

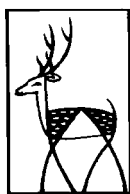
*Freedom and*  
**Responsibility**  
in Reproductive Choice

EDITED BY JR SPENCER AND ANTJE DU BOIS-PEDAIN

# Freedom and Responsibility in Reproductive Choice

*Edited by*

JR Spencer and Antje du Bois-Pedain



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## PREFACE

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This collection of essays grew out of a multi-disciplinary conference held in the Law Faculty in Cambridge on 2 and 3 July 2004. We wanted to explore some of the philosophical, sociological and legal questions raised by the medical possibilities of artificial procreation and the changing social setting in which both sexual and medically assisted reproduction take place.

These questions are profoundly important. Science when applied to procreation has the potential to radically affect the way we live our lives, and the way we think about our lives, and indeed about life itself.

Advances in medical and scientific knowledge have already led to changes in human procreation, child-bearing and child-rearing which have altered the face of society fundamentally—at any rate, in the western world. For thousands of years, sexual intercourse meant having children. For that practical reason, it was officially viewed as something that should take place only within marriage. For most of the population, family life would typically involve a child-birth every year, and in most years a child death too, until the mother's menopause—or commonly, her early death. The 18<sup>th</sup> and 19<sup>th</sup> centuries saw improvements in child-rearing, of which the result was that child-deaths became less frequent, though births for a time continued at their previous high rate. The consequence, of course, was a population explosion—notably in the United Kingdom and in Germany. (To add a personal note, at home I have a picture of my great-grandmother, taken around 1895, surrounded by her nine children; all of whom survived to adulthood, and five into old age, in which I remember them.)

The next stage in the story was the growth of contraception. Though known about in principle for centuries, its practice was, until comparatively recently, often regarded as immoral. In the later years of the 19<sup>th</sup> century it began to be tacitly accepted by the respectable. But long after it became widely tolerated it was disapproved of by influential and vocal people, not all of whom were Catholics. As late as 1934, the Anglican Bishop of London told a possibly astonished House of

Lords that ‘when I hear of 400,000 [contraceptives] being manufactured every week, I would like to make a bonfire of them and dance round it.’<sup>1</sup> But today in Europe, and western society generally, it is almost universally accepted. This is true even among Catholics, most married Catholics practising it despite the continuing official disapproval of the Catholic Church.

In purely material terms, the main result of the general acceptance of contraception has been the return to a population that is stabilised in size—although now with a high standard of living. But contraception has brought other changes of a non-material sort that are perhaps even more significant.

Of these the most obvious is a dramatic alteration in the position of women. Until recently, a woman often had to choose between a career, and getting married. Far from being officially protected against discrimination, women in employment who got married were often formally required to resign. More fundamentally, the link between having children and having sex has, in one important sense, been severed. Sexual intercourse is no longer inseparably linked to having children. For those who are sexually active, sexual intercourse is something that is done primarily for pleasure, and not in order to have children—or even in the conscious awareness that the birth of a child might be the result. And this in turn has led to a revolution in public attitudes towards sexual morality. Sixty years ago, the view to which most respectable people publicly adhered was that sex outside the bounds of marriage was wrong, and when it happened—as of course it often did—those concerned, if they were detected, were said to be ‘living in sin’. Today, I believe most people accept the idea that it is immoral to be unfaithful to your partner, if you have one; but few still accept the idea that it is immoral to have sexual relations with a person to whom you are not married.

