

BABY-MAKING: THE FRACTURED FULFILLMENT OF HUXLEY'S *BRAVE NEW WORLD*

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The following is an essay adapted from a lecture delivered in March on Trinity International University's Deerfield campus in conjunction with the Drama Department's spring performance of Aldous Huxley's Brave New World, a play by David Rogers. The essay has been divided into two parts spanning the Spring and Summer 2011 issues of Dignitas.

PART I

I. SETTING THE STAGE

A. GATTACA AND THE EIGHTH DAY CENTER

When it was released in 1997, *GATTACA* was a science fiction thriller, a story of a world where the genetically engineered elite have exclusive rights to space travel, and the "naturally conceived" In-Validis perform the routine, menial tasks to serve and pamper the elite. Vincent, conceived the old fashioned way in the back of a Chevy, was short and had astigmatism and a weak heart. So, his parents, Marie and Antonio, determined not to repeat *that* mistake, instead opting to give their next child every possible advantage. They also reserved Antonio's name for their nearly-perfect son.

Their *in vitro* fertilization procedure (IVF) yielded four healthy embryos, two boys and two girls. The scene at the Eighth Day Center, where they were presented with their options, hints at the mingled anticipation and distress that is not too far removed from what parents experience today. We will return to that scene shortly.

GATTACA is just one of the examples from literature and popular culture that entice us to slow down and think about some of the most serious ethical questions facing us today. Hollywood has given us *The Sixth Day* on human cloning, *The Island* on involuntary organ donors, *John Q* on organ transplantation, and *Minority Report* on neuroethics, to name just a few. These are joined in literature by works such as C.S. Lewis' *That Hideous Strength* and, of course, Aldous Huxley's *Brave New World*.

Sometimes there is an eerie immediacy to the sci-fi futuristic scenarios depicted in these works. Scripts have had to be altered when real-day science threatened to overtake the in-the-future premise of the plot. Meanwhile, the moral conversation, the bioethical reflection, has struggled to keep up. Law and policy lag even farther behind, often feebly attempting to regulate only after a catastrophe or dispute.

Let me suggest that even further back in the field is the church. By "church," I am referring to the people in the pew, people who are actually making the decisions about the use of medicine and

technology. Too often, they turn to popular culture for moral guidance, if they even realize there is a moral question to be answered.

For our purposes here, I am going to explore just one of the areas where serious moral questions need to be answered: assisted reproductive technologies (ART). ART raises some of the most profound questions that human beings are invited to answer: the meaning of marriage, children, and family. The meaning of human dignity and human flourishing. Issues of disability and discrimination, planning, and control.

Let me pause and offer a disclaimer. I am raising sensitive issues such as contraception and infertility. Please hear me on this. I am not critiquing birth control. That is a separate discussion. Certainly the issue of infertility is a painful one, and it has probably touched all of us in some way. I do not want to convey insensitivity, and as a fertile mother, I would not presume to speak for infertile couples. Infertility, too, is grounds for a separate discussion. But infertility is implicated in what I am going to discuss. And, by necessity, I will be addressing assisted reproductive technologies that some of you may have considered or utilized. I have friends whose children were conceived by means of IVF. Once conceived, questions about the circumstances of a child's origins are irrelevant to his or her moral status, value and special dignity as human being. Each one is a precious, unique individual made in the image of God. Finally, I will be discussing procedures that used to be reserved for the privacy of the doctor's office.

GATTACA's story line is the upending of the genetically-perfected expectations of Vincent's brother, Anton. Anton is unable to match up to his potential, and is beat by his older brother in a swimming race, twice. Vincent, meanwhile, assumes the identity of Jerome, a silver medalist swimmer who is paralyzed in a suicide attempt after he failed to get the gold despite his "perfect" DNA. Where both Anton and the original Jerome fail, Vincent succeeds. *GATTACA* subtly, or perhaps not so subtly, reminds us of the burden of giftedness. The genetically "rich" bear the burden of parental, personal and cultural expectations of them.

