

## Chapter 1 : Reproductive Ethics | The Center for Bioethics & Human Dignity

*Reproductive ethics is concerned with the ethics surrounding human reproduction and beginning-of-life issues such as contraception, assisted reproductive technologies (e.g., in vitro fertilization, zygote intrafallopian transfer (ZIFT), intracytoplasmic sperm injection (ICSI), etc.), surrogacy, and preimplantation genetic diagnosis.*

The Ethical and Social Issues Research relating to new technologies in the field of reproductive health is important for many reasons, particularly because such research concerns the creation of the next generation and because the methods being applied represent a marked break with tradition. Artificial insemination, in vitro fertilization, and the manipulation of embryos have greatly changed what was once the private province of two people joined in a socially approved union. King, of Georgetown University Law Center, has said that the new reproductive technologies are controversial: They involve the deliberate separation of reproduction from the act of human sexuality and from the human body. Important ethical questions also attend many of the social aspects of reproductive health, such as the issues of hospitals turning away women in labor because they do not have insurance or of routine four-week waits before women can begin prenatal care. When in vitro fertilization was being discussed in the the early s, some theologians and other critics in the United States and other countries attacked the procedure as representing unethical experimentation on human beings. In England, where the perspective on moral issues was somewhat different, Drs. In the years since, thousands of infants have been born worldwide as the result of IVF. As experience with the technique accumulates, the risk to the embryo is clearly no greater than it is in nature, nor are the parents at any increased risk of harm. The ethical concerns about the safety of the technique have largely subsided. Although similar questions of safety will be raised for any new reproductive technology that is developed, such as cryopreservation of embryos and ova, the moral roadblock to taking risk for the unborn has for the time being been breached. Today ethical questions regarding reproductive technology are not focused so much on the safety of the technology itself but on how it is applied and on where it might be leading. The future of IVF will depend on whether research is allowed and what types of studies are permitted. In the s the major question for this technology was whether it was morally right to create life in a dish. In the s, as scientists become increasingly able to analyze and perhaps alter the DNA of an embryo, ethical questions will focus on what, if any, limits should be set for embryo manipulation. Basic research on IVF and embryo development would add considerably to the information base affecting all of reproductive health. It would assist research for safer, more effective birth control. The ability of scientists to sustain human embryos in the laboratory for a week or longer has opened up enormous possibilities in terms of what could be done with sperm, eggs, and the early human embryo. This technology raises questions about our obligations as a society to these gametes and early embryos and about the ethical basis for these obligations. These questions will need to be resolved in order for research on reproductive health to be federally funded and to move forward. As Professor David T. Ozar, of Loyola University, and other observers have noted, "A nation cannot resolve by law and public policy a set of issues on which there is not, within the community at large, a consensus on the underlying values. Privately funded investigations have focused on what happens at specific points in the development of a human egg into an embryo. An understanding of this process is imperative to the formation of sound ethical arguments about infertility treatments and basic research on the human embryo. The egg and sperm are haploid cells, cells that contain only half their full complement of chromosomes. After the egg is fertilized by a sperm, a complex series of chromosomal changes occur that ultimately result in a blending of the DNA from the sperm with the DNA of the egg to form a single cell, or zygote, that contains the full complement of chromosomes. From this single cell, all the tissues and organs of the human being, as well as surrounding tissues, such as the placenta, will develop. Cell division occurs several times, forming a tiny cluster of 12 to 16 cells, or the morula. The morula develops a fluid-filled inner cavity as it moves slowly through the fallopian tube. By the time the cluster reaches the uterus, three to four days after fertilization, the cells that will become the embryo can be distinguished from the cells that will form the placenta and fetal membranes. At this stage the cell cluster is termed a blastocyst. The blastocyst develops a covering of cells that enable it to bind to the surface of the

