Medical involvement in procreation: how far?

Almost every week brings news stories of technological interference of one kind or another – mostly for good ends, and often with good outcomes – with what used to be the most human, most private and most ‘natural’ act known to man and woman. Heterosexual intercourse has represented the driving force of the whole human race ever since the species came to be. Exchange of hereditary biological material between partners is not biologically necessary for the production of a new generation: nature abounds with examples of asexual modes of reproduction. But once the sexual mode was invented nature seized the opportunity to exploit the immense variation and consequently better selection it afforded. Nature is extravagant, wasteful, careless and often, apparently, wantonly neglectful and ‘cruel’ in these matters. Now it is only a little over a century ago that some of the most basic features of the biology of human sexual reproduction began to be known and understood. The sophisticated insights that have been achieved in recent decades are simply staggering in their implications for the future of society.

I was recently invited to address a regular monthly staff meeting at a local private hospital. Physicians, nurses, social workers, therapists, hospital lawyers etc, made up the audience for what has become a highly visible and successful series entitled ‘Medicine, Ethics and Human Values’. Such programmes seem to be becoming increasingly popular in America’s private hospitals, as they are in medical schools and universities. The subject on which I was asked to speak was ‘Test Tube Babies, Ovum Banks and Embryo Adoption – 1984 in 1982?’ The invitation sent me back to Orwell and Huxley. Orwell I first read soon after publication in 1948 when it seemed not unlikely that the great powers might be able, as Orwell supposed, to divide the world into three distinct spheres of influence. For Orwell, two of them would be constantly at war with the third, but always with changing alliances, and always with the need to re-write history so that the present enemy and present ally would appear to have been always thus. There is not much about procreation in Orwell – only that ‘Children will be taken from their mothers at birth, as one takes eggs from a hen. The sex instinct will be eradicated. Procreation will be an annual formality like the renewal of a ration card. We shall abolish the orgasm. Our neurologists are at work upon it now. There will be no loyalty, except loyalty toward the Party. There will be no love, except the love of Big Brother’. There isn’t much of any of that in America right now: sex and procreation have lost none of their interest; and Ronald Reagan is about as far away from Orwell’s vision of the all-powerful, all-knowing Big Brother as it is possible for a holder of the genuinely powerful office of President of the USA to be.

Clearly, my invited talk was meant to address itself to that other technological fantasy, Huxley’s ‘Brave New World’, published in 1931. It is in the first chapter that Huxley describes, with brilliant irony, the processes of artificial fertilisation and embryo conditioning in the ‘Central London Hatchery and Conditioning Centre’. The aim is to produce creatures with varying degrees of humanness from Alphas down to Epsilons, conditioned contentedly to fill the roles society needs. Huxley refers a lot to test tubes and the various processes to which they and their contents are subjected, en route to the latter being finally ‘decanted’ into society. Huxley’s is a single-state world with no war. Everyone supposedly lives in peace and harmony, sustained by positive reinforcement and daily doses of the happiness-drug ‘soma’.

Both fantasies are scathing attacks on totalitarianism, where absolute power is exercised (for its own sake) by the few over the masses. Orwell’s leaders maintain themselves by the inculcation of hatred and the use of every kind of negative reinforcement. Huxley’s leaders control through positive reinforcement and the inculcation of a pseudo-contentment. Both books represent urgent pleas for the exercise of individual freedom and for protest against a behaviourist philosophy which treats people as infinitely malleable animals. That their warnings had some of the desired effect is evidenced by the sheer rambunctiousness of the peoples of today’s world.

In preparation for my talk I went back over the list of video-recordings we have made of meetings of the UCLA Medicine and Society Forum. In matters dealing with procreation we have had in-depth discussions
between physicians, biologists, philosophers and lawyers on the following topics: (1) intrauterine diagnosis in early pregnancy: fetal, parental and societal considerations; (2) sterilisation before reproduction: the right to choose; (3) abortion: is there still an ethical problem?; (4) genetic screening: the pros and cons; (5) why fertilise human eggs in the laboratory? Why not?; (6) sperm banks: medical, ethical and social aspects; (7) surrogate mothers: private right or public wrong?; (8) is there or should there be a legal right not to be born?; (9) medical assistance in procreation: should doctors impose non-medical restrictions?

