations governing marriage;<sup>92</sup> (2) providing or failing to provide both contraceptive information and resources and abortion counseling and services; (3) instituting compulsory sterilization for those judged unfit to reproduce; and (4) providing or failing to provide parent support services such as paid maternity leave, child care services, and family allowances. Regardless of what the expressed goal may be of a state's population policy, all of these devices serve to select who will and who will not become parents.

These observations show that the issue of parental screening

screening for parenthood is to legitimate some forms of procreation and parenting and proscribe others. The way in which the state screens potential parents implicitly says a lot about such things as what kinds of parents are desirable, what sort of parent-child relationships should be developed, and what kinds of people children should turn out to be. Ultimately, then, screening for parenthood is the unavoidable expression of the sorts of very fundamental concerns any society must have about the kinds of people its citizens will be.

Hence existing practices of parental screening cannot be assessed on a piecemeal basis. The procedures by which it is decided who will adopt, who will have access to artificial reproduction, who will be permitted to conceive or abort or contracept, are part of a far-reaching system. To evaluate parental screening we must decide what is important. What value do we place upon fertility and upon children? What kinds of parenting do we want to encourage? Should procreation be a burden or a benefit for the women who engage in it? Is a biological connection of paramount importance in a family, so that to have one's "own" genetic child is essential? What is more important: the welfare of children, for their own sake, or the supposed "right" of a person to be a parent?

An antifeminist approach to parental screening is provided by Janet Radcliffe Richards. In a discussion of who should bear the cost of children, she takes the view that "the state" does not

It is not always obvious that other people are as anxious to have children as their producers blithely assume. . . There are actually very few women whom the public at large views with anxiety lest they should take their graces to the grave and leave the world no copy.<sup>93</sup>

As a result she is inclined to think that the state's alleged need for children cannot be used to justify social support for children," and it certainly cannot be used to justify the existence of such services as paid maternity benefits or free day care.<sup>95</sup>

But such a view fails to distinguish between children as individual, unique persons and children as future members of the society's work force.<sup>96</sup> It is unfortunately all too true that

many people do not want children—their own or anyone else's—as individuals; as I argued in chapter 7, children seldom seem to be recognized or valued for their own sake. On the other hand, unless he is a hermit, even the most vehement child hater will have to want at least some minimum number of children (whoever they are) to be created and grow to adulthood, since these future adults will help to maintain and produce the goods and social services he will need to survive when he becomes an elderly citizen. This fact explains how it is possible for a society to be both antichildbirth culture and also pronatalist in its social policies: children are not wanted indeed, may be positively disliked—for who they are but are instead sought because of what they will be able to do in future for the society.<sup>97</sup>

Richards argues that if the state *does* benefit from the production of children, any exploitation of the women who produce them can be avoided simply by ensuring that women can "compete freely for everything else." If enough children are produced in such a "fair system," then not only is the state under no obligation to pay women anything more for the children; "it certainly should not pay anything more."<sup>98</sup> If not enough children are produced, then the *state* could "put its resources into making childbearing more attractive." "The only thing the state need do is decide how many children it wants, and provide incentives until people voluntarily produce enough."<sup>99</sup>

This is the crassest possible view of the state's role in screening for parenthood. Not only is it unjustifiably naive in its assumption that all injustice is removed simply by enabling women to compete, as men do, for opportunities, employment, and services, but it also fails to say anything about the justice and/or beneficence of the kinds of arrangements that might be used to provide incentives for childbearing. It is not, of course, "people" of both sexes who produce children; it is women. How might women be persuaded to "produce"? Would it be desirable to provide "incentives" to every woman to have four, six, eight children if the state determined that that number were needed? Would it be desirable to pay surrogates to produce babies? Would it be desirable to establish special baby farms where women could seek lucrative employ-

niciit as breeders? None of these schemes is at all incompatible with Richards's view of the state's role in regard to childrearing. Her arguments give us a glimpse of a true brave new world reproduction. And they show indirectly that genuinely desirable system of parental screening must first take into account the genuine experiences, desires, needs, and talents of the women who create children.

Despite her insouciance as regards the effects on women of parental screening, Richards is willing to concede that the needs of the children themselves must be met. The state must support them for that reason, so whether we like it or not, she says, parents will benefit from the state support of their children; and this is true in spite of the fact that such a benefit may produce overpopulation in the future. 100

Richards's reluctance to have parents receive state benefits for having children seems mean-spirited, but for once her main concern is not misplaced. In shaping social policy for reproduction a second major concern ought to be the wellbeing of the offspring. Their well-being, it seems, should be one of the prime determinants of the kinds of criteria to be employed in screening prospective candidates for reproductive technology.

## Licensing Parents

It may then appear that the relevant concerns in determining access to reproductive technology will be characteristics of prospective parents that promote competence in child-rearing: for example, such nebulous but significant characteristics as the capacity for nurturance, tolerance, and love, the ability to encourage, stimulate, and develop children, and the person's intentions and goals in seeking offspring.

Why not then follow Hugh LaFollette's recommendation that we "license" parents? LaFollette argues that "any activity that is potentially harmful to others and requires certain demonstrated competence for its safe performance" should be regulated,<sup>102</sup> and

considers and replies carefully to a variety of objections to the proposal, including the claims that denial of a licence could seriously harm a person, that competency tests might not be accurate, that tests for screening, parents might intentionally or unintentionally be misused, and that a program of licensing parents could not be fairly enforced. He also recognizes that there might be skepticism as to whether most of the desiderata for parents can be effectively evaluated: Is it possible to devise tests that will accurately predict competence in child-rearing? LaFollette replies that the aim of licensing should not be to license only the best parents but merely to exclude the very bad ones—that is, those who would abuse their children." Furthermore he cites evidence suggesting that adoptive parents are less likely than biological parents to mistreat their children and argues that this suggests that we have already achieved a successful form of licensing.<sup>104</sup>

Many other practical objections to the licensing proposal have been raised," but these are not the significant problem in assessing it. Given that screening of parents does and will occur, as I have argued, the question is whether the system of prior restraint proposed by LaFollette is appropriate.

At the very least it might be objected that licensing would contribute to the attitude that children are the property of their parents. LaFollette himself is highly critical of that attitude, but it is arguable that successfully licensed parents might well think of children as a prize they have earned.