Let's return to the scene in the Eighth Day Center. Marie and Antonio are informed that all four embryos are healthy, with no predisposition for major diseases, such as the heart disease that threatened to end Vincent's life by the age of 30. They encountered several decision points:

First, they chose the gender, a boy, so that Vincent could have a

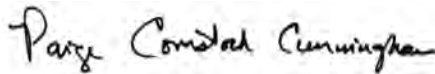
has become trivialized, even by medical professionals? Or, that lay culture cannot see the distinction between relieving suffering and killing when physicians accomplish the acts in question? There were neither guidelines nor controversy once culture-at-large denied the binding precept that doctors do not kill.

History has repeatedly recorded the reprehensible deeds of physicians who crossed the line between white (life) and black (death) medicine. A moral society should shudder. However, new Louisiana laws will be enacted to supervise emergency physician practices in the future. In the words of the physician implicated in the post-Katrina events, “I think what happened to the three of us could really hurt volunteering across the nation.”¹¹ Implied in this statement is admission of unethical behavior. So a physician oversight panel will decide if triage and death hastening during emergency medical response to disasters is to be embraced. Which of the burgeoning models for professionalism’s particular definition of relieving suffering will become normative? If the response to the events that complicated Katrina is any guide, the line they draw between relief of suffering and killing will not be directed by a Christian-Hippocratic compass. Katrina took the blame this time. We should beg to differ. The hurricane was merely a convenient scapegoat for an entire culture that has blurred the lines between relief of suffering and killing. As one evacuated patient stated, “How can you say euthanasia is better than evacuation? Let God make that decision.”¹² ●●●

- 1 Fink, Sheri. “Strained by Katrina, a Hospital Faced Deadly Choices.” *The New York Times*, August 30, 2009, <http://www.nytimes.com/2009/08/30/magazine/30doctors.html?scp=1&sq=stranded%20by%20katrina,%20a%20hospital%20faced%20deadly%20choices&st=cse> (accessed April 7, 2011).
- 2 Ibid.
- 3 Ibid.
- 4 Ibid.
- 5 Ibid.
- 6 Ibid.
- 7 Ibid.
- 8 Ibid.
- 9 Ibid.
- 10 Hafferty, Frederic W., and Brian Castellani. “The Increasing Complexities of Professionalism.” *Journal of the Association of American Medical Colleges* 85, no. 2 (February 2010), http://journals.lww.com/academicmedicine/Fulltext/2010/02000/The_Impact_of_U_S__Medical_Students__Debt_on_Their.31.aspx (accessed April 4, 2010).
- 11 Foster, Mary. “New Legislation Pleases Doctor Accused of Murder.” Committee for Disaster Medicine Reform. <http://www.cdmr.org/> (accessed April 7, 2011).
- 12 Fink, Sheri. “Strained by Katrina, a Hospital Faced Deadly Choices.” *The New York Times*, August 30, 2009, <http://www.nytimes.com/2009/08/30/magazine/30doctors.html?scp=1&sq=stranded%20by%20katrina,%20a%20hospital%20faced%20deadly%20choices&st=cse> (accessed April 7, 2011).

FROM THE DIRECTOR’S DESK, CONTINUED

engenders respect for the particular dignity of women, women’s bodies, and women’s health. As we network with bioethicists and others of good will around the world who share our commitments, we invite you to join our exploration. ●●●



- 1 March of Dimes casebook, as cited in Elizabeth Kristol, “Picture Perfect: The Politics of Prenatal Testing,” *First Things* 32 (1993): 17.
- 2 Teresa Streckfuss, “It’s about Love,” in Melissa Tankard Reist, *Defiant Birth: Women Who Resist Medical Eugenics* (North Melbourne: Spinifex, 2006), 100.

BABY-MAKING, CONTINUED

brother. They asked for specific hair, eye and skin color. They wanted him to be heterosexual so they could have grandchildren.

Next, when the doctor offered mathematic or musical enhancement, Marie jumped at the chance: “Oh, Anton. Choir!” With reluctance they admitted they could not afford the enhancement. Once they started down the path of their assisted reproduction project, the only barrier restraining them was financial. Despite their desire to keep some semblance of natural conception by leaving a few traits to chance, the doctor genetically engineered the embryos to pick “simply the best of you.”