uterus. The uterine lining is receptive to the blastocyst for only a short time after ovulation. If the blastocyst implants successfully, on about the 11th day after fertilization the cells begin to differentiate into layers that are precursors of different tissues, although at this time the inner cell mass can still divide and develop into two separate individuals. After the 18th day, the basic patterns of the organ systems, including the nervous system, begin to develop. The process continues, and after the ninth week, development advances to the point that the embryo is defined as a fetus. The fetal stage lasts until birth. During this period the organ systems develop further and the fetus matures and grows in size. As noted in Chapter 6, during fertilization and the first stages of cell division, the chance of a chromosomal mishap is substantial. Pioneering studies by Arthur Hertig and John Rock at Harvard showed that one-third to two-thirds of eggs and approximately 25 percent of embryos have abnormal chromosomes. For this reason and others not yet fully understood, the vast majority of human embryos do not develop as far as the blastocyst stage. Furthermore, if the uterus and blastocyst have not been adequately primed by the production of certain key hormones, implantation may not occur. A substantial proportion of early embryos do not implant and simply disappear, probably flushed from the uterus during menstruation. For the early human embryo, developmental failure appears to be the norm. Because reproductive research is funded chiefly by major IVF centers, pharmaceutical companies, and universities, it has been sparse, uneven, and without established priorities. As a result, there are considerable gaps in our knowledge of the reproductive process and embryo development. Moreover, as mentioned in earlier chapters, the absence of federal support means no federal oversight of this research because the National Institutes of Health does not provide scientific peer review for private research. A better understanding of the basics of reproduction and embryo development not only has the potential for improving infertility treatments, but it also is expected to contribute to many aspects of reproductive health. A recent Institute of Medicine study noted the existence of substantial deficiencies in the scientific underpinnings of reproductive biology. The study also pinpointed many areas in which further research could contribute to the improvement of infertility treatments. The study noted that these deficiencies occur in the basic sciences that underlie the techniques used in various infertility treatments and in embryo transfer. Scientific knowledge that leads to improved infertility therapies may also be applied to the development of better contraceptive technologies. The study identified over 40 areas that need further research. Some of the research questions that remain unanswered are: How do we identify a viable embryo? How does cryopreservation affect sperm, eggs, and embryos? What is the optimum number of embryos to transfer during IVF? Why does development stop in some embryos after a normal beginning? What are the physiological effects of hormone treatments? What factors control egg maturation and what factors control implantation? What are the elements that lead to the natural wastage of eggs and embryos and how do they operate? One area just beginning to be studied is the diagnosis of genetic and chromosomal disorders in the early embryo before it is transferred to the uterus, as described in Chapter 6. John Fletcher estimates that genetic disorders account for one-third of all admissions to pediatric units and for almost 25 percent of neonatal mortality. The optimal goal of diagnosing inherited diseases in the early embryo, he believes, would be the ability to analyze sperm and eggs, so fertilization could be achieved with gametes that do not carry harmful genes. Aside from studies on infertility, the year de facto moratorium on reproductive health research has dampened studies that could improve the health of mothers and infants. Little is known about normal pregnancy and normal fetal development and what can occur during this process to cause nongenetic diseases or birth defects. Factors that lead to premature labor have yet to be identified. More information is needed about the unusual vulnerability of the reproductive system to malignancies. Additional knowledge might make it possible to ease the heavy drain of pregnancy on the body. More insight into the endocrine control of ovulation that occurs during breastfeeding might aid in the spacing of births. Most male infertility is of unknown origin; research is needed to uncover the causes. Ethical and Social Concerns Certain ethical or social issues aroused by some approaches to infertility treatment and by embryo research focus on research in these areas; other issues are concerned with aspects of the clinical practice. Questions have also been raised about the moral and legal status of early embryos and the fate of those that are not used in IVF treatment, including frozen embryos. Equally basic are questions regarding the right of an individual to reproduce; the sale of embryos, eggs, and sperm; and the pros and cons of defining infertility as a disease,

which would affect insurance coverage. Ethical concerns that have a direct bearing on research can have important consequences on the funding for that research. The moral status given the embryo in each stage of its development will dictate what research or manipulation is considered acceptable at that stage. Such issues as the disposal of unneeded embryos, the creation of embryos expressly for research, and the point at which embryo development research should be permitted are strongly affected by how society perceives the embryo. Not surprisingly, analyses of the ethical stances taken by various segments of society reveal a range of positions concerning embryo research. At one end of the spectrum is the Roman Catholic Church and other religious groups that believe life begins when the two haploid cells, the egg and the sperm, unite to form a chromosomally complete cell. According to this position, the absolute sanctity accorded to human life begins with the fertilized egg, making it impossible to discard early embryos or to use them for research. At the other end of the spectrum are those who contend that an embryo is simply a group of living cells and that any value attached to this biological material is in the eye of the beholder. Those who hold this view often point out that a large proportion of naturally conceived embryos do not develop after implantation and that discarding human embryos can be viewed as a similar process. Between these two views lie the positions taken by a number of nations that have systematically examined the issues relating to the new reproductive technologies. Both sides of the abortion issue demonstrate outside the Supreme Court in April. A national public committee is appointed to analyze the issues and to formulate a public policy. The committee, in turn, often receives testimony from technical experts, laypersons, and other committees representing various interest groups. It is a public process of give and take with the goal of achieving a consensus. The officially appointed group then seeks to reach ethical judgments that are both rationally defensible and politically acceptable to large segments of its society. To do so, it often seeks the middle ground on an issue. For example, four Australian committees found research on preimplantation embryos ethically unacceptable. Commissions in other countries approved of some kinds of early embryo research, with 6 of 11 accepting research only on embryos left over from treatment programs. Five committee statements, including one from the U. The majority of the committees agreed that no research should be permitted on embryos after 14 days following laboratory fertilization. Many of the recommendations made by these committees have been written into laws controlling certain aspects of infertility therapies or the research associated with them, or both. Committee statements represent a substantial contribution to the bio-ethics literature on the new reproductive technologies. One can, in fact, trace a kind of evolution in international ethical reflection on these technologies. Walters says that committees, commissions, and boards are not likely to replace the work of legislatures, government agencies, and the courts, he feels that periodic committee statements and reports may become the preferred mode of public oversight and social control for at least certain areas of biology and medicine. Research involving IVF presented ethical problems for the federal government because religious and right-to-life groups opposed a technique that sometimes results in the destruction of fertilized eggs. The EAB was established in to review all proposals for federal funds for research on reproduction for the U.