Even more important, such a system requires applicants to demonstrate (at least minimal) competence; hence such persons are assumed incompetent until proved competent. Such an assumption is quite legitimate for such skills as driving, and unfortunately it may not be unjustified for many prospective parents in a society such as ours with its lack of opportunities to practice caring for children, its allocation of responsibility for parenting almost exclusively to women and not to men, its high rate of child abuse, its dislike of children as individuals, its emphasis on acquiring one's "own" children, and its indifference to the fate of children not one's own. Such existing social conditions and values appear to create the need for a system of

rearing indirectly suggest a more appropriate response to LaFollette's proposal: not to institute a system of licensing but rather to change the conditions and values that otherwise seem to make necessary the prior restraint of some potential parents. This would involve developing feelings of responsibility for all children, not just our "own"; rejecting the notion that a genetically related child is superior to one that is not; providing social supports for many varieties of families and contexts for parenting; respecting and appreciating children as the individuals they are and not for what they represent or will become; creating a climate in which adults and children have many opportunities to work and play together, so that adults will have the experience and practical education relevant to rearing children and children will benefit from not being ghettoized; and expecting as a matter of course that men as well as women will nurture children.

In other words, what is necessary is a child-positive society, a society governed by feminist rather than by patriarchal principles. Contrary to the claim of one infertility specialist, who said that legislation for artificial reproduction "must place the couple and donors first,"<sup>107</sup> and that of another, who claims, fetishistically, that we should "protect the integrity of artificial reproduction itself,"<sup>108</sup> I am suggesting that all of our policies and practices pertaining to reproduction must give top priority to the authentic experiences of women and the real needs of children.

#### Notes

An earlier version of part of this chapter, entitled "Sexuality, Parenting, and Reproductive Choices," will appear in *Resources for Feminist Research/Documentation sur la recherche féministe* 16 no. 2 (forthcoming 1987), and is used here with permission.

1 E.g., Margot Joan Fromer, *Ethical Issues in Health Care* (St. Louis: C. V. Mosby, 1981), pp. 200-202; Margaret A. Somerville, "Birth Technology, Parenting and 'Deviance,'" *International Journal of Law and Psychiatry* 5 (1982): 128-129.

- 2 See Noel P. Keane, "Surrogate Motherhood: Past, Present and Future," in *Difficult Decisions in Medical Ethics*, ed. Doreen Ganos, Rachel E. Lipson, Gwynedd Warren, and Barbara J. Weil (New York: Alan R. Liss, 1983), p. 157.
- 3 Evelyn I. Ferguson, "'The Real Cabbage Patch Kids': An Examination of the Canadian Private Adoption System," *Occasional Papers in Social Policy Analysis* no. 2 (Toronto: Ontario Institute for Studies in Education, 1984).
- 4 Gena Corea, *The Mother Machine: Reproductive Technologies from Artificial Insemination to Artificial Wombs* (New York: Harper & Row, 1985), p. 313; see also p. 134.
- 5 *Ibid.*, pp. 144-145.
- 6 *Ibid.*, p. 183, note 1.
- 7 Rosalind Pollack Petchesky, *Abortion and Women's Choice: The State, Sexuality, and Reproductive Freedom* (Boston: Northeastern University Press, 1984), p. 7.
- 8 Somer Brodribb, "Reproductive Technologies, Masculine Dominance and the Canadian State," *Occasional Papers in Social Policy Analysis* no. 5 (Toronto: Ontario Institute for Studies in Education, 1984), p. 22.
- 9 Daniel Callahan, "Ethics and Population Limitation," in *Ethics and Population*, ed. Michael D. Bayles (Cambridge, Mass.: Schenkman, 1976), p. 25.
- 10 Fromer, *Ethical Issues in Health Care*, p. 172.
- 11 See, for example, D. S. Hutchinson, "Utilitarianism and Children," *Canadian Journal of Philosophy* 12 (1982): 61-73. In "Survival of the Weakest," in *Moral Problems in Medicine*, ed. Samuel Gorovitz et al. (Englewood Cliffs, N.J.: Prentice-Hall, 1976), pp. 364-369, Richard M. Hare argues that we do have such obligations. There is extensive philosophical discussion of our obligations to future generations. See, for example, Derek Parfit, "Rights, Interests, and Possible People," in Gorovitz et al., *Moral Problems in Medicine*, pp. 369-375; Jan Narveson, "Moral Problems of Population"; Peter Singer, "A Utilitarian Population Principle"; and Derek Parfit, "On Doing the Best for Our Children," all in Bayles, *Ethics and Population*, pp. 59-115; and Trudy Govier, "What Should We Do about Future People?" in *Moral Issues*, ed. Jan Narveson (Toronto: Oxford University Press, 1983), pp. 398-413.
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- 13 Petchesky, *Abortion and Women's Choice*, pp. 378-379.
- 14 Hutchinson, "Utilitarianism and Children," p. 71.
- 15 John A. Robertson, "Procreative Liberty and the Control of Conception, Pregnancy, and Childbirth," *Virginia Law Review* 69 (April 1983): 416, 417.
- 16 Hugh LaFollette, "Licensing Parents," *Philosophy and Public Affairs* 9 (1980): 186.
- 17 Michael D. Bayles, "Limits to a Right to Procreate," in *Having*

- Children: Philosophical and Legal Reflections 011 Parenthood*, ed. Onora O'Neill and William Ruddick (New York: Oxford University Press, 1979), p. 14.
- 18 William J. Daniel, "Sexual Ethics in Relation to IVF and ET: The Fitting Use of Human Reproductive Power," in *Test-Tube Babies*, ed. William Walters and Peter Singer (Melbourne: Oxford University Press, 1982), p. 73.
- 19 Bernard M. Dickens, "Reproduction Law and Medical Consent," *University of Toronto Law Journal* 35 (Summer 1985): 256. However, Dickens cites two Covenants that may, he says, be interpreted to accord rights of access to "laboratory conception."
- 20 Robertson, "Procreative Liberty," pp. 406, 408-420; Lori B. Andrews, "Ethical Considerations in In Vitro Fertilization and Embryo Transfer," in *Human In Vitro Fertilization and Embryo Transfer*, ed. Don P. Wolf and Martin M. Quigley (New York: Plenum Press, 1984), p. 407.
- 21 Robertson, "Procreative Liberty," pp. 406, 428, 430-433; Elizabeth Fuller, *Having Your First Baby after Thirty* (New York: Dodd, Mead, 1983), p. 28.
- 22 Robertson, "Procreative Liberty," pp. 410.
- 23 See Bartha Maria Knoppers, "Women and the Reproductive Technologies," in *Family Law in Canada: New Directions*, ed. Elizabeth Sloss (Ottawa: Canadian Advisory Council on the Status of Women, 1985), p. 215; Somerville, "Birth Technology," p. 129; Ontario Law Reform Commission, *Report on Human Artificial Reproduction and Related Matters 1* (Toronto: Ministry of the Attorney General, 1985), p. 43.
- 24 Lori B. Andrews, "Legal Issues Raised by In Vitro Fertilization and Embryo Transfer," in *Human In Vitro Fertilization and Embryo Transfer*, p. 11; and Andrews, "Ethical Considerations in In Vitro Fertilization and Embryo Transfer," p. 407.
- 25 Keane, "Surrogate Motherhood," p. 159.
- 26 *Report of T-Juntan Artificial Reproduction and Related Matters I*, pp. 42-43.
- 27 An example may be found in *Fertility and Sterility* 46 Supplement 1 (September 1986): 4S-6S, 23S.
- 28 Keane, "Surrogate Motherhood," p. 157.
- 29 Pall Ardall, Review of *Ethics and Population*, ed. Michael D. Bayles, *Dialogue* 19 (1980): 166.
- 30 Daniel, "Sexual Ethics in Relation to IVF and ET," p. 73.
- 31 See Naomi Pfeffer and Anne Woollett, *The Experience of Infertility* (London: Virago Press, 1983), p. 2.
- 32 R. Snowden and G. D. Mitchell, *The Artificial Family: A Consideration of Artificial Insemination by Donor* (London: Unwin Paperbacks, 1983), pp. 54-55.
- 33 *Report on Human Artificial Reproduction and Related Matters I*, p. 110.
- 34 Linda S. Williams, "Who Qualifies for In Vitro Fertilization? A