Now reproductive medicine has the potential to produce social changes equally profound. If contraception means that having children is no longer the necessary consequence of having sexual intercourse, artificial procreation means that sexual intercourse is no longer the necessary precondition for having children. As Martin Johnson explains in his contribution to this book:

Initially, this new scientific knowledge and understanding about human reproduction focused on controlling reproduction through more effective birth control (sex without babies or recreation without reproduction), but latterly reproduction without recreation (babies without sex) has also become an option. The type and number of babies, the time in parents’ lives at which they are born and the range of parents responsible for producing them can be controlled. The genetic selection of early embryos *in vitro* is possible, and interventions by clinicians are the main cause of multiparity (multiple births). Medical assistance enables post-menopausal women to give birth, and gay

<sup>1</sup> Quoted by EJ Bristow, *Vice and Vigilance: Purity Movements in Britain Since 1700* (Dublin, Gill and Macmillan, 1977).

and lesbian couples, as well as women on their own, to become parents. Scientists now distinguish between four categories of parenthood (genetic, coital, uterine or gestational, and post-natal), each contributing to the establishment of an individual's identity and each susceptible to biomedical intervention. The discoveries of science have thus forced a major re-evaluation of social attitudes to reproduction, sexual expression, parenthood and the nature of families.<sup>2</sup>

All this brings an obvious need for philosophical reflection. It was with that in mind that the conference in July 2004 was held. And it was to stimulate this reflection further and more widely that this book of essays has been written.

As a member of the Cambridge Law Faculty, I feel a sense of collective pride that the conference took place in Cambridge and that this book is also in a sense a Cambridge project. Much of the basic science that made reproductive medicine possible took place in Cambridge. Two eminent Cambridge scientists working in this area whose names come instantly to mind are Professor Sir John Gurdon—and Martin Johnson, whose chapter has just been quoted. The legislative framework in which reproductive medicine in this country is practised is the Human Fertilisation and Embryology Act of 1990. This stemmed from the work of a Committee chaired by Baroness Mary Warnock—who, like Martin Johnson, has contributed a chapter to this book. The father of medical law in this country was another Cambridge scholar, Glanville Williams, for many years a professor in the Faculty of Law. In 1958 he critically examined the law on contraception, sterilisation and artificial insemination in the light of growing scientific knowledge and developments in philosophy in his pioneering book *The Sanctity of Life and the Criminal Law*.

But although I feel collective pride, I cannot claim much personal credit for either the conference or the book. The original idea for both came from my colleague Antje du Bois-Pedain, who worked on it with the help of another respected colleague who has contributed a chapter to this collection, Andrew Bainham. To draw an analogy with reproductive medicine, my role was, at the highest, to act as a facilitator, like the IVF consultant at the infertility clinic. It was my more expert colleagues who provided the gametes.

The main way in which I was able to facilitate this project was as a Manager of the Ver Heyden De Lancey Fund. Baron Cornelius Ver Heyden De Lancey (1889–1984) was a Dutchman, who lived and worked at various times in London, Rome and Jersey. He was astonishingly versatile. In the course of his very long life he was successively a dentist, a surgeon, a barrister, an expert on art history, a doctor, and finally once more a dentist. A wealthy man, in 1970 he founded the

<sup>2</sup> MH Johnson, 'Regulating the Science and Therapeutic Application of Human Embryo Research: Managing the Tension Between Biomedical Creativity and Public Concern' (in this collection; footnotes omitted).

De Lancey and De La Hanty Foundation, to stimulate studies in medicine and the law, and to promote links between these disciplines. The foundation endowed the Ver Heyden De Lancey Fund at Cambridge, which is used to promote lectures on medico-legal subjects, and to support the medical law collection in the Squire Law Library. This fund provided a grant to enable us to hold the conference. I hope the first Ver Heyden De Lancey Conference, and now this book, are fitting tributes to the memory of this learned, generous and public-spirited man.