*November 1, After Clinic Debacle, New Technology Helps Protect Frozen Eggs and Embryos (CBS News) - After the heartbreaking loss of thousands of eggs and embryos at an Ohio clinic earlier this year, a fertility center in New York is revealing a new measure to protect the genetic material.*

Rae from the Christian Research Journal, Spring , page 8. Each coloured link within the article will lead you to a related topic on a different page of this site. However while the text is part of the original article, the links are not. The author of this article may or may not agree with the views expressed on those pages, or necessarily anything else on this site.. Summary The new reproductive technologies give great hope to infertile couples and make many new reproductive arrangements possible. They also raise many difficult moral issues. Artificial insemination by husband is considered moral, but artificial insemination by donor raises questions about a third party entering reproduction. In vitro fertilization is acceptable within limits: Even altruistic surrogacy raises questions about the degree of detachment the mother must have from her unborn child to successfully give it up after birth. That same day, Elizabeth and Daniel Stern named the same baby Melissa. Both were convinced that the child called Baby M in the press belonged to them, and both were prepared to take drastic measures to win custody over what they thought was their child. The Sterns had hired Whitehead to bear their child. She was, and is to this day, the most publicized person to perform the role of a surrogate mother. Their contest over that child was carried on in court for almost two years, and it illustrates the potential problems and complexities involved with many of the new reproductive technologies. Medicine has made some remarkable advances in the field of reproductive technology. The term reproductive technology refers to various medical procedures that are designed to alleviate infertility, or the inability of a couple to produce a child of their own. These include artificial insemination, in vitro fertilization or "test-tube" babies , and surrogate motherhood. When successful, these technologies are the miracle of life for couples who have often spent years trying to have a child, and who have exhausted all other avenues for conceiving a child of their own. But many of these techniques raise major moral questions and can create thorny legal problems that must be resolved in court. These new technologies make possible all sorts of interesting childbearing arrangements. Here is a sampling of what is now possible for couples contemplating parenthood in unconventional ways: She is artificially inseminated with sperm from an anonymous donor, conceives, and bears a child. One of the women provides an egg, and after it is fertilized by donor sperm, the embryo is implanted in the uterus of her partner. Fertilization occurs in vitro, that is, outside the womb, and the embryo is transferred to the wife of the couple, who carries the child. As mentioned above, these new reproductive technologies raise complicated issues, not only for the law, but also for morality. What is society to say to these technologies that, in many cases, redefine the family and turn traditional notions of reproduction upside down? In addition, since many of these issues are not directly addressed in Scripture, in what way does the Bible speak to these issues? It is normally the first infertility treatment a couple will try because it is simple to accomplish, involves no pain for the woman, and is inexpensive compared to other reproductive technologies. Most people have no moral difficulty with such a procedure. It is simply viewed as medical technology providing assistance to what could not be accomplished by normal sexual intercourse. The genetic materials that are combined when conception occurs and frequently it takes more than one insemination for conception to occur belong to the woman and her husband, and they are the ones who plan to raise the child. Most people agree that there are no morally significant differences between AIH and procreation by intercourse. The exception to this is the Roman Catholic tradition, which views most reproductive interventions -- including contraception -- as a problem see below. There are many cases, however, in which the husband is not able to produce sperm at all. In these cases, instead of artificial insemination being performed with his sperm, a donor provides the sperm. This is called artificial insemination by donor AID. The donation is almost always made anonymously so that the father cannot be traced by the child, nor can the father elect to make contact with the child, potentially disrupting a harmonious family. In most cases, the sperm of two or three donors is mixed together, thus making it easier to conceal the identity of the father. Since AIH takes place between husband