- Sociological Examination of the Stated Admittance Criteria of Three Ontario IVF Programs" (Paper delivered at the Conference of the Canadian Sociology and Anthropology Association, 7 June 1986), pp. () 7.
- 35 Iwan Davies, "Contracts to Bear Children," *Journal of Medical Ethics* 11 (1985): 61; George J. Annas, "Redefining Parenthood and Protecting Embryos: Why We Need New Laws," *Hastings Center Report* 14 (October 1984): 50; Leon R. Kass, "Making Babies: The New Biology and the 'Old' Morality," *The Public Interest* 26 (1972): 49; Daniel, "Sexual Ethics in Relation to IVF and ET," p. 77; Michael D. Bayles, *Reproductive Ethics* (Englewood Cliffs, N.J.: Prentice-Hall, 1984), p. 115.
- 36 R. Snowden, G. D. Mitchell, and E. M. Snowden, *Artificial Reproduction: A Social Investigation* (London: Allen Unwin, 1983), pp. 4-7; Robertson, "Procreative Liberty," p. 407.
- 37 Fromer, *Ethical Issues in Health Care*, pp. 141-143; Harvey W. Freishtat, "Legal Implications of AID," in *Infertility: Medical, Emotional and Social Considerations*, ed. Miriam D. Mazor and Harriet F. Simons (New York: Human Sciences Press, 1984), p. 139.
- 38 Corea, *The Motzger Machine*, p. 39.
- 39 Ian Brown, "High-Tech Conception," *The Toronto Globe and Mail* (1 February 1986): A10.
- 40 Germaine Greer, *Sex and Destiny* (London: Secker Warburg, 1984), pp. 58-61.
- 41 Harriet F. Simons, "Infertility: Implications for Policy Formulation," in Mazor and Simons, *Infertility: Medical, Emotional and Social Considerations*, p. 65.
- 42 Leon R. Kass, "'Making Babies' Revisited," *The Public Interest* 54 (Winter 1979): 55 and footnote 14.
- 43 Edward Keyserlingk, quoted in *The Toronto Star* (5 October 1983).
- 44 Knoppers, "Women and the Reproductive Technologies," p. 216; Corea, *The Mother Machine*, p. 145; Brodribb, "Reproductive Technologies," pp. 15-16; Kathleen A. Lahey, "Alternative Insemination: Facing the Conceivable Options," *Broadside* 8, no. 1 (1986): 8-10; Anibal A. Acosta and Jairo E. Garcia, "Extracorporeal Fertilization and Embryo Transfer," in *Infertility: Diagnosis and Management*, ed. James Aiman (New York: Springer-Verlag, 1984), p. 217.
- 45 Snowden et al., *Artificial Reproduction*, p. 169.
- 46 Mary Warnock, *A Question of Life: The Warnock Report 011 Fertilisation and Embryology* (Oxford: Basil Blackwell, 1985), p. 10.
- 47 Annas, "Artificial Insemination," pp. 5() and 51.
- 48 Council for Science and Society, *HI11111711 Procreation: Ethical Aspects of the New Techniques* (Oxford: Oxford University Press, 1984),