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## LIST OF CONTRIBUTORS

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**Andrew Bainham** is a Reader in Family Law and Policy at the University of Cambridge and a Fellow of Christ's College, Cambridge. He is a founding member, and was the first chair, of the Cambridge Socio-Legal Group. His specialised interests are in family law and children's rights. He was Special Advisor to Baroness Nicholson of Winterbourne MEP in her capacity as Rapporteur for Romania in the European Parliament. In that role he was closely involved in the reform of Romania's child protection and adoption laws. He has published *Children: The Modern Law*, 3<sup>rd</sup> edn (Bristol, Jordans, 2005), and co-edited many publications by the Cambridge Socio-Legal Group, most recently *Children and Their Families: Contact, Rights and Welfare* (with Bridget Lindley, Martin Richards and Liz Trinder; Oxford, Hart Publishing, 2003); and *Sexuality Repositioned: Diversity and the Law* (with Belinda Brooks-Gordon, Loraine Gelsthorpe and Martin Johnson; Oxford, Hart Publishing, 2004). Most recently he has co-authored a report with Clem Henricson of the National Family and Parenting Institute, funded by the Joseph Rowntree Foundation, on the relationship between policies directed towards families and those directed specifically at children.

**Thomas Baldwin** is Professor of Philosophy at the University of York, a member of the Nuffield Council on Bioethics and of the Steering Committee of the UK Stem Cell Bank, and deputy chair of the Human Fertilisation and Embryology Authority. He is also editor of *Mind* and President Elect of the Aristotelian Society. His research interests are in 20<sup>th</sup> century philosophy, philosophy of language, philosophy of mind and bioethics. Recent publications include *Contemporary Philosophy. Philosophy in English since 1945* (Oxford, OUP, 2001); and *The Cambridge History of Philosophy: 1870–1945* (editor; Cambridge, CUP, 2004).

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**Martin H Johnson** is Professor of Reproductive Sciences at the University of Cambridge (since 1992) and a Fellow of Christ's College, Cambridge (since 1969). He also is a founding member of the Cambridge Socio-Legal Group and is Distinguished Visiting Fellow at the Centre for Advanced Studies at La Trobe University, Melbourne, Australia, 2005–06. He was a Harkness Fellow (1971–73), Head of the Department of Anatomy in Cambridge (1995–99), Chairman of the British Society for Developmental Biology (1984–89), Hon. Secretary of the Professional Advisory Group for Infertility and Genetic Services (1989–94), member of the Human Fertilisation and Embryology Authority (1993–99) and Visiting Professor at the University of Sydney, Australia (1999–2004). He has published over 200 papers on the science, medicine, ethics and socio-legal impact of reproduction and early development, as well as papers on medical education. He is co-author, with Professor Barry Everitt, of *Essential Reproduction* (Blackwell Science, 6<sup>th</sup> edition forthcoming), and has co-edited *Sexuality Repositioned: Diversity and the Law* (with Andrew Bainham, Belinda Brooks-Gordon and Loraine Gelsthorpe; Oxford, Hart Publishing, 2004).

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**Martin Richards** is Director of the Centre for Family Research and Professor of Family Research at the University of Cambridge. His research interests include marriage, divorce and family and, most recently, the psychosocial aspects of new

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**Alison Shaw** is a Senior Research Fellow at the University of Oxford in the Department of Public Health. She holds a doctorate in Social Anthropology and has specialist research interests in Britain's ethnic minorities, medical anthropology, kinship and social aspects of genetics. Her recent research has centred on kinship, marriage, health and genetic counselling issues among British Pakistanis. Her publications include *A Pakistani Community in Britain* (Oxford, Blackwell, 1988); *Kinship and Continuity: Pakistani Families in Britain* (London, Harwood Academic Publishers, 2000); and 'Interpreting Images: Diagnostic Skill in the Genetic Clinic' (2003) *Journal of the Royal Anthropological Institute*. From 2001 to 2005 she was engaged in research funded by the Wellcome Trust UK investigating the impact of genetic risk information on British Pakistani families referred for genetic counselling.

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**Bonnie Steinbock** is Professor of Philosophy at the University at Albany, New York State (SUNY). She is a fellow of the Hastings Center, and a member of the ethics committee of the American Society for Reproduction and Medicine. She has published widely on bioethical issues; her perhaps best-known book is *Life Before Birth: The Moral and Legal Status of Embryos and Fetuses* (Oxford, OUP, 1992; paperback 1996). She is the area editor in fertility and reproduction for the

3<sup>rd</sup> edition of the *Encyclopedia of Bioethics* (Basingstoke, Macmillan, 2003) and is currently editing the *Oxford Handbook of Bioethics*.