Before they knew it, they were complicit in the destruction of 75% of the embryos they commissioned. Marie’s final question—*What will happen to the others?*—highlights the reality of IVF and the moral status of the embryo. Although perfectly healthy, they were, after all, as the technician smugly phrased it, “merely human possibilities.” We are left with the implication that the embryos will be destroyed.

GATTACA is simply a more sophisticated refinement, based on advances in technology, of the reproductive model we are introduced

to in *Brave New World*.

B. BRAVE NEW WORLD OR 1984? THE SEEMING UTOPIA VERSUS ORWELL’S DYSTOPIAN PARADOX

Aldous Huxley’s *Brave New World* is frequently paired with George Orwell’s *1984*. The contrast is painted in dichotomous terms, Huxley’s seeming utopia providing a calming alternative to Orwell’s dark dystopia. During the World War II era and the Cold War which ensued, critics chose Orwell’s scathing parable of totalitarian control as the more accurate parable. When threats of the “Red scare” subsided and the soothing technology of personal choice and comfort exploded, Huxley’s drug-induced happiness resurged as prophetically accurate.

I suggest that both Huxley and Orwell were right. Huxley captured the spirit of the biotechnological age, and Orwell painted the grim underbelly of totalitarian opportunism and control.

David Rogers’ stage version of *Brave New World* tersely highlights the stark realities of a world of controlled reproduction. In this world, there is guaranteed perfection. There are “no mistakes.” As the various

characters explain the Bokanovsky Process, we learn that women “voluntarily” offer their ovaries for egg harvesting, “for the good of society.” They are compensated with a six-month bonus.

The process proceeds along several models:

- There is the one-of-a-kind embryo produced for the highest castes, the Alphas and Betas.
- The lower castes are mass produced through the Bokanovsky Process. Huxley suggests a kind of “super cloning” process, where as many as 96 identical embryos are produced.
- All the embryos, and later fetuses, are bathed in chemicals designed to bring out the correct traits.
- The chemical conditioning before “decanting” (the word “birth” is an obscenity) continues afterwards through Hypnopædia. Continual repetition, beginning at the toddler stage, reinforces each child’s desires to conform precisely to the role appointed for his or her caste.
- Only 30% of the females are allowed to develop normally. The rest are sterilized.

Their infertile state reflects the “progress” that “has brought us out of the realm of slavery to nature,” the Director proudly proclaims.

Indeed, sex is completely severed from procreation. Sex is for pleasure. Sex is with everyone. Sex is for social stability, by ensuring that no one becomes uniquely attached to someone else.

Today, we have severed sex from marriage, and marriage from procreation. Sex is an expression of personal preference, power, or pleasure. Procreation of children, the “natural way,” is still the ideal. But, for those who spent their fertile years on pleasure, reproduction is possible through ART, through “baby-making.”

II. THE ADVENT OF BABY-MAKING

A. DESCRIPTION OF THE PRIMARY ART METHODS

Let’s take a quick tour through the primary ART methods. The oldest is also the lowest tech. Artificial insemination by husband, or AIH, involves the collection of sperm and transfer to the uterus for fertilization and implantation. A line could have been drawn here. But, this narrow use expanded to include AID, or artificial insemination by

donor, using donor sperm, usually from an anonymous donor, but not always.

Female infertility can be treated with medication. There are a variety of drugs that have different mechanisms of action to cause the female to produce eggs. Surgical procedures may be used to remove tissue, reverse a prior sterilization, or open a blocked Fallopian tube.

If medication and surgery do not work, the couple may attempt *in vitro* fertilization. The woman must take chemical hormones to cause her ovaries to release many more eggs than normal. The mature eggs are harvested through a laparoscopic procedure. Then, the male sperm must be retrieved. They are mixed with eggs in a petri dish, and the hope is that several eggs will fertilize. From one to six days later, one or more of the embryos is transferred to the woman’s uterus where implantation may occur.

If sperm does not successfully penetrate and fertilize the egg, sperm can be injected directly into the egg via ICSI, or intracytoplasmic sperm injection.

