

# Probing Question: Should society regulate reproductive technologies?

May 28 2009, By Alexa Stevenson

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Image: Bill Horne

It is not generally considered polite to ask people how their children were conceived. We tend to view reproduction as a private matter, something that happens behind closed doors, and stays there. But recent furor over octuplets born to a California woman via in-vitro fertilization has brought the subject out of the bedroom. This single case is being debated in offices and around dinner tables, and has created real controversy in the field of assisted reproductive technology.

Infertility rates are rising, and reproductive technologies have exploded over the past fifteen years. But regulating those technologies can land us in muddy ethical water: does society have a right to scrutinize under a microscope conception that occurs...well, under a microscope? Where do we draw the line?

"These are very complicated issues," says Nancy Tuana, Penn State professor of philosophy and director of the Rock Ethics Institute. "Our society has recognized a woman's right to bodily integrity, and many view that as transferring to reproductive technologies. Women should be able to make choices about their bodies."

So what is to prevent a 70-year old from using donated eggs to get pregnant, or a woman from purposely conceiving six babies at once? According to Tuana, some regulation is built in, simply by virtue of the ethical rules governing the doctor-patient relationship. "Doctors have the right and responsibility to properly advise their patients," she says. "And if a patient is requesting a procedure that the doctor views as too risky either to the health of the individual — or, in the case of reproductive technologies, the future individuals — the doctor has the right and possibly the responsibility to decline. So that is one way in which there is a limitation on individual rights."

There are large gray areas, concedes Tuana, such as the number of embryos a doctor may transfer during in [vitro fertilization](#). Transferring more than two or three embryos increases the chance of pregnancy with triplets or more, and these pregnancies are risky to both the mother and the fetuses. How much risk is acceptable is not codified in law — it's a matter for the hospital ethics board. While the standard is to transfer no more than two embryos to a woman under age 35, a young woman with very poor egg quality may require more aggressive treatment. Explains Tuana, "These are areas where you cannot have a simple bright and shining line that says it's wrong or it's right. You really have to look at it in all of its complexity and all of the context."

Outside the boundaries of the doctor-patient relationship, things get muddier. In the case of the [octuplets](#), a single woman with no means of support and six other children used [reproductive technology](#) to become pregnant. Should be a law to prevent such a thing from happening again?

What would the specifics be? As Tuana points out, this line of inquiry quickly lands us in highly-charged terrain, where a person's marital status, health, finances, or sexual orientation might be seen as determinants of "fitness" to become a parent.

"We view the right to become a parent as a very important right of individuals in this society. People don't want to be told whether or not they should have children or how many children they should have. To regulate who can and cannot have access to reproductive technologies would violate that basic principle."

However, continues Tuana, that doesn't mean that we as a society should have to pay for other people's decisions. "That's another question — what kind of a right is this, to have children? Is it a negative right or a positive right?" A negative right, she explains, would be saying that we have a right to exercise this use of our bodies, that "no one may try to stop a woman who is, for instance, a lesbian, or too old by some standards, from accessing reproductive technology when they can fully pay for it."

But a positive right goes further, Tuana notes. It says that we are responsible as a society to provide individuals with all the resources they need in order to access that right. In the case of a right to have children, this might mean society paying for fertility treatments for people like the mother of octuplets, who could not afford them herself.

"I think it is an interesting question to ask," says Tuana, "Do we have an ethical responsibility as a society to do everything we can to ensure that as many women who want to become pregnant can do so? In other words is this a positive right? In a situation where we have an abundance of resources, we might want to say 'Sure! Why not?' But we are hitting a medical insurance disaster, and we may have to decide that certain procedures are not covered because they are not necessary for basic

health."

There are complex ethical issues involved in balancing the various rights of citizenship, Tuana concludes. "There aren't many clear yes or no answers. We should all be part of the conversation."

Source: By Alexa Stevenson, Research/Penn State

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