

## **Philsoc Student Essay Prize – Michaelmas 2013: Joint First Prize**

### **Do you think we should use the eggs of aborted fetuses to help infertile couples to have babies? Why and what would you say to those who disagree?**

***By Heather Noble***

#### INTRODUCTION

A recent increase in demand for IVF has led to a shortage of donated gametes in the UK, particularly oocytes (eggs) because for live donors, the procedure for donating eggs is invasive, uncomfortable, time consuming, not without risk, and no longer anonymous<sup>1</sup>. To address this situation, scientists have identified alternate sources of eggs which can be used in IVF, specifically the ovaries of cadavers and aborted female fetuses.

In 2003, scientists reported that ovarian tissue taken from second and third trimester fetuses could be kept alive in the laboratory<sup>2</sup>. The immature oocytes in this tissue could then be grown in vitro to produce mature eggs for use for IVF.

This paper considers the morality of this procedure from several viewpoints.

#### SOCIETY

When the media reported the above scientific development in 2003, the public responded largely with revulsion, calling it “deeply disturbing”, “disgusting” and “totally barbaric” among other things (Hutchinson, 2003)... although this *instinctive repugnance*, as the Human Fertilisation and Embryology Authority termed it, may have been provoked by the tabloids’ use of the words ‘harvesting’, ‘plundering’ and even ‘little girls’ to misrepresent the realities of foetal organ donation. The creation of human life is a sensitive subject and the public is quick to protest when science meddles with the natural order. However, education could allay these initial concerns over time: it’s worth remembering that IVF itself was considered grotesque and immoral when first developed, but is now widely accepted.

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1 1 April 2005: UK legislation gives IVF children the right to information about their donor when they turn 18 years

2 Lead researcher Dr Tal Biron-Shental of Meir Hospital in Kfar Saba (Israel) and researchers at Utrecht University (Netherlands) reported their work at the European Society of Human Reproduction and Embryology Conference in Madrid, 2003

In fact, much of the opposition to foetal ovarian tissue usage in 2003 was actually opposition to late-term abortion since the procedure requires tissue from fetuses which have developed far beyond the 'bundle of cells' usually cited in pro-life/pro-choice debates. Indeed, pro-life campaigners used the apparent hypocrisy of pro-choicers who supported abortion but found foetal farming repellent to reopen the debate on abortion itself.

The morality of abortion is beyond the scope of this paper. It is assumed here that the decision to abort has already been taken, and as such the foetus is dead and destined to be discarded. The debate over foetal ovarian tissue seems to pivot on this point because whilst an intuitionist might support Kass's "Wisdom of Repugnance" (Kass, 1997) and deem any procedure that provokes such public outcry immoral, a utilitarian would value the considerable benefit to be obtained from foetal egg donation at no further cost to the donor and minimal cost to the other parties that are involved. As Professor Roger Gosden<sup>3</sup> – whose application to use foetal ovarian tissue in infertility research was turned down by the HFEA – said, "Surely it's better to do some good with [this] tissue than no good" (Hutchinson, 2003).

#### THE IVF PARENTS

In the UK, we are afforded the right to found a family, but at what cost? Is infertility a disability, or a disease which scientists are obligated to cure if such cure is available? According to the HFEA, "few would argue against interfering in the natural order for the purpose of healing, but some people have reservations about intervention in order to relieve infertility" (HFEA Report, 1994).

Without ignoring the evolutionary imperative to reproduce and the meaning that procreation can give to our lives, I believe that infertility is no longer debilitating nor stigmatising. In western society today, life without a biologically-related child can be fulfilling, and so it is my opinion that childbearing should be considered a privilege rather than a positive right. Whilst it's admirable for the state to offer help where it's needed, there is no reason not to limit that help if the proposed 'cure' is deemed immoral.

#### THE BIOLOGICAL GRANDPARENTS

Late-term abortion may be considered immoral by some, but this paper assumes the foetus' mother (i.e. the resultant child's grandmother) has already decided to abort on grounds not related to organ donation.