Where a woman is not able to carry a pregnancy, the couple may seek a gestational surrogate. A surrogate can be altruistic, that is, she is not doing it for the money. She usually desires to help a family member or friend. One vivid recent example is Jaci Dahlenberg, who gave birth to her triplet granddaughters.

Surrogates can also be commercial, that is, they receive some compensation. Because of legal and cultural barriers against baby selling, the arrangements are usually structured as payments for her medical care and delivery, plus compensation for her time and suffering.

In both altruistic and commercial gestational surrogacy, the woman is the biological mother of the baby or babies she gestates. In some cases, she may be the *genetic* mother as well, agreeing to have her own eggs inseminated with the sperm of the contracting male partner. This is becoming less and less common, as women tended to get attached to babies who shared 50% of their DNA.

Most of these methods involve at least one “third party,” such as a doctor. Some of these ART methods inevitably involve third-party gametes. I’ll say more about that later.

B. HOW DID WE GET HERE? A LEGAL AND CULTURAL REVIEW

We must take the time to stop and reflect on where we are. That was precisely what the Resident World Controller, Mustapha Mond, does not want to happen in the *Brave New World*, when he intones “Mindless pleasure, love without emotion, supreme serenity . . . and best of all . . . *there is no time to think!*”

Contraception

The story in law and policy begins with two Supreme Court cases, *Griswold v. Connecticut* (1965) and *Eisenstadt v. Baird* (1972).

In *Griswold*, the Supreme Court struck down a never-enforced Connecticut law prohibiting the distribution, advice about, or use of, contraceptives, even by married couples.

The Court questioned whether we would “allow the police to search the sacred precincts of marital bedrooms for telltale signs of the use of contraceptives?”¹ The Court concluded that the law violated the right of marital privacy.

A line could have been drawn there, but it did not hold. This was the era of hippies, free love and the birth control pill. In 1972, the Court did an about face on its statement about marital privacy. It ruled that “If the right of privacy means anything, it is the right of the *individual*, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child.”²

Abortion

It was but a short step from the right to use birth control to *prevent* a pregnancy, to the right to abortion to *end* a pregnancy. Just one year later, in *Roe v. Wade*, the Supreme Court ruled that a woman’s constitutional right of privacy encompasses her right to choose to terminate unwanted pregnancy. When read with *Doe v. Bolton* (the other case the Court decided the same day) as the Court explicitly directed, the privacy right was exposed as essentially a right to abortion throughout

The right not to continue a pregnancy implies a right to control not just the spacing and timing, but also the fate of one’s own offspring.

pregnancy for virtually any reason.

The right not to continue a pregnancy implies a right to control not just the spacing and timing, but also the *fate* of one's own offspring. An important feature of the parent-child bond was fractured.

IVF

Just five years after *Roe*, the first “test tube baby” was born. Louise Brown, born in 1978,

was produced from her mother's and father's gametes, mixed via *in vitro* fertilization. The embryo was placed in Lesley Brown's uterus, below her blocked fallopian tube. The world celebrated Louise's seemingly miraculous birth. What was perhaps less well-known was the price of her birth. Over eighty embryos were created and transferred into

wombs, and all of them died. “Happiness must be paid for,” Mustapha Mond reminds us near the conclusion of *Brave New World*. Lesley and John Brown's happiness was paid for with research that did no good for at least 80 unborn children. Good and noble goals sometimes have a high price. The question we should all be asking is whether that price was worth paying.

Cryopreservation

In another significant development, researchers figured out how to cryopreserve, or freeze, human embryos. This meant that when an abundance of harvested eggs produced “excess” embryos, they could be frozen for future use. Another technological hurdle overcome, another line crossed. The first birth from a frozen embryo occurred in 1983.

By this time, “baby-making” involved anonymous men to donate sperm, technicians to harvest and inspect eggs, fertilize and inspect embryos, and doctors to transfer embryos into wombs. Society did not draw the line at providing material or technical assistance. After all, we reasoned, women who were infertile due to blocked tubes could have their tubes unblocked or

bypassed. What about the woman with an inhospitable womb? Should she be barred from parenthood?

