

# Parenthood: Uncharted territory?

*New technologies can solve reproductive dilemmas—and create others. But, asks George Winter, when new routes to parenthood are being mapped out, who decides how far they may go?*

It may have taken millions of years for humans to evolve, but when it comes to attitudes, evolution can be rapid.

For example, in 1984, when the Warnock Committee considered human fertilisation and embryology, it believed that ‘it is better for children to be born into a two-parent family, with both father and mother’ (Department of Health and Social Security, 1984: 11). By 2002, Baroness Warnock was clear that ‘there can be no law based on the good of the child principle to prohibit homosexuals from making arrangements to have children’ (Warnock, 2002: 69). In April 2018, the leader of the Scottish Conservatives Ruth Davidson said that ‘she and her partner Jen Wilson were ... expecting their first child in October after undergoing IVF’, with Ms Davidson hoping that ‘her announcement could help to underline that it is normal for same-sex couples to have children’ (BBC News, 2018).

As developments in reproductive technology proceed apace, however, some individuals feel that moral boundaries are being tested.

In the context of same-sex couples having children, consider the example of mitochondrial replacement techniques (MRTs), whereby prospective mothers, who carry mitochondrial DNA (mtDNA) abnormalities in their eggs, can have genetically related babies free of mtDNA-related diseases. It can be argued with confidence, therefore, that MRTs are therapeutic measures.

In October 2015, the UK became the first country in the world to legalise MRTs

under a licensed scheme, available only to people at risk of transmitting a severe mtDNA disease (Cavaliere and Palacios-González, 2018). However, MRTs could have two further applications, neither of which is yet legal in the UK: first, MRTs could aid couples where both members have functioning ovaries to have genetically related children; and second, MRTs could reduce the chances of ‘embryonic arrest’—where embryo development is completely halted—and thus allow couples whose infertility is not related to mtDNA mutations to have genetically related children too’ (Cavaliere and Palacios-González, 2018:1).

Cavaliere and Palacios-González (2018) argue that MRTs are not solely therapeutic measures, and that their therapeutic potential cannot be justified as a reason to restrict their use to treat cases of mtDNA-associated disease; rather, they adduce the concept of reproductive freedom, which would entail a right of access to MRTs for those, such as same-sex couples, who wish to be genetic parents.

This might seem reasonable, but Baylis (2018) disagrees. She warns that it can be dangerous to support ethically controversial technologies on the grounds of the therapeutic benefits they confer, only to champion non-therapeutic uses once the technology’s success has been established. She cites the example of pre-implantation genetic diagnosis (PIGD), which was initially devised to identify and destroy embryos with serious genetic conditions. But today, argues Baylis (2018:1), PIGD is used for sex selection in some countries, such as Italy, Northern Cyprus and Thailand (although it is illegal in others, such as the UK, Australia, India, China and Canada) and ‘is promoted as legitimate “family-balancing”’.

However, the most compelling point made by Baylis seeks to distinguish between ‘wants’, ‘needs’ and ‘rights’, maintaining that no one has been conferred with a right to biological parenthood. A right is basically a legal concept, albeit one which ought to be bolstered by a moral framework, and as many examples from history have proved, moral attitudes can shift rapidly.

It seems to me that those who seek to assert a right to biological parenthood may be expressing a want or a need; albeit for understandable reasons. Nevertheless, to suggest that parenthood can only be meaningfully expressed when there is a genetic connection between parent and child seems to ascribe lesser importance to the virtues of love, care and social bonding.

The tyranny of choice, which is one outcome of advances in reproductive technology over recent years, may mean that midwives will soon find themselves discussing with patients a range of unexpected ethical dilemmas, of which MRTs are just one. **BJM**

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