This part covers a number of considerations which are additional to the major issues already described in Parts I and II relevant to cross-border surrogate motherhood, including the increased potential and reality of the commodification of children and exploitation of surrogate mothers in Chap. 8. The power imbalance between the surrogate mother and intended commissioning parent(s) is not always in favour of the latter and examples illustrating the power which has been assumed by some surrogates also tell a story of potential exploitation of the commissioning parents. This chapter shows that the welfare of the child in cross-border surrogacy is harder to prioritise and is effectively impossible to guarantee. As before, some comparisons between surrogacy and adoption and gamete donation are made, particularly within the context of the right of the child to know its biological and genetic parents. The additional risks evident in cross-border compared to national surrogacy are highlighted in some countries which initially opened their doors to international commissioning parents and subsequently—usually following major scandals—closed these again. This has resulted in other countries to open their doors to benefit from the shifting opportunities to take a slice of this million-dollar industry. The experience of surrogacy or surrogacy-like opportunities in a number of different countries is therefore also covered in this part.
The costs and benefits of national and cross-national surrogacy are closely linked to ethical and moral issues. The main ethical and moral questions surrounding national and international surrogacy are discussed in Chap. 9, as are the medical and health professionals’ responsibilities for future families which these professionals are instrumental in creating. The fact that this practice has raised so many moral and ethical issues is in itself a cause for concern and issues warnings for the future of much of assisted conception. If surrogate motherhood arrangements are here to stay, and the evidence of its increasing popularity seems to indicate this will be so, the accurate monitoring and record keeping of treatments carried out, gametes or embryos used and surrogate mothers involved in these processes are going to be critical for a morally and ethically sustainable future of third-party reproductive care. Finally, the human rights abuses associated with national and cross-border surrogacy are not always well served by the legal systems in place. Chapter 10 reflects upon the timelines and changes in recommendations and enquiries leading to surrogate motherhood legislation in the United Kingdom as the world’s leading example of these developments in legislation. It provides a useful systematic view of how the British government has changed its legislation on surrogate motherhood over a period of four decades using information derived mainly from committees, inquiries and professional bodies’ position statements on surrogacy, not research evidence.

The importance of counselling is recognised from the earliest attempts to influence the practice of surrogacy in the 1980s through to today. The fact that that is recognised throughout as important shows that all those involved in the enquiries accepted the importance of psychological factors in surrogate motherhood arrangements. Finally, in this part too, the issues addressed in one chapter are relevant to the same issues discussed in a different context in another chapter, so again there is overlap in the issues addressed. The research, policy and varied practices described in this part are only part of a much more elaborate whole. The reason why this can never be fully comprehensive is because the processes change on a regular basis in line with social, attitudinal, professional and technological shifts in perspectives. Furthermore, continuously developing research evidence for good practice has shifted medical practices in assisted conception, although there are exceptions. For example, Heneghan et al.
(2016) have highlighted clinical practice as increasingly encouraging infertile couples to pay for additional ‘add on’ treatments even though the evidence for their efficacy is lacking and may be harmful rather than helpful. The paper highlights the problems of fully informed consent which is clearly competing with marketing strategies for (ineffective/harmful) treatments offered for profit. Increasing treatment costs to the individual patients are likely to send them to other countries to compare prices. Shopping around and a lack of full knowledge of the evidence of the efficacy of some of these treatments are marked by additional moral, ethical and legal dilemmas. The vulnerability of hopeful parents-to-be is used by opportunistic individuals to open their doors to lure patients to their businesses, only to close these doors once reports of malpractice or criminal activity shut these avenues down. Overall, the problems identified in this part include a focus on the substantial inequalities based upon socioeconomic status determining who does and who does not have a baby via surrogacy. Future generations may only wonder why criteria for twenty-first-century unusual reproductive practices, with few exceptions, were available to those who could afford it, not to those who might be the best parents.

Reference