Surrogacy

Enter the case of Baby M, born in 1986 to Mary Beth Whitehead. Mrs. Whitehead was inseminated with sperm from William Stern. William Stern's wife, Elizabeth, was not infertile. She had multiple sclerosis and did not want to incur any health risk from pregnancy. So, the Sterns commissioned Mary Beth Whitehead to be their gestational surrogate. Problems arose when Mary Beth became attached to her baby and refused to give up Baby M. A legal battle, naturally, ensued. Just who was Baby M's “real” mother, anyhow?

In a solomonic decision, the New Jersey Supreme Court declared “payment of money to a surrogate mother illegal, perhaps criminal, and potentially degrading to women.”³ The court awarded custody to Mr. Stern, and visitation rights to Mrs. Whitehead. When she turned 18, Baby M terminated Mary Beth Whitehead's parental rights, and Elizabeth Stern adopted her.

The Baby M case was an illustration of “too many parents.” The next legal battle was over “not enough.” The first courtroom battle over frozen embryos was fought in 1992 in *Davis v. Davis*.⁴ Mary Sue and Junior Davis tried to have children via IVF, without success. Before the final attempt, Mary Sue's doctor became aware of cryopreservation, and froze the embryos that were not transferred to her womb. The attempt failed, and so did the marriage. Mary Sue couldn't save her marriage, but she wanted to save her children, by donating the embryos to someone else. Junior opposed the idea. They went to court, and Junior Davis won.

The Tennessee Supreme Court balanced Mary Sue's interest in donation against Junior's interest in avoiding parenthood.

Refusal to permit donation of the preembryos would impose on her the burden of knowing that the lengthy IVF procedures she underwent were futile, and that the preembryos to which she contributed genetic material would never become children. . . . [But] If she were allowed to donate these preembryos, he would face a lifetime of either wondering about his parental status or knowing about his parental status but having no control over it. . . . Donation, if a child came of it, would rob him twice -- his procreational autonomy would be defeated and his relationship with his offspring would be prohibited.⁵

The Court decided that the embryos were actually “preembryos” and entitled to “special respect.” This legal status placed them above human tissue, but below human persons. Because the Davises did not have a prior agreement about their embryos, Junior Davis's wishes should prevail. *Davis v. Davis* did not stop or even slow down the freezing of embryos. No one has kept good track, but within fifteen years, an estimated one-half million embryos resided in liquid nitrogen tanks at various clinics around the US.

The Cultural Revision Is Complete

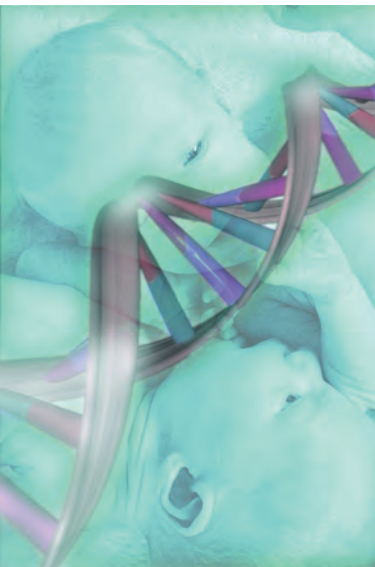
From diaphragms for married couples to paid surrogates to frozen embryos, no legal lines held. In less than one generation, we moved from demanding “sex without children” to “children without sex.”

In 1972, Paul Ramsey predicted the trajectory of assisted reproduction, six years before *in vitro* fertilization succeeded. Nearly thirty years later, Gilbert Meilaender noted the fulfillment of Ramsey's prophetic insight that ART would be “less likely to treat and remedy a medical problem than to provide the desired product by other means.”⁶ Those “other means” included the use of donor sperm, creating a curious kind of social myopia. Meilaender has written poignantly about this twist of events:

When we turn procreation into reproduction, disaggregating its parts, we create difficulties for ourselves that we do not always want to acknowledge. . . . *The man who fathers a child because of a one-night stand will be held legally responsible to support that child throughout his minority. “But if a college student visits the local sperm bank twice a week for a year, produces a dozen children, and pockets thousands of dollars, he can whistle his way back to econ class, no cares, no worries.”* Thus, Kay Hymowitz notes, “by going to a sperm bank, women are unwittingly paying men to be exactly what they object to.”⁷ (emphasis mine)