and wife, the integrity of the family is maintained, and there is continuity between procreation and parenthood. But AID introduces a third party into the reproductive matrix, and someone who donates sperm to be used for AID is now contributing genetic material without the intent to parent the child that will be produced through the use of his genes. The assumption of Scripture is that children will be raised by the people to whom they are genetically related. The Bible assumes the concept that only husband and wife will be parents of children. There is a continuity between the genetic and social roles of parenthood. The Bible never clearly defends this notion; it simply assumes it. Perhaps the reason for this is that it is a notion that does not need defending, similar to the doctrine of the existence of God. Of course, Scripture could not directly address situations in which these reproductive technologies were available. But even though techniques like AID are not the subject of direct biblical teaching, there are biblical principles that can be applied to these different methods of alleviating infertility. The principles underlying such an assumption are the integrity of the family and the continuity between procreation and parenthood. Adoption is widely recognized as an exception to the general rule, or an emergency solution to the tragic situation of an unwanted pregnancy. Just because the exceptional case is allowed, however, that does not justify it as the norm. Catholicism and Natural Law The Catholic tradition of natural law i. This is also the basis for Catholic opposition to abortion and most reproductive technologies. If everything progresses as God designed it, sexual relations result in conception and childbirth. In the same way that God designed an acorn to grow into an oak tree, He likewise designed sexual relations to come to fruition in the birth of a child. Thus there is a God-designed, natural continuity between sex in marriage and parenthood. Every sexual encounter has the potential for conception, and every conception has the potential for childbirth and parenthood. This is why sex is reserved for marriage, and why Catholic tradition makes little room for any reproductive technology that would interfere with a natural process that is the result of creation. It also rules out any third party involvement that would replace one of the partners in the married couple. The most recent Vatican statement on reproductive technology put it this way: A further statement clarifies the unity of sex and procreation, thereby ruling out most technological interventions for infertile couples: This is what is known as the "naturalistic fallacy. As the British intuitionist philosopher G. Moore has suggested, what is natural is natural; nothing more and nothing less. God gave mankind the ability to discover and apply all kinds of technological innovations. It does not follow, of course, that mankind has the responsibility to use every bit of technology that has been discovered e. It would appear that many of the reproductive technologies in question fit under the heading of common grace, and whether or not they should be used depends on whether such use violates a biblical text or principle. She was the first child ever born through the use of in vitro fertilization; that is, she was the first "test-tube" baby. A British gynecologist, Dr. Patrick Steptoe, and a physiologist, Dr. Robert Edwards, successfully joined egg and sperm outside the body, then implanted the embryo in the mother. Nine months later, Louise Brown was born and was heralded as a miracle baby around the world. In vitro fertilization simply means fertilization "in glass," as in the glass container of a test tube or petri dish used in a laboratory. The procedure involves extraction of a number of eggs from the woman. To do this she is usually given a drug that enables her to "superovulate," or to produce more eggs in one cycle than she normally does. The actual number implanted depends on various factors relating to the condition of the eggs and the health of the woman. It is not unusual to have some if not all of the embryos spontaneously miscarry. If more than one embryo does successfully implant, then the couple may end up with more children than they originally intended. Twins and even triplets are not uncommon for couples who use IVF. Lest one think that IVF is successful more often than not, however, the average success rate is less than 10 percent of the fertilized embryos actually implanting and developing into a child. In order to keep the procedure as cost-effective as possible, embryos are frozen in storage to be used later if the first attempt fails. In some cases, however, more embryos successfully implant than the woman is able to carry without endangering her health and at times even endangering her life. Concerns about IVF Both of the above possibilities embryos in storage and having more children in utero than the woman can safely carry raise significant legal and moral issues about IVF. For example, what happens if, during the time in which the embryos are in storage, the couple divorces and a "custody" battle ensues over the unused embryos? A case like this was recently resolved in court in Tennessee. A couple who had utilized IVF later were divorced and

the woman wanted to use the embryos to have a child. Her ex-husband refused, claiming that he did not want his progeny running around without his knowledge even of their existence. They went to court to have their dispute arbitrated. What to do with frozen embryos if they are not needed raises significant moral issues. Since, as most Christians believe, the right to life is acquired at conception, destroying embryos or using them in experiments is problematic. Storing the embryos indefinitely only postpones dealing with this issue. That leaves donation of the embryos as the only viable alternative. Yet this is problematic too since it involves a separation of the biological and social roles of parenthood that is a significant part of the biblical teaching on the family. These difficulties should cause Christians to think twice before utilizing IVF. A second problem arises not from the failures of implantation, but from its successes. As noted above, more embryos are routinely implanted than will survive in the uterus. But occasionally a woman is left with more developing embryos than she can carry to term without risk to her health and life. In these cases, the woman and her husband and her doctor have very difficult decisions to make. When this happens the doctor will normally recommend what is called selective termination of one or more of the developing embryos. Not only does this involve trading one life or more the developing child[ren] , but the doctor is faced with the decision of which one s to terminate and how to make that decision.

**Chapter 3 : Albany Medical College: Reproductive Ethics Conference**

*Reproductive ethics does not suffer from a lack of challenging issues, yet a few "hot button" issues such as abortion and surrogacy seem to attract most of the attention, while other issues and dilemmas remain relatively underdeveloped in bioethics literature.*

