



Medical ethics and broadening the context of debate

doi:10.1136/medethics-2020-106094

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The *Journal of Medical Ethics* has published a few papers over recent years that explore the ethical implications of ectogenesis.¹⁻⁴ It is an as yet undeveloped but theoretically possible method by which a fetus can be gestated outside of the womb, and while the prospects of ‘full’ ectogenesis seem some way off, there are techniques that suggest ‘partial’ ectogenesis could be closer. This issue’s Feature Article considers two of the principal arguments that have been developed in favour of ectogenesis being permissible and available.⁵

Cavaliere observes that the equality and freedom promoting aspects of ectogenesis will only benefit a small number of women, and she argues that it’s the broader political perspective ectogenesis advances that’s valuable. By equality she has in mind the workplace, the burdens of bearing, as well as equality among fertile, infertile, trans and lesbian women. In this context, freedom refers to being free from the burden of reproductive roles as well as expanding range of options available to women.

Her main objection is that the subset of women who will benefit is small and not those most at need of freedom and quality enhancement. She notes that “women belonging to ethnic minorities, poor and disabled women are at a much higher risk of experiencing complications during gestation and childbirth and of dying as a result of these complications.” However, there are financial and cultural barriers to prioritising the access of these groups to ectogenesis.

When arguing about ethics, a technique that is often useful is to consider what a given analysis implies about a similar issue. This can be used as a way of testing a view to see whether the person defending that view can hold that view and accept its implications for another area. For example, one objection to selecting ‘savour’ siblings

who could be tissue matches for ill siblings is that it might ‘commodify’ those children. Sheldon and Wilkinson rebutted this objection by observing that parents treat children in similar ways without us thinking that their behaviour should be impermissible.⁶ Consistency arguments can also demonstrate the soundness of a moral claim and add greater weight to it by showing how it applies well to related issues. This is the argumentative technique used by Romanis who spells out how Cavaliere’s reservations about liberty and equality apply even more strongly to the case of partial ectogenesis.⁷

The extent to which medical ethics should be ‘ideal’ in the sense of considering the ethical issues of a hypothetical future where other forms of injustice have been rectified is an important methodological consideration. It’s often a pressing problem for justice based arguments that are usually made more complex by background injustices. There is a corollary in Horner’s commentary and she points out that the value of thinking about how ectogenesis could promote liberty and equality in a possible future might shed light on what it’s involved in changing society so that liberty and equality are improved.⁸

Campo-Engelstein observes that Cavaliere’s worries about liberty and equality have also been raised in connection with reproductive technologies such as egg sharing.⁹ She argues that such technologies should not be seen as the solutions to injustice and in the case of egg sharing it has had beneficial liberty and equality changes for some women. She claims “... medicine is not the best tool to “cure” oppressive power systems...” and that in the case of ectogenesis “... we should be careful not to co-opt it as an agent of social change.”

Cohen offers three counterarguments to Cavaliere.¹⁰ The first is that she undercounts the benefits of ectogenesis to those

who cannot otherwise reproduce and these include gay men and trans people, as well as women. The second is to draw the distinction between the permissible and whether the worries about liberty and equality for all are such that they should restrict access to ectogenesis. Finally that it might be that risks of ectogenesis to public policy and abortion (it could mean that otherwise nonviable foetuses become viable) should be weighed in an assessment of its permissibility.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

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REFERENCES

- 1 Romanis EC. Artificial womb technology and the frontiers of human reproduction: conceptual differences and potential implications. *J Med Ethics* 2018;44(11):751–5.
- 2 Romanis EC. Artificial womb technology and the significance of birth: why gestatelings are not newborns (or fetuses). *J Med Ethics* 2019;45(11):728–31.
- 3 Colgrove N. Subjects of ectogenesis: are ‘gestatelings’ fetuses, newborns or neither? *J Med Ethics* 2019;45(11):723–6.
- 4 Simkulet W. Abortion and Ectogenesis: moral compromise. *J Med Ethics* 2020;46:93–8.
- 5 Cavaliere G. Gestation, equality and freedom: ectogenesis as a political perspective. *J Med Ethics* 2020;46:76–82.
- 6 Sheldon S, Wilkinson S. Should selecting saviour siblings be banned? *J Med Ethics* 2004;30(6):533–7.
- 7 Romanis EC. Partial ectogenesis: freedom, equality and political perspective. *J Med Ethics* 2020;46:89–90.
- 8 Horner C. Imagine a world... where ectogenesis isn’t needed to eliminate social and economic barriers for women. *J Med Ethics* 2020;46:83–4.
- 9 Campo-Engelstein L. Reproductive technologies are not the cure for social problems. *J Med Ethics* 2020;46:85–6.
- 10 Glenn Cohen I. Gestation, Equality and Freedom: Ectogenesis as a Political Perspective. *J Med Ethics* 2020;46:87–8.