The irony here would be funny if it did not reflect our serious moral predicament. It is almost as if modern reproductive technology allows us to realize our deepest desires and wants without any moral strings attached. Of course, we are deceiving ourselves, but does anyone even care? “And, [Ramsey] wondered, if medicine makes this turn to “doctoring *desires*,” then

is there any reason for doctors to be reluctant to accede to parents' desire to have a girl rather than a boy, blond hair rather than brown, a genius rather than a lout, a Horowitz in the family rather than a tone-deaf child, or alternatively, a child who because of his



idiosyncrasies would have a good career as a freak in the circus?⁸

This sounds a lot like the scenario at the Eighth Day Center in *GATTACA*, where Anton and Marie select various characteristics for their future child.

Before moving from the legal and cultural shift to what was happening in the church, let's stop and examine what is known about the consequences of ART, particularly IVF. It has impacted women's health, pregnancies, and the child's health, and has psychological and sociological repercussions.

C. CONSEQUENCES OF ART

1. Health Risks

a. For the Woman and Pregnancy

The woman may incur risks of injury and infection from the procedure itself. She is also vulnerable to longer term risks from the fertility drugs, and a possible increased risk of breast cancer. She may experience Ovarian Hyperstimulation Syndrome (OHSS), which can be serious and is incurable. One recent study from the Netherlands suggests that the risk of death from OHSS is underreported worldwide.⁹ There is a possible increased risk of ovarian cancer, but the time frame for the cancers to have emerged is too short, and adequate studies have not been done.

The most commonly used drugs are not even approved by the FDA for this purpose. Lupron, a popular one, is designed for prostate cancer, and its risks for women's health have not been assessed.

The woman may also have a riskier pregnancy. With IVF, there is a higher risk of multiples and twinning, which increases health risks for the mother. The risk of multiples is reduced with eSET, elective single embryo transfer, but it is unknown whether there is a higher risk of identical twinning from the single embryo.

b. For the ART-Produced Offspring

Because a child conceived via IVF is also more likely to be a twin or triplet, they are at higher risk of prematurity, low birth weight, and infant death. Prematurity has been associated with higher incidence of complications and birth defects. Even singleton babies are at a higher risk of prematurity, low birthweight, and perinatal mortality.¹⁰

There have been reports of a risk of genetic malformation, but no prospective studies have been done. *The New York Times* reports the possibility of genetic defects, "including a

hole between the two chambers of the heart, a cleft lip or palate, an improperly developed esophagus and a malformed rectum."¹¹

c. Concerns over Use of Donor Gametes

There are additional risks if donor gametes are used. Genetic disease may have been passed on by the sperm donor. Most donors are anonymous, so there is no way to confirm or track the disease. This can have tragic consequences. Four families had five children with the same rare disease, a severe immune disease that occurs only 1 in 5 million times. All went to the same sperm bank in Michigan, and all used the same sperm donor.

Even if the donor *wants* to communicate health information, it is nearly impossible to do so. No regulations require this kind of record-keeping. A few years ago, a Chicago mother tried to contact families who had used her college daughter's eggs for IVF. Her daughter later died of colon cancer, and this would have been important health information for her genetic offspring to know.

*It made me feel strange
to think that my genes
were spliced together
from two people who
were never in love, never
danced together. . .*

2. Implications

a. For Society

The use of donor egg, sperm, and surrogates has generated a social rearrangement of the meaning of family. A child can be produced with upwards of five parents. An infertile couple may commission the creation of an embryo with donor egg and sperm. Or, if the woman does not have good cytoplasm in her own eggs, she can use a donor egg for that, while she supplies the rest of the cellular material and DNA. The embryo may be gestated in the womb of a fifth person. If they create multiple embryos and then freeze some, the resulting embryos may be donated to yet another couple, who in turn could hire

yet another surrogate.

