BOOK REVIEW

Designer babies: where should we draw the line?

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Designer babies are often presented in the popular media as a kind of apocalyptic spectre of things to come in a brave new world where reproduction is the province of white coated scientists and potential parents in pursuit of trophy children. In this realm physical, intellectual, and social perfection is sought through the manipulation of genes and selection of favoured traits and attributes to the detriment of individuals who cannot compete and of society more generally through the loss of natural selection. It is therefore a pleasure to discover a short readable book that sets out the discussion and its many nuances in concise and accurate terms that will be accessible to all and should help to dispel some of these science fiction myths through scholarly debate.

This volume is part of a collection of books under the title *Debating Matters* that sprang out of a series of public debates organised by the Institute of Ideas. The conferences were intended to reinvigorate debate and the contestation of ideas and contemporary issues the Institute regards as "too frequently sidelined". The arguments are presented by an authoritative who's who of commentators who offer their own insightful readings of various aspects of the debate. Each essayist confirms the fact that the term "designer babies" is an inaccurate reflection of the current ability of science to actively fashion children with selected characteristics, and as a result their discussions, like the uses to which the technology is put, revolve largely around choice and how it might best be exercised.

The underlying popular distrust of reproductive technologies seems to stem from the fact that its use offers people choices that would not be available through nature. In this vein Josephine Quintavalle entitles her piece "Leave it to nature", implying that natural selection and survival of the fittest is preferable to scientific interference. Based on extreme examples of possible uses to which artificial reproductive technology may be put she claims that, "The commodification of children in reproductive technology is turning parenthood into an unhealthy model of self-gratification rather than a relationship where unequivocal acceptance and love of the offspring, an ideal of previous generations of parents, is the primary focus". Her view is

echoed by Agnes Fletcher who raises concerns about the quality of the parent-child relationship where the decision to become a parent is contingent upon the quality of the child produced. Generally people who engage in sexual intercourse for the purpose of reproduction do so in the knowledge that aside from their choice of partner they can do little to influence the characteristics of their potential offspring. However, it is widely recognised, as Veronica English and Ann Sommerville point out, that this has never prevented some people from attempting to engineer particular results. Similarly, others hold deep desires for children with specific physical or personality traits. How do they respond to the birth of children who do not fit their requirements? Anecdotally it seems clear that people frequently have children who do not comply with their avowed preferences and, aside from a very few rare communities where different sociological conditions prevail, there is no great body of evidence suggesting that hordes of children are rejected because they do not conform to their parents preconceived ideals.

Medical intervention in reproduction does indeed offer choices. The choice to conceive a child or to continue with a pregnancy after conception are long established but nonetheless contentious, while more recent innovations in antenatal screening and those associated with in vitro fertilisation present opportunities to select or reject particular characteristics. Quintavalle regards screening tests as imprecise and potentially harmful based on her understanding of a propensity for misleading results that may lead to the termination of a healthy pregnancy and morbidity statistics associated with some invasive techniques. But Agnes Fletcher argues that prospective parents should be provided with full information upon which to base their decisions, by which she means not just details about the health or genetic status of their unborn child(ren) but also about the social and human possibilities that exist for every person, disabled or not. This she argues will better enable individuals to make difficult choices and also benefit society more broadly, especially if it might lead to a better understanding of the needs of people with disability and the avoidance of discrimination.

Yet having acknowledged that medical technology is a very long way from being able to design babies there is a danger that the crucial point, which is that the vast majority of artificial reproductive procedures are conducted solely to permit those who would otherwise not be able to procreate to produce a child who can be loved unequivocally, may be lost in the furore over the possibility of discrimination against some

sectors of society or individual embryos and fetuses. In his usual forthright style John Harris rejects the notion of discrimination between embryos as a fallacy, since an embryo has no rights that can be protected and nobody would have a cause of action in a discrimination complaint. Aside from that discrimination is of course only problematic when it is unfair.

So are we about to enter a brave new world of designer babies? Well, not so that you would notice. Access to artificial reproduction is limited by law, ethics, and money. The Human Fertilisation and Embryology Act 1990 charges the Human Fertilisation and Embryology Authority with responsibility for determining that the technologies are used within accepted legal and ethical parameters and thereby imposes numerous restrictions. For example, only those who meet certain predetermined medical and social criteria will be considered for treatment while others, such as postmenopausal women, will tend to be excluded. The uses to which preimplantation genetic diagnosis may be put have been similarly proscribed so that until very recently it was acceptable to use it for the benefit of the potential child produced but not solely for the benefit of a sibling. At this point Juliet Tizzard injects a reality check into the discussion explaining that choice is problematic not because it is likely to lead to designer babies as popularly envisaged but because it is limited through financial and regulatory constraints and therefore is applied inconsistently leading to disadvantage. Currently most couples can obtain only very limited access to treatment services through the NHS and this is further hindered by overregulation generated by fears of where the technology might lead if left to develop unchecked. With such limited availability it seems unlikely that the balance of society will be threatened by the choices of couples who have no alternative but to use reproductive technology to produce their desired child.

This book, and the series to which it belongs, aims to present a "robust intellectual approach" through stimulating and thought provoking essays. It certainly achieves that. In addition, Ellie Lee's introduction provides an overview of the technologies themselves and the law as it pertains to their use, which is clearly and succinctly written and will be invaluable to readers seeking an understanding of the terminology and the role that these technological interventions might play in overcoming fertility problems. As an informative and intelligent introduction to the debate and the key issues *Designer Babies: Where Should We Draw the Line* should therefore be recommended to anybody who has an interest.

H Biggs