- 49 Report on *Artificial Reproduction and Related Matters* 1, p. 21 and II, p. 158. An entirely different assumption is made in another study, which compares "the vast majority of married couples" who use AID to the "more unusual fringe cases of AID"--that is, single women and lesbians (Snowden et al., *Artificial Reproduction*, p. 59).
- 50 Compare Snowden et al., *Artificial Reproduction*, p. 169.
- 51 "Case Conference-Lesbian Couples: Should Help Extend to AID?" *Journal of Medical Ethics* 4 (1978): 91.
- 52 Warnock, *A Question of Life*, p. 11. Compare Report on Human *Artificial Reproduction and Related Matters* 11, p. 158. Some questions might be raised here about what is meant by "mother" and "father": for example, are these terms intended in the sense of the social parents or in the sense of the genetic parents?
- 53 Alfred Kadushin and Judith A. Martin, *Child Abuse: A Social Interactional Event* (New York: Columbia University Press, 1981), pp. 10, 287.
- 54 "Case Conference-Lesbian Couples," p. 93.
- 55 Snowden et al., *Artificial Reproduction*, p. 13.
- 56 Fromer, *Ethical Issues in Health Care*, p. 143.
- 57 *Ibid.*, p. 143.
- 58 "Case Conference-Lesbian Couples," p. 93.
- 59 Corea, *The Motzger Machine*, p. 52.
- 60 Somerville, "Birth Technology," p. 133.
- 61 Bayles, *Reproductive Ethics*, p. 18.
- 62 Snowden et al., *Artificial Reproduction*, pp. 168-169, my emphasis.
- 63 *Ibid.*, p. 169.
- 64 Dr. Kenneth Soddy, quoted in Jenny Teichman, *Illegitimacy: A Philosophical Examination* (Oxford: Basil Blackwell, 1982), p. 120.
- 65 Quoted in Snowden and Mitchell, *The Artificial Family*, p. 118.
- 66 Somerville, "Birth Technology," p. 135. Interestingly, the same assumption underlies questions raised by Somerville about homosexual sperm donors: "What if there is some inherited predisposition to homosexuality, should we exclude such donors or at least warn the female recipient of the sperm of this characteristic of the donor? Would it be acceptable to insist on married donors in order to reduce the chance that the donor is homosexual?" (p. 127).
- 67 See "Case Conference--Lesbian Couples," pp. 92-93.
- 68 *Ibid.*, p. 95.
- 69 Marilyn Frye, *The Politics of Reality: Essays in Feminist Theory* (Trumansburg, N.Y.: The Crossing Press, 1983), p. 98; and Adrienne Rich, "Compulsory Heterosexuality and Lesbian Existence," in *Women: Sex and Sexuality*, ed. Catharine R. Stimpson and Ethel Spector Person (Chicago: University of Chicago Press, 1980), p. 63.
- osexual Fenitism and Political Lesbianism (London: Onlywomen Press, 1981), p. 20.
- 71 Compare Fromer, *Ethical Issues in Health Care*, p. 156.
- 72 Snowden and Mitchell, *The Artificial Family*, pp. 118-119.
- 73 *Ibid.*, p. 119.
- 74 Froiner, *Life-Calculated in Health Care*, p. 143.
- 75 Mary O'Brien, *The Politics of Reproduction* (Boston: Routledge & Kegan Paul, 1981), pp. 54-55.
- 76 Frye, *The Politics of Reality*, p. 102, Frye's emphasis.
- 77 Compare Jalna Hanmer, "Reproductive Technology: The Future for Women?" in *Machina Ex Dea: Feminist Perspectives on Technology*, ed. Joan Rothschild (New York: Pergamon Press, 1983), p. 183; and Brodribb, "Reproductive Technologies," p. 5.
- 78 Leal, "Vice Chairman's Dissent," p. 288.
- 79 George J. Annas, "Artificial Insemination: Beyond the Best Interests of the Donor," *Hastings Center Report* 9 (August 1979): 14.
- 80 Freishtat, "Legal Implications of AID," p. 143; Knoppers, "Women and the Reproductive Technologies," p. 216; Brodribb, "Reproductive Technologies," pp. 3-10.
- 81 Warnock, *A Question of Life*, p. xiv.
- 82 *Ibid.*, p. 25.
- 83 Barbara Katz Rothman, "How Science Is Redefining Parenthood," *Ms.* (July/August 1982): 154-155.
- 84 Dickens, "Reproduction Law and Medical Consent," pp. 266-267, 274.
- 85 Somerville, "Birth Technology," p. 138.
- 86 The exception is France. See Knoppers, "Women and the Reproductive Technologies," note 25, p. 228. Freishtat suggests that it would be wise in all cases to obtain the consent of the donor's wife ("Legal Implications of AID," p. 143).
- 87 Teichman, *Illegitimacy*, p. 32, 33. Compare Fromer *Ethical Issues in Health Care*, p. 143.
- 88 Robert B. Munroe, "The Right to Be a Parent: A Legal Perspective," in *Medical Ethics and Human Life*, ed. John E. Thomas (Toronto: Samuel Stevens, 1983), p. 168.
- 89 Bayles, *Reproductive Ethics*, p. 16.
- 90 *Ibid.*, p. 18.
- 91 Elizabeth W. Moen, "What Does 'Control over Our Bodies' Really Mean?" *International Journal of Women's Studies* 2 (1979): 137-138.
- 92 Greer, *Sex and Destiny*, p. 80; Brodribb, "Reproductive Technologies," p. 20.
- 93 Janet Radcliffe Richards, *The Skeptical Feminist: A Philosophical Inquiry* (Harmondsworth: Penguin, 1980), p. 300.
- 94 *Ibid.*, p. 304.
- 95 *Ibid.*, pp. 317-318.

- 97 Moen, "What Does 'Control over Our Bodies' Really Mean?" pp. 129-143.
- 98 Richards, *The Sceptical Feminist*, p. 303, Richards's emphasis.
- 99 Ibid., p. 304. For a partial assessment of this approach to population regulation, see Flayles, "Limits to a Right to Procreate."
- 100 Richards, *The Sceptical Feminist*, pp. 312-314.
- 101 *Report on Human Artificial Reproduction and Related Matters II*, p. 154.
- 102 LaFollette, "Licensing Parents," p. 183.
- 103 Ibid., p. 190.
- 104 Hugh LaFollette, "A Reply to Frisch," *Philosophy and Public Affairs* 11 (1981): 183.
- 105 See Lawrence E. Frisch, "On Licentious Licensing: A Reply to Hugh LaFollette," *Philosophy and Public Affairs* 11 (1981): 173-180.
- 106 LaFollette, "Licensing Parents," p. 196.
- 107 J. Scott, quoted in Linda L. Long, "Artificially Assisted Conception," *Health Law in Canada* 5 (1985): 102.
- 108 Annas, "Redefining Parenthood and Protecting Embryos," p. 52.

## 9 Conclusion

Chapter 1 began by asking whether prenatal diagnosis is insurance for healthy offspring or a dangerous form of eugenics, whether surrogate motherhood is a valuable service or a type of reproductive prostitution, whether fetal sex preselection fosters reproductive choice or gynocide, and whether the surgical recovery of eggs is a good source of experimental material or outright theft from women. These contrasting ways of posing ethical questions about reproduction illustrate the dichotomy between, on the one hand, a nonfeminist or antifeminist approach to reproductive ethics and, on the other hand, a feminist approach. The thesis of this book has been"-- that a feminist approach to understanding issues in human reproduction is more insightful: it uncovers topics that are otherwise neglected, challenges received opinions about reproduction, and sheds light upon the true nature and implications of reproductive technology and the social uses to which it is put. In this final chapter I shall summarize the recurrent themes of a feminist approach to reproductive ethics, describe their policy implications, and suggest some last questions.

### Recurrent Themes

A feminist approach to ethical issues in reproduction involves careful consideration of the consequences of the use of reproductive technology, particularly for women and children. It exhibits, for example, a concern for the effects of fetal sex preselection on the offspring produced and for the implications of surrogate motherhood for the women and children



involved. Such concerns are often overlooked within much of the current nonfeminist and antifeminist literature.

The most obvious indication of this myopic tendency is a persistent and almost exclusive focus on the embryo/fetus. Processes such as fetal surgery and prenatal diagnosis serve to draw more and more attention to the status and well-being of the embryo/fetus, 'the sheer existence of which is assumed to be morally valuable, and permit the treatment of the woman as no more than a sort of carrier or environment for it. They also set the stage for a potential conflict between the alleged rights of the embryo/fetus and those of the woman. For the pregnant woman, correct moral behaviour is then claimed to involve the sacrifice of her own well-being for the sake of the well-being of her embryo/fetus. Moreover the requirements of health and safety, primarily of the embryo/fetus but also of the woman herself, are assumed to be in conflict, actual or potential, with the psychological needs of the woman, which are therefore assumed to be of lesser importance.