It was prepared by staff solely to aid discussion, and does not represent the official views of the Council or of the United States Government. Child, Family, and Society At the first Council meeting, the discussion of the ethics of human "reproductive" cloning included the following distinctive strands. Some expressed and defended the moral weightiness of an inarticulate or "instinctive" revulsion at the prospect of making cloned human children. Others, emphasizing the low success rate and abnormalities observed in animal cloning, argued that any attempt at clonal baby-making would be at least for now a reckless experiment on the child-to-be, given the current state of scientific knowledge and technical facility. Both of these reactions gave the impression that saying no to human reproductive cloning is somehow obvious, or should be. Perhaps this is true. For one thing, people who are repelled by the prospect of cloning human beings are concerned not simply or primarily because the procedure is unsafe or might not work; their objection is to the results of a perfected cloning technology, and to a society that permits or embraces the creation of cloned human children. Moreover, the objection based on safety is not really an objection to cloning as such and may in time become a vanishing objection. Furthermore, several Members believed that "moral repugnance" was an unreliable and untrustworthy guide to sound moral conclusions, and that, in any case, it was imperative that we try to articulate reasons or arguments that would justify such strong opposition to cloning. Making use of the staff Working Papers "for" and "against" , a few Members endorsed one or another of the moral arguments that have been raised against human cloning, but, because of time constraints, the discussion did not get very far. In returning to this topic at the second Council meeting, we will attempt to advance this exploration. Council Members are asked to re-read and ponder the arguments developed in Working Papers "for" and "against" , distributed for the first meeting. In the service of focusing and sharpening our discussion, the present paper attempts succinctly to order some of these arguments in terms of the cloned child, the cloning family, and the cloning society. The Cloned Child The first cloned children -- perhaps all cloned children -- would be, so to speak, human experiments. They would be biological experiments -- with grave risks of physical, developmental, and genetic deformity. They would be experiments in human identity -- being the first human beings to inherit an identity already lived in advance by another. They would be experiments in genetic programming and design, being the first children whose entire genetic make-up was known and selected in advance. They would be experiments in family and social life, confusing the relationships within the family and between the generations, for example, by turning "mothers" into "twin sisters" and "grandparents" into "parents. But imagining and reflecting on the prospect of being a cloned child leads to concerns about additional harms or injuries to the child related to the other ways in which cloning is an "experiment" on the child-to-be. Some of the leading concerns include: A cloned child is at risk of psychic and social harm. He might experience a confused sense of self and a compromised belief in the openness of his future, knowing that he is in appearance and in genotype identical to another person who has already lived. He might suffer because his "parents" and others will not regard him as they would an ordinary child a "mysterious stranger," a "surprise to the world" , but will instead constantly compare him to the "original" -- not only to observe how similar he is, but also to wonder why he is not as similar as expected or planned. He may suffer confusion of social identity, being both the twin and offspring of only one biological "parent. A cloned child may be injured done an injustice , whether he knows it or not and quite apart from any experienced harm, by being treated as a product of parental design, whose "maker" stands above him not as a human equal but as a superior artificer. We cannot be certain that any cloned child will in fact suffer the predicted psychic or social harms item 1 ; knowledge about these matters would be largely empirical and would hence require producing cloned children before we could be certain. The argument about injustice and equality is not an empirical matter, but a matter of principle. Yet given the likelihood of such risks and harms, and the question about the "justice" of cloning

altogether, the accepted ethical principles governing human experimentation and the protection of human subjects, if fully regarded, might lead one to conclude that the cloning of a human child constitutes an unethical experiment on the child-to-be, even if and when the procedure could be rendered technically safe for use without increased risks of serious bodily harm. In arguing the ethics of reproductive cloning, we find ourselves in the strange position of "speaking on behalf" of human beings who do not yet exist and who may never exist. But such a paradox is an inevitable part of our embodied existence. One generation always springs from the previous one; and the previous generation, whether it knows it or not, always "speaks on behalf" of the next when it chooses to bring it into existence. In the face of this radical new way of bringing children into the world, we are compelled to think even more deeply and protectively on behalf of our offspring, lest we do them irreparable harm and injury in the very act of giving them life. The Cloning Family and Cloning Society

It is not the children alone who are at risk of harm and injury from the practice of human cloning. The cloners also -- both the parents and the larger society -- may, even if unwittingly, do harm to themselves. Some of the leading concerns include the following: Lacking concern for the physical, social, and psychic harms that might be inflicted on the cloned child, parents or families risk reducing the child to a project, a thing, or, if "it" happens to turn out "badly," something expendable. Family relations would be confounded and potentially fraught with difficulties, especially in the case of intra-familial cloning. The existence of a child who is a younger look alike -- a genetic "twin" -- of one of the parents is an invitation to all sorts of family tension, both between parents and clone and between the parents themselves. The practice of cloning children -- and perhaps viewing them as experiments or projects -- could have a larger social effect, not just for the children who are cloned but for all of society. It could set a precedent for treating children as "artifacts" to be manipulated, designed, and perfected, not gifts to be cared for, nurtured, and set free. A society that permitted human cloning -- like a society that permitted incest -- would seem to be a different society, even if cloning remained a minority practice. The decision to permit cloning would say something about how society views children; how it views the relationship between the generations; and whether it is willing to defend the interests and dignity of its offspring, even at the cost of limiting the absolute assertion of reproductive rights. It is true that there might be reasons to pursue the experiment of clonal baby-making, and therefore to disregard the human goods that would potentially be sacrificed in the process. But the quest for "better" children seems to depend in part -- or perhaps entirely -- on reducing children to projects. That is to say, in the hope of making their children "better" human beings, the cloning family or cloning society may undermine the dignity of their children as human beings. They risk regarding children as objects, who exist mainly to satisfy parental wishes and to fulfill parental desires. Moreover, while saying no to human cloning would restrict one particular way of having children, we are compelled to remember that procreation is, by its very nature, a limitation of absolute rights -- since it brings into existence another human being who also has rights and toward whom we have responsibilities; and suggests that human beings, who are capable of bringing others like themselves into the world, do not live for themselves alone.

