

PART 4

PROCREATION AND REPRODUCTION

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Introductory Comments

The Biological Time Bomb, published in 1968 by the British journalist Gordon Rattray Taylor, was an instant bestseller. The book presents an update of new and potential developments in reproductive medicine, such as test-tube babies and cloning. Fantastic scenarios are projected in the future with the prediction that many of them are almost reality: children born decades after the death of their fathers, asexual procreation of identical human beings, prolongation of human life over 150 years, mood and behaviour control by sophisticated new drugs, creation of cyborgs. Taylor warns against this future. Scientific tinkering with human life will lead to the destruction of mankind. Genetic technology and artificial reproduction will have similar deleterious effects as the explosion of the atomic bomb. The powers of technology cannot be trusted in the hands of scientists.

Taylor's warnings reflect a genre of popular books and science fiction, like *Faust*, *Frankenstein*, and *Brave New World*. The reproductive and genetic revolutions in medicine and biology always seem to elicit an ambivalent response: admiration and fascination as well as suspicion and awe. Since the 1960s the 'new biology' has also been an intricate stimulus to bioethical discourse. Scientists 'playing God' and 'remaking Eden' are critically interpellated for their moral commitments. In this area it seems that ethics can only follow the scientific and technological developments. Significant innovations and discoveries have been successively introduced into medical practice, often without the review procedures and stringent testing that is usual before the introduction of new medicines. Practical applications are also used to focus on the well-being of the individual, whereas particularly in this area of procreation and reproduction the qualities of community life are at stake. Popular representations emphasize precisely the social consequences and long-term political effects of the scientific manipulations at the beginning of human life. Genetics and reproductive medicine are a continuous site of contestation precisely because they are associated with human relationships and future ideals, but also power and control.

The new reproductive technologies have been rejected by the magisterial teaching of the Catholic Church. Nonetheless, in vitro fertilisation is practised in Catholic University Hospitals. Against this background, Paul Schotsmans from Belgium evaluates the moral debate concerning in vitro fertilisation. His starting-point is the notion of the human being as a person, not an unencumbered autonomous self but always in relationships, dialogue and communion with other beings. This notion of the person has motivated the development of the philosophical school of personalism, particularly influential in Continental Europe midway the twentieth century. The ethical considerations based on this personalist approach focus on three moral issues in regard to in vitro fertilisation: the quality of the relationship of the couple wishing a child, the respect for the human embryo, and the social responsibility of health care institutions applying reproductive technologies.

In the next chapter, Diego Gracia concentrates on the advancement of genetics. He describes different ethical approaches that are used to analyze the moral implications of the new genetics: the naturalistic, deontological, consequentialist, and responsibility model. Discussing these models in an assessment of genetic therapy, Gracia shows how only a re-structuring of the ethics of responsibility can lead to a balanced moral evaluation of genetic interventions, because it centres on the fundamental bioethical question: What are wise and rational goals of human life?

Genetic knowledge and technologies are interesting from a moral point of view because they have implications for the self-understanding of human beings. It is often argued that genetic interventions not only change the genetic make-up of the person but also the person himself of herself. The relationships between genetics and personal identity is discussed in the chapter of Ruth Chadwick from England. Critically reviewing various views that consider genes the essence of personhood, Chadwick analyzes the idea that gene therapy may have changed personal identity. The identity of individuals, however, is intimately connected with issues concerning the proper goals of medicine (as pointed out by Gracia) and with issues regarding the relationship between individual and community.

This last set of issues is the topic of the final chapter in this part of the book. Ten Have explores the interactions between culture and genetics. Analogous to the concept of medicalisation, 'geneticisation' has been introduced in the scholarly literature to signify the growing role of genetic vocabulary and models in present-day medicine and culture. This concept can be used as a heuristic tool to broaden the scope of bioethical debate beyond issues of individual autonomy, the right to know or not to know, and informed consent.

The case analyses in this part discuss a representative selection of moral problems in the area of reproductive medicine and genetics. First, Paul Schotsmans presents the problem of prenatal testing for a serious hereditary

illness. He also analyzes the case from the perspectives of principlism and personalism, respectively. One of the more traditional controversies in bioethics is the issue of abortion. Due to new developments in genetics and reproductive medicine, abortion continues to be a major topic. In the second case analysis Bert Gordijn reviews the main ethical points of view regarding abortion. Comparable moral controversies arise with the issue of embryo experimentation, discussed in the third case by William Ellos from the U.S.A.