**Mary Warnock** For decades, Baroness Mary Warnock has held a prominent place as a philosopher, an educationalist and a figure in public life. She taught philosophy at Oxford and at Cambridge (where she was Mistress of Girton College from 1985 to 1991). She is an active member of the House of Lords, and has taken part in several governmental committees, notably the Committee of Inquiry into Human Fertilisation and Embryology (1984), which she chaired, and which prepared the ground for the legislation that currently regulates this area in the UK. Her passionate interest in this topic has remained with her: her recent writings include *Making Babies: Is There a Right to Have Children?* (Oxford, OUP, 2000).

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# INTRODUCTION

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ANTJE DU BOIS-PEDAIN

What responsibilities, if any, do we have towards our genetic offspring, before or after birth and perhaps even before creation, merely by virtue of the genetic link? What claims, if any, arise from the mere genetic parental relation? Should society through its legal arrangements allow 'fatherless' or 'motherless' children to be born, as the current law on medically assisted reproduction involving gamete donation in some legal systems does? Does the possibility of establishing genetic parentage with practical certainty necessitate reform of current legal regimes of parenthood? And what limits, if any, should we set on parental procreative choices in the interests of future children, particularly with regard to genetic engineering and related techniques?

A pertinent feature of medically assisted reproduction is that it makes the 'when', 'where' and 'by whom' of reproduction more controllable. Increasingly, it also enables prospective parents to control what sort of children they will have: through genetic screening and embryo selection and through possible future techniques of genetic enhancement. It is thus becoming possible for parents to ensure that a child of theirs shares a trait they value about themselves (even if others or society in general may view that trait as a disability) or, conversely, that it does not share a trait which they deplore. Ultimately, we may even become technically able to create children who are largely genetic duplicates of ourselves.

Already, medically assisted reproduction is not only opted for by persons who find it difficult or impossible to beget or conceive a child without medical help, but seen and used by some as a valid, perhaps even superior, alternative to 'ordinary' sexual procreation<sup>1</sup>—particularly when there is a desire to make use of preimplantation genetic testing techniques. What does learning about the possibilities of genetic enhancement and trait selection and about certain genetic causes of disability mean for, and do to, those who find themselves confronted with this new scientific knowledge as they struggle to lead responsible lives, as prospective

<sup>1</sup> From a biological perspective, the term coital procreation might be more precise, since sexual procreation can not only, as in colloquial use, refer to procreation through sexual intercourse, but also more generally to procreation which involves the participation (and genetic endowment) of two sexually differentiated beings—a perspective from which any technique which creates embryos through the fertilisation of a human egg with human sperm is sexual as opposed to asexual procreation.

parents, biomedical doctors and scientists, or policy-makers? Can the concept of procreative autonomy help us to understand the moral setting in which reproductive choices are made? Or is the so-called right to procreative autonomy merely a reflection of our sexual freedoms and does it extend only as far as these freedoms go?

One reason why many people find the discussion of moral questions raised by the new scientific possibilities of procreation so utterly disconcerting relates to 'the overall structure of our moral and ethical experience'.<sup>2</sup> As the legal philosopher Ronald Dworkin explains:

that structure depends, crucially, on a fundamental distinction between what we are responsible for doing or declining, individually or collectively, and what is given to us, as a background against which we act or decide, but which we are powerless to change. ... For everyone, the distinction, however they describe it, draws a line between who and what we are, for which either a divine will or no one but a blind process is responsible, and what we do with that inheritance, for which we are indeed, separately or together, responsible. That crucial boundary between chance and choice is the spine of our ethics and our morality, and any serious shift in that boundary is seriously dislocating.<sup>3</sup>