**Chapter 4 : The Oxford Handbook of Reproductive Ethics - Hardcover - Leslie Francis - Oxford University Press**

*There are many ethical aspects which derive from the application of reproduction control in women's health. Women's health can be enhanced if women are given the opportunity to make their own reproduction choices about sex, contraception, abortion and application of reproductive technologies.*

Access to Reproductive Rights: Constructing the Abortion Argument, Rosamond Rhodes. The Role of Providers in Assisted Reproduction: Relational Autonomy in Parenting, Sara Goering. Sexual Asymmetries, Don Hubin. Reproductive Control for Men. Is Surrogacy Ethically Problematic? Parents with Disabilities, Adam Cureton. Sperm and Egg Donor Anonymity: Legal and Ethical Issues, I. Last but not Least: Contemplating the Start of Someone, Adam Kadlac. Opting for Twins in IVF: What Does Procreative Responsibility Require? Margaret Pabst Battin, M. She is currently working on the large-scale reproductive problems of the globe. He is the author of over 80 articles and book chapters and the author, editor, or co-editor of seven books. He specializes in ethics, Kant and disability. He is legally blind and is the founding president of the Society for Philosophy and Disability. She is the author of over publications that focus on assisted reproductive technologies, including the forthcoming book, *The New Eugenics* Yale University Press. His seven books includes *Creation Ethics*: Oxford University Press, In she became the first woman to win the International Spinoza Lens Award for contribution to public debate on ethics. Her books on commodification of the body include *Property in the Body: Converting Body Parts to Profit* Oneworld, Emery Professor of Law at the University of Utah. Her interests include privacy and disability rights and she is currently completing *Privacy*: Francis, forthcoming from Oxford. Her research interests include reproductive medicine and the regulation of human biomaterials. Christopher Gyngell is a Marie Sk? His research interests lie primarily in bioethics, moral theory, and the philosophy of health and disease. He is currently working on a Marie Sk? Don received his B. He specializes in ethics, philosophy of law and political philosophy. Hilde Lindemann is Professor of Philosophy and Associate in the Center for Ethics and Humanities in the Life Sciences at Michigan State University, with ongoing research interests including feminist bioethics and the social construction of persons and identities. Her books include *Holding and Letting Go*: She received her doctorate in philosophy from Rice University in Malek serves as an ethics consultant for the Houston Methodist Hospital System and teaches ethics and professionalism for Baylor medical students and residents. Her research focuses on ethics in pediatrics and obstetrics, particularly on issues at the intersection of genetic and reproductive technologies. She clinical professor of obstetrics and gynecology at University of Washington School of Medicine and has served on the ethics committees of the American Society for Reproductive Medicine and American College of Obstetrics and Gynecology. She is interested in the fields of health law, law and reproduction, and law and gender. She has published across these areas in law, ethics, and health care journals. Her most recent edited collection is *Poverty, Agency, and Human Rights*. She currently works in three main areas of philosophy - philosophy of action, feminist ethics and aesthetics, and human rights. Kimberly Mutcherson is a professor of law at Rutgers Law School in Camden, New Jersey where she teaches courses in family law, bioethics, and health law policy. Her scholarly work focuses on law, families, and bioethics with a particular interest in assisted reproduction. David Orentlicher is a professor of law and medicine at Indiana University. Her research uses interpretive methods to analyze the construction of meaning in public policy discourse and practice. Substantively, her research focuses on various aspects of public policy, including reproductive and sexual health, health disparities, and environmental health. She writes on a broad array of issues in bioethics and has published more than papers and chapters. She is co-editor of *The Human Microbiome: Expanding the Debate* Routledge, His published work includes " in *The Philosophy of Love*, ed. Christopher Grau and Aaron Smutts Oxford, forthcoming. He received an honorary doctorate from the University of Bucharest in His main research focus is public health ethics-with emphasis on ethical issues associated with infectious disease and biotechnology. She has been writing bioethics that is inclusive of disability perspectives for a quarter century. Silvers has been awarded the American Philosophical Association Quinn Prize for service to philosophy and philosophers and the Phi Beta Kappa Society Lebowitz Prize for

excellence in philosophical thought. He works primarily on ethical issues in reproduction, disability, genetics, and neuroscience.

### Chapter 5 : Reproductive Ethics | Department of Philosophy | University of Washington

*Brave New Families? The Ethics of the New Reproductive Technologies.* by Scott B. Rae from the *Christian Research Journal*, Spring , page 8. Please Note: Each coloured link within the article will lead you to a related topic on a different page of this site.