In the societies depicted in '1984' and 'Brave New World' such open discussions would be inconceivable. One likes to think that the occurrence of such meetings, and their recording for teaching purposes, might help us avoid the dire consequences that prophets of doom predict about every new technological advance. But it can also be argued that the very practice of open discussion is part of a softening-up process characteristic of slippery slopes. Evidence of this possibility occurred after the birth of the first American 'test-tube baby'. Her name will never be as well known as that of Louise Brown. She was born Elizabeth Jordan Carr on December 28, 1981, in Norfolk, Virginia. The Government hadn’t helped: despite the favourable report encouraging research on in vitro fertilisation and embryo transfer, made by the ethics advisory board of the then Department of Health, Education and Welfare on May 4, 1979, no government funds have as yet been made available for work in this field. The fact was protested by distinguished ethicists and researchers at the January meeting of the American Association for the Advancement of Science. As compared with events after the British 'first', there was very little public outcry about the propriety or morality of 'test-tube babies', but rather a feeling of gratification that American private enterprise had caught up with Western Europe and Australia. There was one punchy article, protesting a public complacency that regards all such technological advances as justified and 'good'. It was written by Margaret O’Brien Steinfels, sometime editor of the Hastings Center Report, and it appeared in the Los Angeles Times on January 3, under the heading ‘Of Tubes and Motherhood: Hatching Better Babies’. Ms Steinfels took everyone to task for virtually all technological interference with ‘the once-simple connections between having sex and having babies, between having babies and starting families’. She tackled virtually all the issues we have considered in our forum, and put the following question: ‘Having loosened the biological tie linking mother and infant, and the psychological and social tie linking mother, infant and father, are we so far from the human hatchery described by Aldous Huxley in Brave New World?’.

She went on ‘In leaving these moral choices to each individual, we naively believe that society will not bear any negative costs such choices might impose. Live and let live is perhaps our last moral consensus… Yet it is not so hard to imagine the day when human hatcheries, having better quality control and greater efficiency, will become the home of better babies. Or the day when family bonds, being no longer necessary, fade away and each of us, at last, can live and let live with a minimum of human contact and human community. Or perhaps, if human hatcheries fail to take hold, the day when women are bought and sold to breed children’. Those are all possible, if unlikely, dangers, of which we must be aware, but Ms Steinfels is much too pessimistic about mankind’s propensity towards evil for my taste.

Open discussion of issues concerning individual rights and the public responsibility either to preserve or restrict them, is the raison d’être of the UCLA Medicine and Society Forum. At the February, 1982 meeting we discussed the topic of ‘Medical Assistance in Procreation: Should Doctors Impose Non-medical Restrictions?’ The problem is that gynaecologists specialising in fertility are increasingly being asked to provide complex and expensive services for women who want to exercise what the US Supreme Court has suggested is their ‘fundamental right to bear or beget children’. Should the response, and the proffered help, be based solely on the medical facts of the situation? Since those facts cannot usually be ascertained except at considerable cost, who should be financially responsible for their investigation? Is ‘infertility’ itself a disease, the treatment of which should be covered by medical insurance? Should physicians make moral or economic judgments about who should be helped and who should not? What kind of ‘informed consent’ must be included in the contract between patient and physician in order to adequately safeguard the interests of each?

A recent TV film was entitled ‘Tomorrow’s Child’. It portrayed the social, ethical and psychological dilemmas created by the selection of a couple to become the parents of the first child to be not only conceived in the laboratory but ‘grown’ there until it was ready to be ‘born’. Huxley predicted the development of the necessary technologies half a century ago. Some of his inventions seem laughably crude in the light of subsequent knowledge of the complexities involved, and the TV film wisely refrained from showing or discussing any of the proposed techniques except for a visual effect culled straight from Huxley: ‘Embryos are like photograph film’, said Mr Foster waggishly, as he pushed open the second door. ‘They can only stand red light’. ‘We are, in fact, many years away from knowing how to provide for the nutritional needs of a placental mammal that is developing extracorporeally. It is always worthwhile to speculate, with a skilled team of communicators, ‘what if’?. If total extracorporeal conception and gestation were possible, would respect for human life be enhanced or diminished? In Huxley’s fable it was clearly diminished. But that was because the prospect of total dehumanisation was what he wanted to warn us about. It could be the exact opposite. That was the message that the TV drama finally conveyed. It is up to society to choose the uses to which technology will be put.
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