I am concerned, however, that the opportunity to make use of foetal ovarian tissue could provide an *incentive* to abort. There is already a market in the sale of foetal parts, with US

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<sup>3</sup> Prof Roger Gosden, Director of the Jones Institute for Reproductive Medicine, USA

abortion clinics using legal loopholes to turn a profit despite legislation prohibiting financial gain (ClinicQuotes, 2012). However, with each foetal ovary containing millions of immature oocytes, presumably supply would outstrip demand and any financial reward would be minimal, as would any pressure applied to potential grandmothers. Nevertheless, existing legislation should be strengthened to prohibit incentivising abortion, or indeed incentivising the *delay* of an abortion in order to produce a more usable late-term foetus. Furthermore, the Polkinghorne Report proposes that a third party sit between the foetus' mother and the IVF clinic in order to protect against coercion (Polkinghorne, 1989).

Finally, as things stand, consent to use the foetal ovarian tissue for IVF would only be required from the foetus' mother. But if the tissue is used to create a child, then surely the father should also give consent since the child will inherit his grandfather's genes as well as his grandmother's. If the child went in search of his origins, he would seek out both biological grandparents who – given the decision to abort and/or without having consented to the creation of a child – may not provide warm welcome.

## THE FOETUS

My primary concern regarding the foetus is that – unlike live donors, or cadavers who have previously filled out organ donor cards – she must donate her eggs *and become a mother* without giving consent. Foetal organ donation is already widespread (although it's not universally supported and is often regarded as the first step on a slippery slope which devalues human life), but the non-consensual donation of genetic material to create a child is a more profound issue and requires greater consideration.

I feel it is important not to set a precedent in which a person's DNA can be used to create a child without his or her knowledge or agreement: IVF clinics are already running into lack-of-consent problems by unwittingly using frozen embryos after couples have separated (Buxton, 2008); and the issue of consent will prove vital in protecting celebrities and ex-lovers from unknowingly parenting a copy of themselves should it one day become possible to clone a human from a scrap of DNA. However, some – notably Tooley (1998) – question whether a foetus qualifies as a 'person' and carries the same rights as those who have been born. If not, then the concept of a foetus' consent may be meaningless.

Regarding foetal ovarian tissue donation, it is discomfoting that the foetus doesn't have a voice in the use of her ovaries, but it's not unprecedented for parents to make decisions about organ donation on behalf of their offspring in the UK, and I can see no reason why they shouldn't do so in this case. Furthermore, the foetus' DNA is actually a combination of her parents' genetic material, and so the joint consent of both 'biological grandparents' might reasonably replace their foetus' consent when it comes to using her donated gametes to create a child.

## THE CHILD

The HFEA has not yet approved the use of foetal ovarian tissue in infertility treatment, stating “it would be particularly difficult for a child to come to terms with being produced from a foetus because of prevailing social attitudes” (HFEA Report, 1994). There’s nothing to say that those attitudes won’t change, however. At the advent of IVF, there was concern that IVF children would be traumatised by knowledge of their creation, but studies have shown that IVF children show “no statistically significant increase in the rate of behavioural or psychological problems” (Montgomery et al, 1999) possibly because the process of IVF is so financially and psychologically demanding: it follows that IVF parents might provide more committed and loving care to their ‘desperately wanted’ child than natural parents would, outweighing any negatives.

## CONCLUSION

In my opinion, society will adapt to embrace children born of foetal ovarian tissue in the same way it has those born of other donated gametes, and with careful parenting there need not be significant impact on the child’s well-being. Therefore – assuming the science is proven safe, both biological grandparents consent, and society deems late-term abortion moral – I believe that using foetal ovarian tissue is acceptable since it offers significant gains at minimal cost. However, I’d consider it *unacceptable* if the decision to abort was in any way incentivised, because the right of the foetus to live would then outweigh the right of the IVF parents to bear children. In any case, given the public discomfort surrounding this issue, I believe it would be better for society to find ways to increase the numbers of consenting live and cadaver donors, rather than resorting to foetal donors.

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