If the arrangement breaks down anywhere along the way, who is the "real" parent? Unlike *Brave New World*, "parent," "mother" and "father" are not "smut." However, those names no longer stand on their own. The adults involved in the child's creation may be called:

- Genetic parent
- Commissioning couple (people who pay for egg or sperm)
- Contracting parent
- Intended parent
- Social parent
- Gestational parent
- Biological parent

Sometimes, couples who have used IVF with cryopreservation may find that they are like the old woman in the shoe, who had so many embryos she didn't know what to do. Some choose to relinquish them to another couple to gestate and raise through an arrangement called embryo donation and adoption.

Thus, a child could have full genetic siblings, whose lives all started on the same day, with birthdays years apart, and who live with another family.

Psychologists are beginning to express concern about these social rearrangements of the family. The use of third-party gametes severs the connection between marriage, sexual intercourse and procreation. Lines of kinship are blurred and confused when a third party intrudes into the procreative relationship. When those children grow up, they may have a different view of how well the adults' decisions worked out for them.

b. For the ART-Produced Offspring

A question we need to ask of ourselves and our society has not been satisfactorily answered. *Is this in the best interests of children—to be conceived and gestated this way?*

The availability of ART opens the door to the possibility that the embryos are used as means to achieve parental goals, not for their own sake. There is a strong drive to have "a child of my own." It is a powerful biological drive, and it is good and necessary for our continuity with the past, and our sacrifice for our children and future generations. But, it can lead us down a path of *de-humanizing* human embryos. Listen to the language we use: "spare embryos," "leftover embryos," "grade A eggs," "defective embryos." These are labels for products, not children.

Regardless of the intent of any specific couple, the cumulative effect of ART is the modification of children. In practice, market values apply. “Quality egg donors”—the Ivy League coed with high SAT scores, blonde hair, blue eyes, mathematical and musical skills, and good health—command a higher price than the immigrant who spends her days taking care of someone else’s children. Her eggs might be used for research, where they are just a shell for inserting DNA.

Designer Children—A Story

Begin with two loving parents of a child with a rare, incurable disease that can only be treated with a bone marrow transplant. Determine that parents and family are incompatible donors. Search for suitable donors. Find none. Agree to have another baby to create a perfect match sibling. Fertilize eggs. Genetically test the embryos. Fail to get pregnant, and try again. Four times. Create fifteen embryos. Find two that are a perfect match. Successfully implant one. Discard the rest, including the healthy ones that did not match. Rejoice at the birth of a bouncing baby boy whose cord blood saves his sister. See the happy family. *The End.*

You may recognize the story of the creation of Adam Nash, whose sister Molly was born with Fanconi anemia. Adam was specifically created as a “savior sibling,” an involuntary donor to save his sister. We can celebrate Molly’s restoration of health, while lamenting the means used to achieve it.

IVF can also be used to have a child of the “right” sex. In many cultures, that sex is male. Let me tell you another story. A couple in India employed ART. She was 57 and he was 72. She gave birth to twin girls, and abandoned them. Their only goal was to produce a son. At least she didn’t abort them or kill them after they were born.

ART from the Child’s Perspective

We have had longer experience with sperm donors than with egg donors, and many of their offspring have reached adulthood. Some of them are not quite as happy as the pictures on the website promoting IVF would lead you to believe. “*I found out my biological father was a vial of frozen sperm labelled ‘C11’ when I was 21.*” This person published their story on the AnonymousUs website. We will call them Colby.

Elizabeth Marquardt, who published the 2010 study “My Daddy’s Name Is Donor,” concludes:

Our culture needs a serious debate about the implications of technologies used to form many of today’s alternative families, one that places the interests of the resulting children front and center....

Right now, this debate is dominated by talk of adults’ rights—the rights of same-sex couples, the rights of infertile adults, the rights of singles who wish to have a child. ... Our culture also needs to face up to the importance of mothers and fathers in our children’s lives. ... *We cannot assume that they easily forget about those biological parents on the margins just because the adults in their lives want them to (emphasis added).*¹²

Marquardt is referring to gamete donors when she writes of “those biological parents on the margins.” Keep that in mind as you hear the rest of Colby’s story.

I couldn’t relate to my story. I am a human being, yet I was conceived with a technique that had its origins in animal husbandry. Worst of all, farmers kept better records of their cattle’s genealogy than assisted reproductive clinics had kept for the donor conceived people of my era. It also made me feel strange to think that my genes were spliced together from two people who were never in love, never danced together, had never even met one another. ...