In pondering the purportedly rival claims of pregnant woman and embryo/fetus, I suggested that we move beyond rights claims and instead contemplate the rights that are *not* possessed by the parties to the conflict: the woman (or anyone else) has no right to kill or to injure the embryo/fetus; and the embryo/fetus has no right to occupancy or use of its mother's (or any other woman's) body. The virtue of nonmaleficence should govern our relationships with the embryo/fetus, but reproduction ordinarily should not require sacrifices from women.

A feminist approach to reproductive ethics also leads us to reconsider the meanings of reproductive freedom and choice. The new reproductive technology has a paradoxical effect on reproductive freedom, particularly the reproductive freedom of women: on the one hand, it appears to enhance our capacity to make choices, but on the other hand, a closer examination suggests that there are many ways in which reproductive technology may serve to reduce the choices we can make.<sup>2</sup> For example, some prenatal diagnostic procedures, while appearing to extend women's choices in regard to their pregnancies, are now so routine that some women may not fully understand that they are entitled to refuse them. It is taken for

granted that a pregnant woman will submit to an ultrasound test twice in her pregnancy and that, if she is thirty-five or over, she will undergo amniocentesis.<sup>3</sup>

It has been argued by feminist historians that "in most cultures of the world and throughout most of history it is women who have controlled their own reproductive function. That is, the management of reproduction has been restricted to women, and regarded as part of the feminine role."<sup>4</sup> But this system has gradually been usurped by a system of control "based on a profession of formally trained men,"<sup>5</sup> and such a system is enhanced and extended by the addition of complex and invasive reproductive procedures such as in vitro fertilization.

The social uses of these technologies typically stress conformity to the requirements of stereotypical womanhood/heterosexuality, marriage, motherhood—and to the personal attributes associated with that role: passivity, nurturance, desire for children. The imposition of these constraints does not enhance women's freedom as responsible moral agents but instead reinforces traditional limits. Thus as Rosalind Pollack Petchesky points out, an absolute or exclusive assertion of women's right to reproductive control and choice "can be turned back on us to reinforce the view of all reproductive activity as the special, biologically destined province of women . . .,"<sup>6</sup>

Furthermore it is essential to reevaluate what is *meant* by reproductive choice and freedom. Fetal sex preselection, for example, enables people (men in particular) to act upon their biases against females. The extension of misogyny to the point of human conception is not part of what we should mean by reproductive freedom. Another example is surrogate motherhood: not only is surrogacy not the kind of choice that should be socially valued; it is not a real reproductive choice for women at all.

Another recurrent theme found in a feminist approach to reproductive ethics concerns the tendency toward the commodification of reproduction—that is, the introduction of economic relationships into the social patterns of human reproduction. Human gametes and embryos are now or will soon be items that can be purchased from private or state-

supported banks. Children are also commodified by reproductive technology, for it permits them to be treated as consumer goods that can be made to order through IVF, prenatal diagnosis, and fetal surgery, and purchased on the open market. Reproductive technology appears to permit us to raise higher and higher our standards for acceptable children.<sup>7</sup> In such a system both pronatalism and a profound dislike of children coexist: only certain kinds of offspring—those free of physical and mental disabilities, those of the right race or the chosen sex—are held to be of real value.

At the same time, reproductive technology permits men to become primarily the consumers of reproductive services and reproductive products. And it makes women into reproductive consumers as well—but, more directly and significantly, it makes women the suppliers of reproductive services and products through the donation or sale of eggs and embryos and the provision of gestational services for rent. Given the historical connection between the status of children and the value attributed to mothering, there is also a connection between the treatment of embryos and children as luxury items and the promotion of a role for women as reproductive entrepreneurs. Women can perform a "job" involving the lease of their uterus; they produce child-products for sale to wealthy men.

Another theme concerns the emphasis upon a genetic link with one's offspring. Much of the development of reproductive technology has been predicated upon an alleged concern for infertility, particularly infertility in women, which is depicted as a serious handicap deserving every possible treatment. At the same time, the growing commodification of children encourages an emphasis on acquiring one's own children, as personal property. The very genuine and legitimate desires of some women for the experiences of pregnancy and childbirth and caring for a newborn are misconstrued as a desire for a genetic link with one's children. It is not enough to appreciate and enjoy children for their own sake; one must come to possess one who is the product of one's own egg or sperm. Reproductive technology is claimed to offer the one opportunity for women and men with certain types of infertility to have offspring who are genetically linked to them. The impli-

cation is that social parenting is secondary in importance to the opportunity to reproduce oneself.

At the same time, of course, the technologies also permit the severing of the genetic tie. "The new techniques ... not only serve to ensure and reserve lineage, but . . . also serve to confound and complicate

Thanks to new reproductive technology a baby could, potentially, have five different

1.->parents: its genetic mother and genetic father, who supply the ovum and the sperm; its carrying mother, who gestates the embryo produced by the union of ovum and sperm; and finally its social parents, the individuals who rear the child produced by the carrying mother.

A final theme that emerges from this investigation concerns the suspicion of and contempt for women's bodies, particularly women's procreative and sexual capacities, which pervades many of the social structures governing human reproduction. Fear of the female body, regarded as incompetent or dangerous, helps to produce alarm over supposedly widespread "prenatal abuse." It also accounts for an often punitive attitude toward the provision of abortion services: that women who seek abortions must instead pay for their sexual pleasures by undergoing an unwanted pregnancy. And the perceived need for massive technological intervention in conception, pregnancy, and childbirth is bolstered by the conviction that women's bodies are incompetent and inadequate, in need of a "technological fix" in order to function adequately.

## Policy

I have shown that a feminist approach to reproductive ethics emphasizes women's own experiences, needs, and wants in reproduction—for example, women's experience of being pregnant and having a relationship to a fetus, women's attitudes toward fertility and infertility, and women's feelings about

tive products and services, can be coopted for sexist and androcentric purposes. Some writers have tended to use an alleged concern for women—and in particular, for what women want—to justify certain antifeminist policies. It is claimed, for example, that women want to be surrogates, want the "liberty" to sell their reproductive services. It is also claimed that women want access to in vitro fertilization, want desperately to be able to overcome their infertility with the help of artificial reproduction, and are therefore largely responsible for the proliferation of this technology.<sup>9</sup>

Should these supposed wants be taken at face value, in such a way that the women are held entirely responsible for the undesirable consequences of their supposed desire to sell or buy reproductive services and products? Or should the women be found guilty of "false consciousness," in that they do not know what is really good for them and their offspring? Both responses seem unjustified.