Endometriosis is when the kind of tissue that normally lines the uterus grows somewhere else. It can grow on the ovaries, behind the uterus, on the bowels, or on the bladder. Rarely, it grows in other parts of the body. The pain is usually in the abdomen, lower back, or pelvic areas. Some women have no symptoms at all, and having trouble getting pregnant may be the first sign they have endometriosis. Uterine Fibroids MedlinePlus Uterine fibroids are the most common noncancerous tumors in women of childbearing age. Fibroids are made of muscle cells and other tissues that grow in and around the wall of the uterus, or womb. The cause of fibroids is unknown. Risk factors include being African-American or being overweight. The symptoms of fibroids include Heavy or painful periods or bleeding between periods. Reproductive problems, such as infertility, multiple miscarriages, or early labor. But some women will have no symptoms. That is why it is important to see your health care provider for routine exams. Gynecologic Cancer CDC provides information and educational materials for women and health care providers to raise awareness about the five main gynecologic cancers. Cervical cancer begins in the cervix, which is the lower, narrow end of the uterus. Ovarian cancer begins in the ovaries, which are located on each side of the uterus. Vaginal cancer begins in the vagina, which is the hollow, tube-like channel between the bottom of the uterus and the outside of the body. Vulvar cancer begins in the vulva, the outer part of the female genital organs. HIV is the human immunodeficiency virus. HIV affects specific cells of the immune system called CD4 cells. There is no cure at this time, but with proper medical care, the virus can be controlled. HIV in Women Women who are infected with HIV typically get it by having sex with a man who is infected or by sharing needles with an infected person. Pregnant women who are HIV-positive can work with their health care providers to ensure their babies do not contract HIV during pregnancy, delivery, or after delivery through breast milk. It is possible for a mother to have HIV and not spread it to her baby, especially if she knows about her HIV status early and works with her health care provider to reduce the risk. Interstitial Cystitis Interstitial cystitis IC is a chronic bladder condition resulting in recurring discomfort or pain in the bladder or surrounding pelvic region. People with IC usually have inflamed or irritated bladder walls that can cause scarring and stiffening of the bladder. IC can affect anyone; however, it is more common in women than men. Some people have some or none of the following symptoms: Abdominal or pelvic mild discomfort. A feeling of urgency to urinate. Feeling of abdominal or pelvic pressure. Intense pain in the bladder or pelvic region. Severe lower abdominal pain that intensifies as the urinary bladder fills or empties. One result is that cysts fluid-filled sacs develop on the ovaries. Women who are obese are more likely to have PCOS. Women with PCOS are at increased risk of developing diabetes and heart disease.

**Chapter 6 : Reproductive Ethics - Bibliography - PhilPapers**

*Reproductive ethics poses many of the most controversial issues of our time. Questions about the roles, rights, and responsibilities of parents force us to think about individual autonomy, the nature of the family, and relationships between private institutions and the state.*

Cook and Bernard M. Dickens, International Journal of Gynecology and Obstetrics Dickens and Rebecca J. Cook, International Journal of Gynecology and Obstetrics Cook, Simone Cusack and Bernard M. Ethical and Legal Issues " by R. Dickens, International Journal of Gynecology and Obstetrics " International Journal of Gynecology and Obstetrics Arango Olaya and B. Alternate English link Dickens International Journal of Gynecology and Obstetrics Dickens 99 International Journal of Gynecology and Obstetrics International Journal of Gynecology and Obstetrics 96 , Cook 94 International Journal of Gynecology and Obstetrics Erdman 93 International Journal of Gynecology and Obstetrics Legal and Ethical Aspects " by B. Cook 92 International Journal of Gynecology and Obstetrics Thapa 91 International Journal of Gynecology and Obstetrics Treating Different Cases Differently " by B. Dickens 89 International Journal of Gynecology and Obstetrics Dickens 88 International Journal of Gynecology and Obstetrics The Challenge to Human Rights " by R. Syed 87 International Journal of Gynecology and Obstetrics WHO technical and policy guidance " by R. Horga 86 International Journal of Gynecology and Obstetrics Cook 85 International Journal of Gynecology and Obstetrics Dickens 85 International Journal of Gynecology and Obstetrics Cook 83 International Journal of Gynecology and Obstetrics Ethical and Legal Issues " by B. Cook 82 International Journal of Gynecology and Obstetrics Legal and Ethical Responses " by B. Dickens 81 International Journal of Gynecology and Obstetrics Dickens 80 International Journal of Gynecology and Obstetrics Fathalla 79 International Journal of Gynecology and Obstetrics: Etik ve Hukuki Boyutlar," trans. Dickens 78 International Journal of Gynecology and Obstetrics Dickens 77 International Journal of Gynecology and Obstetrics Dickens 76 International Journal of Gynecology and Obstetrics Plata 75 International Journal of Gynecology and Obstetrics: Serour 74 International Journal of Gynecology and Obstetrics The Case of Conjoined Twins ," by B. Cook 73 International Journal of Gynecology and Obstetrics Cook 71 International Journal of Gynecology and Obstetrics Cook 70 International Journal of Gynecology and Obstetrics