At the time these thoughts were incoherent, but I believe they basically boiled down to this.

“How could my own parents decide to deliberately separate me from my kin, to grow up half blinded to my own identity? If they couldn’t face telling me the truth about what they had done, why did they do it?”

“How could the doctors, sworn to ‘first do no harm’ create the system where I now face the pain and loss of my own identity and heritage?”

“How could the government, charged with protecting the most vulnerable members of the community, its children, legislate to make it illegal for me to know the identity of my biological father? How can its institutions subject me to the psychological torture of knowing that records exist, but I am forbidden to know the contents?”

“How could my donor help create me, and then abandon me without even leaving his name?”

For me, the hardest thing about being donor conceived was the powerlessness and lack of choice - being constantly reminded that I must abide by decisions made long ago. Hang on a minute, I never agreed to any of this!¹³

The adults’ autonomy and choice is highly protected in law. The embryos they produce have no protection until birth, and limited choice when it comes to uncovering their genetic heritage. It’s ironic that in this age

of genetic determinism, the conviction that our genes are responsible for everything, that some of us are denied information about half of our genetic identity.

There are more historical threads to this review. They reach back before the 1960s, back to the early part of the 20th century. These threads are being woven into the history of the 21st century, more subtly and disguised more attractively. ●●●

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The final part of this essay will appear in the upcoming Summer issue of Dignitas.

- 1 *Griswold v. Connecticut*, 381 U.S. 479, 485 (1965).
- 2 *Eisenstadt v. Baird*, 405 U.S. 438, 453 (1972) (emphasis in original).
- 3 *In re Baby M*, 537 A.2d 1227, 109 N.J. 396 (N.J. 1988). The court went on to note that “The long-term effects of surrogacy contracts are not known, but feared -- the impact on the child who learns her life was bought, that she is the offspring of someone who gave birth to her only to obtain money; the impact on the natural mother as the full weight of her isolation is felt along with the full reality of the sale of her body and her child; the impact on the natural father and adoptive mother once they realize the consequences of their conduct.”
- 4 *Davis v. Davis*, 842 S.W.2d 588 (Tenn. 1992)
- 5 *Id.* at 604.
- 6 Gilbert Meilaender, *Neither Beast Nor God: The Dignity of the Human Person* (New York, Encounter Books, 2009), 35.
- 7 *Ibid.*, 32. See Kay S. Hymowitz, “The Incredible Shrinking Father,” *City Journal*, 17, no. 2 (Spring 2007), http://www.city-journal.org/html/17_2_artificial_insemination.html (accessed June 2, 2011).
- 8 Paul Ramsey, “Shall We ‘Reproduce?’” *The Journal of the American Medical Association* 220, no. 1 (1972), <http://jama.ama-assn.org/content/220/10/1346.short> (accessed June 2, 2011), quoted in Gilbert Meilaender, *Neither Beast Nor God: The Dignity of the Human Person* (New York, Encounter Books, 2009), 35-36.
- 9 D. D.M Braat et al., “Maternal Death Related to IVF in the Netherlands 1984–2008,” *Human Reproduction* 25, no. 7 (2010): 1782-1786.
- 10 F. Olivennes, R. Fanchin, N. Lédée, C. Righini, I.J. Kadoch and R. Frydman, “Perinatal Outcome and Development Studies on Children Born after IVF,” *Human Reproduction Update* 8, no. 2 (2002): 117-128.
- 11 Gina Kolata, “Picture Emerging on Genetic Risks of IVF,” *New York Times*, February 16, 2009, under “Health,” <http://www.nytimes.com/2009/02/17/health/17ivf.html> (accessed June 1, 2011).
- 12 Elizabeth Marquardt, “My Daddy’s Name Is Donor: A New Study of Young Adults Conceived Through Sperm Donation,” *Chicago Tribune*, May 15, 2005, republished at <http://www.americanvalues.org/html/donor.html> (accessed June 1, 2011).
- 13 Anonymousus.org, “Jaws of Life,” <http://anonymousus.org/stories/story.php?sid=1413> (accessed June 1, 2011).