The first point to be made is that women are not to be blamed for having socially created desires—desires, for example, to become a mother no matter what the cost, or to sell their reproductive services as surrogate mothers. Instead we must fault the social circumstances responsible for the creation of these intensely felt needs and wants. Second, the undeniable fact that certain wants are socially created does not by itself entail a social obligation to fulfill them (although it may imply an obligation to avoid further contributing to them). The needs of individuals desperately seeking fetal sex preselection, in vitro fertilization, or the services of a surrogate need not outweigh the more general concern for the effects of these practices not only on the individuals who use them but more generally on attitudes toward women and children.

In chapter 8 I argued that access to reproductive technology is neither a right possessed by all human beings nor a privilege to be defended through rigorous screening of applicants. Women have a right not to reproduce, but there is no right to reproduce in the strong sense of an entitlement to all possible assistance to overcome infertility. Yet the absence of that right should not result and need not result in the control of women's reproductive capacities by men; and it need not imply that elaborate criteria of

Unfortunately the existing social situation appears to require that access to the means of reproduction be structured as *either* a right or a privilege. In such a system we seem to have only a no-win choice between, on the one hand, permitting free access to reproductive technology, thereby exploiting children and using women's bodies as experimental material controlled mainly by male scientists, and, on the other hand, depriving some infertile women of what is apparently the only means by which they will be able to have children.<sup>w</sup>

It is safe to say that what I have described as nonfeminist or antifeminist approaches to reproductive ethics have implicitly or explicitly dominated and determined much of the social policy governing reproduction in Western society, at least until quite recently. They serve to legitimate a system of abortion regulation that is concerned almost exclusively with the alleged rights of the fetus; they make abortion a privilege for women rather than a service to which we are entitled. Moreover these approaches help to perpetuate the existing system of ad hoc reactions to infertility, with its emphasis on dramatic treatment and technological overcompensation rather than on prevention. They also permit the continued rapid, unchallenged, and unregulated growth of research in and marketing of reproductive technologies such as in vitro fertilization and embryo transfer, as well as fetal sex selection and preselection, but do not encourage us to ask who these services are really for, who benefits (or should be protected) from them, and whether they constitute a just allocation of medical funds, personnel, resources, and facilities. Finally, these approaches endorse the maintenance of a social system in which women's wants, needs, expectations, and experiences are overlooked or undervalued, and in which control of reproduction—in research, social policy, legislation, and provision of services—is primarily in male hands.

In powerful contrast, a feminist perspective on issues in reproductive ethics suggests, first, that we should reassess the criteria of eligibility that determine which women have access to which types of reproductive technology. And second, we should step back and reevaluate the social system itself. A feminist social policy for reproduction would include the following potentially

already familiar and ongoing demands made by the women's movement:

- (1) research into and development of safe, effective, reversible, low-cost contraceptive methods, and widespread dissemination of birth planning information;
- (2) a focus on abortion as a service for women—that is, the adequate provision of abortion clinics where the service is medically sound and easily available early in pregnancy;
- (3) the direction of medical resources to discovering and reducing the causes of infertility, and eliminating iatrogenic sources of infertility;
- (4) withdrawal of any support for, research into or implementation of technology that increases or contributes to preferences for offspring of one sex rather than the other;
- (5) the decriminalization of surrogate motherhood and the promotion of positive life choices for women who would otherwise be likely to sell their reproductive and sexual services;
- (6) the prevention of the sale of reproductive products such as gametes and embryos, and discouragement of social conditions that tend to promote the commodification of reproduction;
- (7) research into and development and availability of reproductive technology that genuinely reflects women's experiences, needs, and wants and that respects, not exploits, the interests of women and children;
- (8) the reexamination of our attitudes toward and treatment of children, a process that would include the encouragement of general feelings of responsibility and care toward all children, the eradication of pronatalist pressures, and questioning of the alleged primacy of a genetic link to one's offspring;
- (9) the promotion of safe pregnancies and joyous childbirth, whether in hospitals, clinics, or homes, along with financing paid maternity leave, and supporting all parents and caregivers in their efforts to provide the best for children; and
- (10) encouraging many more feminists to become scientists, lawyers, politicians, and academics so that research into

and development and regulation of reproduction and reproductive technology can eventually break loose of its patriarchal and misogynist origins.

### Last Questions

Under patriarchy women's sexual and reproductive capacities are manipulated, exploited, and appropriated; antifeminist and nonfeminist discussions of reproductive technology abundantly illustrate the patriarchal concern for male power and control over and property in female procreation. Yet there is a curious dichotomy in patriarchal attitudes toward this technology. On the one hand, some writers are concerned that men will be rendered superfluous by new technologies and policies for reproduction:

It's still true that love makes the world go round, that mama's little baby needs a daddy to get started. But there are suspicions it doesn't really have to be that way.

Nature keeps adding fuel to the question: "Who needs men?"

They express the fear that men will have insufficient power over reproduction, or will lose that power entirely, through such means as the use by independent women of artificial insemination by donor and in vitro fertilization.<sup>12</sup> For example, one writer argues that although AID and IVF "permit women who want it the freedom to avoid men entirely," both processes still require men as sources of sperm. But using new techniques—"women reproducing without any contribution from men whatsoever"—"males I may become memory."<sup>13</sup> He concludes, "we men may not be entirely dispensable (yet), but it is surely only a matter of time."<sup>14</sup> This fear is also manifested in the obsession of some nonfeminist writers with the possibility that "career women" might hire surrogate mothers<sup>15</sup>—an event that has never yet occurred.

Furthermore, some male opponents of abortion seem to feel personally threatened that "women could, if they wanted to, keep children to themselves and not share them."

By contrast, some other nonfeminist and antifeminist writers seem to view reproduction toward more humane birthing may help to consolidate this gradual male appropriate participation by fathers in childbirth, then, can be seen as a contemporary expression.

According to Pat Allen and Jalna Hanmer, the covert goal of reproductive engineering science magazine carried a detailed article extolling the possibility of male pregnancy.

