

## **New Reproductive Technologies: Bio-politics between Autonomy and Marketisation**

The reproductive technologies introduced since the 1980s have been the subject of extremely controversial discussions among women. Whereas some see unobstructed access to ultrasound examination, in vitro fertilisation (IVF), pre-implantation diagnostics (PID) and numerous genetic tests as a gain in freedom and control, others fear that the introduction of these new technologies will have the opposite effect—namely weaken women's autonomy.

### **Freedom of choice vs. imputation of responsibility**

In Western societies the right to freedom of decision, planability and greatest possible control over a pregnancy has been derived from the right to reproductive health acknowledged ever since the Beijing World Conference on Women. The new reproductive technologies promise help. The possibility of displacing ova or embryos from the woman's body creates options that might have emancipatory potential. Many women see women's self-cultivation through surrogate maternity or ova sale as a step towards overcoming traditional gender hierarchies which have assigned men the business and women altruism. But above all, the new technologies are supposed to help reduce the uncertainty: Can I prevent my child from being sick or handicapped? With the technical control and intervention options, the range of responsibilities assigned to women increases – hence also the paradoxes of responsibility. Women assume responsibility voluntarily for reasons of care and perspicacity but they do this in the context of a social and health system that – in the course

of a "geneticisation of health and sickness" - has defined the criteria for the well-being of woman and child based on efficiency and technical efficacy. It has become one's personal responsibility to appropriate the available technology and to adopt the ideas of medical risk assessment regarding possible health damage or handicaps: in short, to decide for an "optimal" child according to social and medical norms or even for an "optimised" child. In contrast, the critics of the new technologies point out the very poor success rate of IVF: it lies at 15%-20% per embryo transfer. Other objections are the health risk and the decision traps created by tests for incurable illnesses. The treatment of childless women with IVF brings women in a *no-win* position. Although they learn on their own bodies how little certainty and success these methods bring, they try repeatedly and so become dependent on technology—since reproductive medicine will offer them ever newer methods (Kollek 2000).

Fixation on technology also obscures alternatives (adoption) and the social conditions in which reproductive technologies are embedded. Lack of childcare and all-day schools and as well as discrimination against women with children at the work place prompts many women to postpone motherhood after they have succeeded in their careers. Hence the desire for children arises in the period when the "biological window" for pregnancy already begins to close and "risk pregnancies" become more likely. Therefore, it seems advisable to use the technical aids in the form of tests, IVF, and PID. It may be social reasons such as poverty and dependence which lead women to sell their ova. Fertility clinics and research centres have a constant demand for this sought-after "raw material" for which they offer

discounts for fertility treatments or—as has recently become known in Rumania — just *cash*.

### **Between consumer freedom and human dignity**

The liberal sense of freedom of choice includes the freedom to choose certain qualities in the resulting child. In the USA and England PID is not only used to avoid certain genetically-determined illnesses but, also for selection of positive qualities. In US newspapers "family balancing" and "social sexing" are advertised. This could soon be allowed in England too. If so, there will be no holding back. Not only selection criteria such as gender but very quickly other attributes like eye colour, body size or sexual orientation will follow.

Such "social criteria" will open the door to a new kind of consumer eugenics. Even if the selection criteria vary they are in any case gender coded. In China, Korea, and India, the preference for boys — rooted in economic and socio-cultural conditions — leads to massive abortion of female fetuses. Although this is not to be expected in the Western societies, gender-coded fashions and preferences for existing and new gender hierarchies could prevail.

Critics of the liberal position object to the equation of freedom of choice and autonomy. It is more reasonable and strategically sound to conceive of autonomy as a defence and not a right to be claimed (Braun 2000). Women decide autonomously whether or not to bear a pregnancy to term. Their bodies may not be instrumentalised for other purposes against their will. Hence it is a right of defence. However, the entitlement should be

restricted. This is because the women's desire for her own child - possibly definable by positive attributes - is seen as the key by which reproductive technology invades the female body. This, the critics say, constitutes the threat of a "new social appropriation of the female body"-from which women have emancipated themselves since recognition of their right to abortion. Embryo protection is supposed to fend off this threat. It is based on the principle of human dignity. In the case of a conflict with the pregnant woman, the rights and interests of the woman override the objective of embryo protection. Outside of the body, however, the embryo must be more stringently protected. The aim is to prevent or at least to impede the abortion of fetuses that show indications of a later handicap, but even more important to preclude any selection according to positive attributes using PND or PID. Accordingly embryo and stem cell research is to be prohibited to the extent that it produces "surplus" embryos through IVF or cloning.

### **Defence against consumer eugenics**

Liberal feminism contends that the woman's right to determine for herself the continuation or termination of an undesired pregnancy could be called into question if such protection measures were considered. Above all, it is argued, that pitting the embryo against the woman-so to speak-means depriving women of their rights and marginalising them. Protection of life based on an ethics of the relationship between the embryo and the pregnant person only permits consideration of an embryo if a woman also intends a fertilised ovum to become a child. If she no longer has this intent, she could supply the "excess" embryos for research purposes. Legally, according to this liberal feminist position, the postulate of a separate embryo protection circumscribes the

entitlement and self-determination right of women. This restriction is imposed strategically as a protection from reproductive technology and its inherent imputation of responsibility.

But is it true that women cannot deal with this imputation? Studies show the opposite. In German and British studies, about 50% of women in a risk group approved of conducting a prenatal or genetic test for Huntington disease. However, only 5-10% actually had such a test performed. Similar observations were reported on the use of PID. Many women welcome the increase in options. Yet where these are allowed they seldom use them. The gap between the "responsible" speech from the medical perspective and the action seems to affirm rather than refute the responsible handling of pregnancy abortion, IVF or PID.

Responsible family planning—this is the position of most women who fought for the right to abortion in the 70s—includes considerations regarding the welfare of the future child, the wellbeing of the existing family and one's own progress. Advocates of a separate and absolute right to life for the embryo based on human dignity distrust women who, conscious of the different obligations, make a decision that is best for all concerned—and not just the embryo. The fear that women will be overwhelmed by reproductive technology and consumer eugenics seems too great. The principle of human dignity is used as bulwark against the universal marketisation and instrumentalisation.

Instead of launching "embryocentric" human dignity against the real and lived ethics of women, it seems like a more successful strategy to draw on the real perspectives of women and their

capacity for autonomous action. After all—at least in the liberal states—it has been possible to reach a consensus about the autonomy postulate in the context of abortion. Why should it not be possible to include defence against consumer eugenics within this consensus? It seems both plausible and reasonable in real life that those who want to live in self determination should not produce children in such a manner that denies these very same children the same degree of control over their lives. As the objects of the decisions of their parents, they are only in a limited position to be the “authors” of their own lives and enter into a free relationship to their biographies (Habermas 2001).

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