The essays in this book all can be read against that observation. But the dislocations they respond to are not merely those directly created by medical progress and the new kinds of choices which modern reproductive technologies bring in their wake. Considerable dislocation also results from the 'context' of medically assisted reproduction for those who opt for it: from the 'medicalisation' of procreation, the involvement of medical professionals in the 'making' of their child, and the end of intimacy for the procreative act. Provocatively, but not inaccurately, some biomedical scientists and doctors describe their involvement in the conception of 'test tube babies' as a kind of 'fatherhood'.<sup>4</sup> And even if the medical professionals involved still take a step backwards and view themselves merely as doctors discharging their duty to treat their patients, their presence and involvement profoundly affects the procreative experience which their patients have. No one has captured this better than Simone Bateman when she writes that:

These techniques have [not only] created new options for persons who would otherwise not have had children, but they have also progressively altered the practices and relationships that condition and give meaning to reproduction in our society. This is primarily because reproductive technology is most often made available in a medical setting, where relationships are defined in therapeutic terms, where values give precedence to

<sup>2</sup> R Dworkin, *Sovereign Virtue. The Theory and Practice of Equality* (Cambridge, MA, Harvard University Press, 2000) 443.

<sup>3</sup> *Ibid*, 443–44.

<sup>4</sup> See MH Johnson, 'A Biomedical Perspective on Parenthood' in A Bainham, S Day Sclater and MPM Richards (eds), *What is a Parent? A Socio-Legal Analysis* (Oxford, Hart Publishing, 1999) 47.

the quality, security and efficiency of the technical act, and where physicians are held responsible for the appropriate management of procedures. Impregnation no longer has to do with the privacy of one's sex life, but with the accomplishment of a medical act.<sup>5</sup>

Moreover, background dislocations to our moral thinking of the kind Dworkin refers to also occur through broader social changes which affect the range of 'liveable lives' open to us. Our social practices, though always (in an abstract way) matters of choice, and hence subject to constant and ongoing moral scrutiny and reflection over centuries, are in another sense as much part of the backdrop for our moral decisions as scientific possibilities. Social mores, the accepted practices of society, have a profound and often determinative influence on what people view as choices they can make, as opposed to a destiny to endure and try to make the most of. They also colour the moral quality of making certain choices, such as to bring a 'fatherless' child into the world.<sup>6</sup> Human choices are always contingent upon a certain social setting, and any moral assessment must take account of this contingency. Different social practices and changing ways of life might allow and indeed compel us to re-conceptualise as a matter of choice behaviour which in earlier times could not have been seen as chosen in any meaningful way. To give but one example: in 17<sup>th</sup> century Britain, an unwed woman who found herself pregnant and without independent means had little if any prospect of getting the means by which to support her child through respectable gainful employment. She also had to contend with the fact that any child born out of wedlock would be discriminated against by society and be seriously disadvantaged throughout his life, a situation which she was powerless to change. The health risks which would have attached to any attempt to discontinue her pregnancy would also have affected the moral quality of any choice she might make. Her choice was located in the world in which she lived, with a profound impact on the morality of any resulting decision. In 21<sup>st</sup> century Britain, an unwed woman who finds herself pregnant and without independent means may well have a realistic option of finding gainful employment, or else may have access to state benefits or child support. She lives in a society where the marital status of any child born to her as such does not detrimentally affect this child's chances in life. She has, however, access to safe abortion. All these are colorants which affect the moral assessment of her choice.

There may be a further reason for the sense of moral panic with which we often react to the dislocating effects that new scientific possibilities have on our morality.

<sup>5</sup> S Bateman, 'When Reproductive Freedom Encounters Medical Responsibility: Changing Conceptions of Reproductive Choice' in E Vayena, P Rowe and D Griffin (eds), *Medical, Ethical and Social Aspects of Assisted Reproduction* (Geneva, World Health Organisation, 2001) 320.