Some nonfeminist writers are inclined to minimize the future significance of artificial reproduction, on the grounds that

the traditional method is cheap, can be performed at home, takes little time training, or skill, and is a great deal of fun. It will remain the method of choice, and atypical reproduction will have little overall impact on the institutions of marriage or the family.<sup>23</sup>

Yet this view is inconsistent with the twentieth-century pattern according to which reproductive technologies such as prenatal diagnosis, fetal monitoring, and in vitro fertilization were first introduced for special use in a limited number of cases and then rapidly extended to a wide variety of circumstances.<sup>24</sup> Furthermore, these technologies can be seen as part of the much larger historical pattern of control, manipulation, and suppression of female sexuality and reproduction.<sup>25</sup>

A variety of possible future developments in reproductive technology are projected by proponents and critics alike. They include (1) cloning—asexual reproduction achieved by removing the nucleus of a fertilized egg and inserting a donor cell to produce an adult organism genetically identical to the donor;<sup>26</sup> (2) parthenogenesis, the production of an embryo from an ovum without fertilization by a sperm cell;<sup>27</sup> and (3) ectogenesis, the development of embryos using an artificial placenta or within an artificial uterus.<sup>28</sup>

There is ample historical evidence that new forms of technology, claimed to have the potential to free women from traditional roles, may actually contribute to the further reinforcement of patriarchal oppression, often expressed in new ways.<sup>29</sup> Indeed, some oppressive uses of the reproductive technology of the future have been enthusiastically recommended by nonfeminist writers. Joseph Fletcher, for example, envisages that cloning will produce "persons specially constituted genetically to survive long periods outside space

of a son—and he is the son killed (the children) would still have to be produced entirely<sup>18</sup> by conventional means; permitted another woman of her own woman her starring role and to be replaced, or alternatively, to make women a natural cavity where it would develop

I.-)reoccupations with producing perfect offspring free of disease and possessing special characteristics and talents, and helping the infertile by providing genetically related children. Fletcher also favors "making and using man-machine hybrids rather than genetically designed people for dull, unrewarding, or dangerous roles needed nonetheless for the community's welfare." While giving lip service to the notion that these creatures would "be free to choose roles and functions other than the ones for which they had a special constitutional capability,"<sup>31</sup> Fletcher's proposal overlooks the idea that such beings should themselves be regarded as part of the moral community.<sup>32</sup>

All of these processes seem to provide the opportunity for further appropriation of reproduction by patriarchal science. According to one prediction, "reproduction will remain a cottage or craft industry until the artificial placenta is perfected. . . . [At that point] the way opens for factory techniques or 'baby farms' to become the mode of production. The elimination of women, or femicide becomes a possibility."<sup>33</sup> Support for this possibility can be found in descriptions of possible advantages of artificial placentae or uteri: the advancement of fetology; the complete and ultimate protection of the embryo/fetus from infection, radiation, and the effects of smoking, alcohol, drugs, or poor nutrition; and selective breeding of offspring. The concern for "protecting" the fetus in "a perfect artificial environment of ectogenesis [rather] than in the natural intrauterine one"<sup>35</sup> appears to derive from the same distrust and fear of the female body that motivates the concern for "prenatal abuse." One nonfeminist writer favors the use of artificial wombs whenever there are "not enough uteri" (presumably he means women) available.<sup>36</sup> In general, with the development of ectogenesis, what IVF specialist Alan Trounson calls "the maternal component"<sup>37</sup> and what Bayles calls "the rather uncontrolled environment of the womb"<sup>38</sup> would just no longer be necessary.

The ambivalence of nonfeminist and antifeminist writers about the roles of men and women in reproduction, and the great potential of future developments in artificial reproduction to promote the further male appropriation of procreation,

suggest important questions for feminists in our evaluation of new reproductive technology and the social practices governing them. Should men be encouraged to share to an ever greater extent in reproduction, or should the arena of reproduction be reserved as an area of expertise and authority for women only? Are new reproductive technologies a route to the further patriarchal control of women's reproductive capacities, or are they a means to women's liberation?<sup>39</sup>

Feminists have disagreed about the answers to these questions, and in my view it is not yet possible to discern who is correct. One response is given by Marge Piercy, who depicts in a positive fashion the total sharing of revirodution by men and women. In her feminist science fiction novel, *Womatz 071 the Edge of Time*, Piercy describes a future in which embryos of various genetic backgrounds are deliberately bred, fetuses grow in "brooders," and men are "mothers" who are treated with hormones to enable them to breastfeed "their" children. One of the characters in the novel states,

It was part of women's long revolution. When we were breaking all the old hierarchies. Finally there was that one thing we had to give up too, the only power we ever had, in return for no more power for anyone. The original production: the power to give birth. Cause as long as we were biologically enchained, we'd never be equal. And males never would be humanized to be loving and tender. So we all became mothers. Every child has three.<sup>40</sup>

By contrast, other feminists have advocated the reservation of reproduction and new reproductive technologies for women only. Adrienne Rich, for example, sees access to new forms of artificial reproduction as part of women's entitlement to complete reproductive choice:

Ideally, of course, women would choose not only whether, when, and where to bear children, and the circumstances of labor, but also between biological and artificial reproduction. . . . The mother should be able to choose the means of conception (biological, artificial, or even parthenogenic), the place of birth, her own style of giving birth, and her birth attendants.'

And Sally Miller Gearhart advocates the development of ovular merging or egg fusion in which "species responsibility" is returned to all women (women monitor the reproduction of the species) and the value of children.<sup>44</sup> Nevertheless, the careful investigation by feminists of the social conditions of reproduction and the values, attitudes, and beliefs that sustain them make

A possible resolution for the problem of women's and men's roles in reproduction is the attainment of that utopian state a little more likely.

As women, we have to work together to end the "macro" male domination of reproduction on the personal level. This means substantive involvement of men in the work of reproduction—both of their own, biological children and in the more general nursing of children. . . . Ending male alienation from reproduction in contraception, sterilization and abortion.<sup>43</sup>

## Notes

A proposal such as this helps to point the way toward a reproductive ethic that is based on the principle that "on balance, human reproduction is better today than it has been in the past." Earlier versions of parts of this chapter appeared in *Women and Men: Interdisciplinary Readings on Gender*, ed. Greta Hoffman Nemiroff (Markham, Ontario: Fitzhenry and Whiteside, 1986), pp. 245-261, under the title, "Reproductive Technology and the Future of the Family"; and will appear in *Medicine, Ethics, and Law: Canada and Poland in Dialogue*, ed. Tomasz Dybowski, David J. Roy, Marek Safjan, and Jean-Louis Baudouin (forthcoming 1987), under the title "Ethical Issues of Modern Reproductive Technology." The material is used here with the permission of the editors of these books.

1 An interesting example of this is the paper by A. W. Liley, "The Fetus as a Personality," *Fetal Therapy* 1 (1986): 8-17, which purports to examine the psychology of the fetus—inevitably referred to by masculine pronouns.

2 Barbara Katz Rothman, "The Products of Conception: The Social Context of Reproductive Choices," *Journal of Medical Ethics* 11 (December 1985): 191-193. See also E. Peter Volpe, *Patient in the Womb* (Macon, Ga.: Mercer University Press, 1984), p. 134; Kathleen McDonnell, *Not an Easy Choice: A Feminist Re-Examines Abortion* (Toronto: Women's Press, 1984), pp. 70-79.

3 Abby Lippman, "Access to Prenatal Screening Services and Trials: Who Decides?" (Paper delivered at the Policy Workshop on Medical Control: Pregnancy Issues, Sixth National Biennial Conference of the National Association of Women and the Law, Ottawa, 22 February 1985), pp. 12-14.