**Chapter 7 : Ethical issues relating to reproduction control and women's health.**

*Reproductive issues and ethics are often a hot-button topic with adamant supporters on either side. Educate yourself on the unbiased facts related to these issues and ethics using this engaging.*

What types of diseases can be predicted with gene tests? Research has shown that students in upper-middle and high school have some understanding that characteristics are determined by a particular genetic entity, which carries information translatable by the cell. However, students of all ages believe that some environmentally produced characteristics can be inherited, especially over several generations. Benchmarks for Science Literacy, p. Read More Motivation To begin the lesson, students should go to The DNA Files , a series of public radio documentaries about genetic research and its applications. Here, they should listen to a minute excerpt entitled, Prenatal Genetic Testing: At the site, click on the "excerpt" link. The excerpt begins with the story of an year-old boy named Brendan Harrigan. He was born with cystic fibrosis, a hereditary disease that is now diagnosable during pregnancy. When Brendan was born, there was no such test. His family had no idea anything was wrong until Brendan began to have serious health problems when he was about eight months old. Currently, there are genetic tests available for cystic fibrosis, as well as many other genetic diseases. The audio excerpt discusses the ethical and psychological issues involved with prenatal testing, including the controversy of either carrying a baby to term with a genetic disease or having an abortion to end the pregnancy. After listening to the audio segment, go over each of the questions and discuss each one. In particular, go over the limitations of the CF test. Explain to students that there are over mutations that have been identified with CF. While genetic testing targets some of these mutations, not all of them can be identified with prenatal testing. Thus, the test may not accurately inform expecting parents about the severity of the disease that the child will exhibit. Also point out that many people with CF live fruitful, happy lives if quality care is provided. Moreover, the probability of identifying CF in some ethnic groups such as Hispanics and Asians is very low. So, while an expecting parent might get tested, the results may be misleading. You should also highlight the fact that there are a multitude of perspectives that women have not only on prenatal testing, but also on what to do with the information from the test. Clearly, the questions that arise from the test itself and the information it reveals are ethical ones. Ultimately, the choice to have the test done and what to do with the information is a personal one, based on the culture and beliefs of the woman. Tell students that they will put themselves in a scenario where they or someone they are close to could have a genetic disease. Of the three scenarios, have students choose one that interests them the most. Students will read the scenario and be asked to make choices that will not only affect them, but people around them. As students read their chosen scenario, they should answer the questions on the What Choices Would You Make? They will then divide into groups, representing different people and professionals involved in the decision-making of the couple. Each group will research the perspective of its role and present its point of view to the rest of the class. This essay will outline and describe the issues involved in prenatal testing. The student will use the information presented by each group to suggest advice to the couple facing the dilemma. Have students to go to Chapter 4, Carlos and Mollie Can Have a Perfectly Healthy Baby , and read the bold text, which includes the first six paragraphs of the page. The terms "cystic fibrosis" and "recessive" are highlighted in case students want more detailed descriptions. However, as stated in the Context, students should have an understanding of genetic diseases and inheritance patterns before beginning this lesson. Once students have finished reading, discuss the following questions as a class: Do you feel that Carlos is being overly concerned? Do you feel that Mollie has the right to refuse testing for CF? If Mollie decides not to be tested, should Carlos and Mollie still have children? If Mollie becomes pregnant, should she test the unborn child for CF? What types of options would Mollie and Carlos have to consider if their unborn child was found to have CF? Name some people and professionals that Carlos and Mollie can turn to for information about genetic testing, prenatal testing, and CF so that they can make an informed decision. Write the suggestions on the board. The list should include a genetic counselor, a doctor, a religious figure, a parent of a child with CF, and a person with CF. Have students divide into groups; each group will represent one of the roles listed. Where can you find information

and resources to research the perspective of each role? Suggestions should include the Internet, hospitals, and community members. For the religious figure, students can and should research the perspectives of different religions. They should thus go to various religious leaders as well as Christian churches, mosques, and synagogues. They should not bias their view with their own religious values and present each researched perspective in a fair and unprejudiced manner. These resources are included on the student sheet:

### Chapter 8 : Reproductive Ethics | calendrierdelascience.com - Part 2

*"Legal and Ethical Issues of Uterus Transplantation," by Bernard M. Dickens, International Journal of Gynecology and Obstetrics (); " Enhancing the role of health professionals in the advancement of adolescent sexual health and rights in Africa " by Godfrey Kangaude, International Journal of Gynecology and Obstetrics.*

### Chapter 9 : Ethics Reproductive Technology

*39 HAVING CHILDREN: REPRODUCTIVE ETHICS IN THE FACE OF OVERPOPULATION Kianna Goodwin Abstract  
Overpopulation is a serious threat to future persons' quality of life.*