<sup>6</sup> This is a point touched upon by John Harris and Lisa Bortolotti in their discussion of moral problems raised by the choice to have a child who will suffer from what is (in their terminology) a 'merely social disability' ('Disability, Enhancement and the Harm-Benefit Continuum'; in this collection).

In discussing these possibilities, we already find ourselves in a world different from the one we knew so far because we now live in a society where the chance/choice boundary has been irreversibly shifted, where something that was previously a matter of chance has become a matter of choice. But as we find ourselves called upon to re-think our moral obligations in the light of this change, we cannot escape the fact that the actual world which surrounds us is not yet shaped by multiple exercises of these new choices and their consequences. In our discussion of the moral obligations we face by virtue of the most recent shift in the chance/choice boundary we thus cannot rely, as background information, on our experience of 'the world we live in'. Instead, we struggle to imagine a social setting where the new kind of choice is really made by people on an everyday basis.

Again, an example might illustrate this point. In a world where sexual intercourse is inescapably linked to a risk of procreation this forms the backdrop against which sexual behaviour needs to be morally evaluated. It can be morally wrong to have sexual intercourse precisely because it would be inappropriate, and unfair to any resulting child, to run this procreative risk. In other words, the wrongness of running the procreative risk rebounds on the sexual act itself, making it wrong as well. Contrast this with a world where sexual intercourse need not be linked to procreative risk. Here too, of course, a sexual act could still be morally wrong because it would be inappropriate, and unfair to any resulting child, to run this procreative risk. But that—otherwise identical—sexual act would not be wrong if the procreative risk was eliminated from it (or reduced so much that it effectively counts as elimination). And living in this changed world where a sexual act may or may not carry a procreative risk has at least one further factual repercussion: our sexual partner might be mistaken about the fact that a particular sexual act is potentially also a procreative one, and this misapprehension we can either be aware of or not, and may even have had a hand in bringing about. That this profoundly changes the morality of sexual encounters should be obvious.<sup>7</sup>

The social and moral dislocations which follow upon the advent of safe and effective contraception may be largely behind us. The social and moral dislocations resultant from past, present and future advances in medically assisted reproduction are (notwithstanding the fact that already about 2% of babies born in

<sup>7</sup> It is interesting, and in a sense almost pitiful, to observe the initial reaction by many theologians and philosophers to this changed world in which procreative risk had become a matter of choice: to deny that they lived in a changed world. Many discussions in the 1970s stressed that no contraceptive method could be absolutely safe, thereby suggesting that there could be no morally significant difference between, on the one hand, a sexual act which carried the usual procreative risk associated with unprotected intercourse, and, on the other hand, a sexual act which carried, if any, only the infinitely much smaller procreative risk which attaches to protected intercourse. Other systems of morality—first and foremost, the teachings of the Catholic church—simply decreed that only unprotected sex was acceptable; shutting their eyes against the fact that the morality of unprotected sex can never be the same in a world where to have unprotected sex has become a matter of choice and not necessity (if one is to have any sex at all).

some European countries have been conceived with some form of medical assistance in their conception)<sup>8</sup> still largely ahead of us. They have begun to change the way we think about parenthood and procreative autonomy, and—together with other changes in our social landscape—they inspire legal and other regulatory changes. And increasingly they force us to reconsider the parameters of our debate; in particular whether—as Onora O'Neill suggests—'[r]eproductive choice is ... not best seen on the model of the exercise of a liberty right.'<sup>9</sup>

The essays in this book address these dislocations. Part I takes up O'Neill's challenge about the relationship between procreative autonomy and liberty rights. Chapter 1, by Mary Warnock, focuses on the limits of rights-based discourse about reproduction. She points to the fact that claiming a right is always a public act, and that it is always appropriate when someone claims a right to look out for the person or institution on which there is to rest a corresponding duty. She distinguishes between claiming something as a legal right and as a moral right, and discusses in the light of this distinction a recent court case where a woman who had begun fertility treatment with her then partner was forced to give up her not yet implanted embryos when her partner withdrew from the treatment.<sup>10</sup> She reads the judgment as saying that, in effect, even a moral right on the part of the claimant is difficult to uphold in this situation—procreation is too personal a matter not just for the claimant but also for her partner to tie her partner down to promises he made, unwisely but not callously, within an on-going relationship that has now ended.