4 Ann Oakley, "Wisewoman and Medicine Man: Changes in the Management of Childbirth," in Tite *Rights and Wrongs of Women*, ed. Juliet Mitchell and Ann Oakley (Harmondsworth: Penguin, 1976), p. 19.

5 *Ibid.*, p. 18.

6 Rosalind P. Ollack Petchesky, *Abortion and Woman's Choice: The State, Sexuality, and Reproductive Freedom* (Boston: Northeastern University Press, 1985), p. 7.

- Warren, and Barbara J. Weil (New York: Alan R. Liss, 1983), p. 148.
- 8 Leon R. Kass, "'Making Babies' Revisited," *The Public Interest* 54 (Winter 1979): 45.
- 9 Mary Margaret Steckle, letter, *Healthcare* 7 (Winter 1985): 25.
- 10 Compare the disastrous social alternatives to providing in vitro fertilization envisaged by Paul Bravender-Coyle in "In Vitro-Fertilization and the Law in Australia," *Health Law in Canada* 6 (1986): 70-71.
- 11 Jack Miller, "Scientists Try to Create Life without Males," *The Toronto Star* (21 April 1985): F8.
- 12 See the discussion by Mary Anne Warren in *Gendercide: The Implications of Sex Selection* (Totowa, N.J.: Rowman Allanheld, 1985), pp. 61-67.
- 13 Jeremy Cherfas, "No More Men," *Omni* 8 (December 1985): 28, Cherfas's emphasis.
- 14 Ibid.; compare Jeremy Cherfas and John Gribbin, *The Redundant Male: Is Sex Irrelevant in the Modern World?* (New York: Pantheon Books, 1984), pp. 60, 177-179.
- 15 E.g., Rodney Deitch, "Implications of In-vitro Fertilisation," *The Lancet* (10 April 1982): 864; and Iwan Davies, "Contracts to Bear Children," *Journal of Medical Ethics* 11 (June 1985): 61.
- 16 Andrea Dworkin, *Right-Wing Women* (New York: Perigee Books, 1983), p. 74, Dworkin's emphasis.
- 17 Janet Radcliffe Richards, *The Sceptical Feminist: A Philosophical Enquiry* (Harmondsworth: Penguin, 1980), p. 301.
- 18 See Warren, *Gendercide*, pp. 57-61.
- 19 Datha Clapper Brack, "Displaced—The Midwife by the Male Physician," in *Biological Woman—The Convenient Myth*, ed. Ruth Hubbard, Mary Sue Henifin, and Barbara Fried (Cambridge, Mass.: Schenkman, 1982), p. 221.
- 20 Coleman Romalis, "Taking Care of the Little Woman," in *Childbirth: Alternatives to Medical Control*, ed. Shelly Romalis (Austin: University of Texas Press, 1981), p. 95.
- 21 Jalna Hanmer and Pat Allen, "Reproductive Engineering: The Final Solution?" in *Alice Through the Microscope: The Power of Science over Women's Lives*, ed. The Brighton Women Science Group (London: Virago, 1980), p. 211.
- 22 Dick Teresi and Kathleen McAuliffe, "Male Pregnancy," *Omni* 8 (December 1985): 51, 52, 54, 56, 118.
- 23 Samuel Gorovitz, "Engineering Human Reproduction: A Challenge to Public Policy," *Journal of Medicine and Philosophy* 10 (August 1985): 272.
- 24 Gena Corea, "Unnatural Selection," *The Progressive* 50 (January 1986): 22.
- 25 Hanmer and Allen, "Reproductive Engineering," pp. 222-226. 26 Michael D. Bayles, *Reproductive Ethics* (Englewood Cliffs, N.J.: Prentice-Hall, 1984), pp. 116-118; Jalna Hanmer, "Reproductive Technology: The Future for Women?" in *Machina Ex Dea: Feminist Perspectives on Technology*, ed. Joan Rothschild (New York: Pergamon, 1983) p. 193; Hanmer and Allen, "Reproductive Engineering," pp. 218-219; Clifford Grobstein, *From Chance to Purpose: An Appraisal of External Human Fertilization* (Reading, Mass.: Addison-Wesley, 1981), pp. 125-130; Margot Joan Fromer, *Ethical Issues in Health Care* (St. Louis: C. V. Mosby, 1981), pp. 66-72.
- 27 Hanmer, "Reproductive Technology," p. 193; Hanmer and Allen, "Reproductive Engineering," pp. 219-221; Grobstein, *From Chance to Purpose*, pp. 130-132.
- 28 Hanmer and Allen, "Reproductive Engineering," pp. 221-222; Bayles, *Reproductive Ethics*, pp. 125-127.
- 29 Joan Rothschild, "Technology, Flousework, and Women's Liberation: A Theoretical Analysis," in Rothschild, *Machina Ex Dea*, p. 79.
- 30 Joseph Eletcher, *Turnaround: Essays in Biomedical Ethics* (Buffalo: Prometheus Books, 1979), p. 85.
- 31 Ibid., pp. 85-86.
- 32 Bayles, *Reproductive Ethics*, p. 122.
- 33 Hanmer and Allen, "Reproductive Engineering," p. 212.
- 34 Fromer, *Ethical Issues*, p. 159.
- 35 William A. W. Walters, "Cloning, Ectogenesis, and Hybrids: Things to Come?" in *Test-Tube Babies: A Guide to Moral Questions, Present Techniques and Future Possibilities*, ed. William Walters and Peter Singer (Melbourne: University of Oxford Press, 1982), p. 117.
- 36 Ibid., p. 116.
- 37 Robert Weil, "Interview: Alan Trounson," *Omni* 8 (December 1985): 126.
- 38 Bayles, *Reproductive Ethics*, p. 125.
- 39 See Kathleen McDonnell, *Not an Easy Choice: A Feminist ReExamines Abortion* (Toronto: Women's Press, 1984), pp. 113-123.
- 40 Marge Piercy, *Woman on the Edge of Time* (New York: Fawcett Crest, 1976), p. 105.
- 41 Adrienne Rich, "The Theft of Childbirth," in *Seizing Our Bodies: The Politics of Women's Health*, ed. Claudia Dreifus (New York: Random House Vintage Books, 1977), pp. 153, 1163.
- 42 Sally Miller Gearhart, "The Future—If There Is One—Is Female," in *Reweaving the Web of Life*, ed. Pam McAllister (Philadelphia: New Society Publishers, 1982), pp. 268-284.
- 43 McDonnell, *Not an Easy Choice*, p. 123, her emphasis.
- 44 Bayles, *Reproductive Ethics*, p. 130.