She then addresses the difficulties, both factual and moral, which arise from the Human Fertilisation and Embryology Act's injunction to consider 'the welfare of any child who may be born' as a result of fertility treatment. On the factual side, there is the problem of: 'irremediable ignorance: We cannot know with any certainty how it will be for someone brought up as the child of two homosexuals, ... or two who are profoundly deaf.' And on the moral side, we have to ask ourselves: what standing, if any, should doctors, regulators, and society at large have to conclude that a person ought not to have the child they want?

This question has become particularly pertinent with regard to the possibilities of pre-implantation genetic testing and 'trait selection', and possible future techniques of genetic enhancement. While 'tissue typing' of embryos before implantation to ensure that the child who will be born will be able to act as a 'saviour sibling' for an existing child seems acceptable, can we say the same for genetic enhancements? If it were really possible for prospective parents to select a range of traits, physical attributes and characteristics which their future child might

<sup>8</sup> See MPM Richards, 'Genes, Genealogies and Paternity: Making Babies in the Twenty-first Century' (in this collection).

<sup>9</sup> *Autonomy and Trust in Bioethics* (Cambridge, CUP, 2002) 61.

<sup>10</sup> *Evans v Amicus Healthcare Ltd* [2003] EWHC Fam 2161; [2004] EWCA Civ 727; [2005] Fam 1.



have, would parents then have a right to make such choices? Warnock believes that they would not.

It is not so much that the characteristics chosen might turn out after all not to be such a blessing to the child as the parents had supposed. It is rather that it would change the relation between the child and its parents in a potentially damaging way. ... [C]hildren are not like houses and horses, among the possessions of their parents. To insist that your child shall be born not with a unique and unpredictable mixture of genes passed on by both of its parents but with the characteristics you yourself would choose for it is to overlook this distinction.

Chapter 2, by Thomas Baldwin, addresses precisely this point: the morality of present and future efforts, through genetic selection and manipulation, to try and make 'better children'. For the purposes of his discussion, a child is 'better' than another if it is likely to lead a better life than a child who would otherwise have been born. This, in turn, is a function of how well equipped the child is for life: his health, range of talents, and so on. It is also, he acknowledges, very much a function of the environment in which the child grows up, and he is of the view that there can never be anything wrong with trying to make better children by supporting children and their families in their struggle for decent education, healthcare and housing. But the question he wants to concentrate on is whether prospective parents are morally entitled, or even morally obliged, to choose a child with the best genetic endowments it can have. Baldwin distinguishes between, on the one hand, strong procreative beneficence—the position that prospective parents are obliged to avail themselves of advances in medicine and technology to ensure that they are making the best child they can have—and, on the other hand, weak procreative beneficence—the view that it is always permissible to make children in ways which are likely to make their lives better than the lives of those children who would otherwise have been born. He thinks that strong procreative beneficence, as defended by Julian Savulescu, is unacceptable for the same reasons that make the similar 'obligatory' version of utilitarianism unsupportable: that we are not responsible for the state of the world, and that such a principle would be destructive of individual liberty. Objections to weak procreative beneficence, however, can only arise from deontological constraints—cases in which deontological principles are violated by liberal eugenic practices (a moral position which Baldwin defines as the combination of procreative autonomy and weak procreative beneficence). Ultimately, Baldwin does not think that there are any plausible cases of this sort: what comes closest to it is a hypothetical case in which parents 'select' the sexual preferences of their future child, since such a child may well have an 'alienating sense of another person intruding in her life' from knowing that her parents determined an aspect of her being which she cannot disavow: but if we were to conclude that such a feeling of alienation might result for certain (though