Choosing the Right Embryo
AND NOT ACCEPTING
THE PRINCIPLE OF PROCREATIVE BENEFICENCE

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Abstrakt

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1. IVF

*In-vitro* fertilization (from now on IVF) is an infertility treatment primarily given to couples that have been trying to conceive a child for no less than one year. The focal point in this paper will be if, and why, the best embryo can be chosen when going through an IVF-treatment. What the best embryo might be considered as will be discussed further below.

To get an idea about what it means to go through IVF, and why there is a moral dilemma tied to it, it is necessary to have some background to the medical procedures of IVF as well as Pre-implantation Genetic Diagnosis (PGD) and Pre-implantation Genetic Screening (PGS). Some understanding of genetic screening is important because this is one of the most common techniques used to detect genetic dysfunctions and diseases. Together, PGD, PGS and Amniotic Fluid Test (AFT) are used to, in an early stage of the pregnancy and before implantation, detect things such as gender, chromosomal changes, and genetic diseases. Acquiring genetic information about an embryo or fetus is for some important when deciding whether or not to go through with a pregnancy: for example, prospective parents at risk of giving birth do a child with a severe genetic disease might want to consider whether or not to have the child.

PGD is a type of genetic profiling of embryos, used prior to implantation. PGD allows for parents to get information about genetic diseases and other traits. This method of diagnosis allows for parents to retrieve information about a certain genetic disease, and through this information make a decision about implantation. PGD “means that a fertilised ovum (egg) is submitted to genetic testing before inserted into a woman’s uterus, to develop into a foetus in due course.” (SMER, 2004) In Sweden, to complete a PGD, each couple needs to get a unique diagnosis, requiring a specialized strategy for each and every new case of screening. PGD is not available to people in Sweden who lack predispositions for severe genetic diseases. The Swedish National Council on Medical Ethics (SMER) claims that PGD may save couples and individuals from having to undertake selective abortion, which they claim is physically and psychologically demanding and better avoided when possible. PGD is hence offered as an option to prevent people from having to go through a selective abortion. Another type of PGD is
PGD-HLA, (HLA stands for human leucocyte antigen) which allows prospective parent/s, so to speak, ‘create’ a child who serves as a donor for a sibling in need of an organ, cell transplantation, or the like.\(^1\)

Since this paper aims to discuss the ethical and moral dilemmas arising when choosing embryo, a detailed explanation of IVF is unnecessary. However, not mentioning anything whatsoever about the medical procedure IVF would be problematic since the reader might be left wondering what the medical process holds. Therefore, I have chosen to simplify my explanation of it. The complexity and the emotional impact of the IVF process is beyond the reaches of this paper. In this paper, I have chosen to describe some of the Swedish legislation on IVF.

In Sweden, women older than 38 years old but younger than 42 years old are allowed to do an IVF-treatment. This also applies to couples that have been trying to get pregnant for at least one year, as well as female same-sex couples (who, of course, do not need to try to get pregnant for at least one year, but are authorized to the treatment when wanting to). In most cases, a thorough medical examination is required, mainly to detect for what reason getting pregnant is problematic and/or if there might be a danger in getting pregnant. There are, though, certain exceptions. Female same-sex couples are not required to go through a medical examination. Neither are couples where the man is known to lack sperm, or the woman known to lack oviducts. Another exception is cases where the woman is between 40-42 years old. IVF is usually not given to those who are suffering from a life threatening disease, severe mental disorders, or if the intended birth mother is in a medical state which may get worse or it to be life threatening if going through with a pregnancy (SMER, 2004).

After going through a medical examination and being approved to get the IVF-treatment, several steps in the medical procedure follows. IVF-treatment is a comprehensive treatment, one which I have divided into five steps. In the first step of the treatment the female injects a hormone in order to make the body produce multiple eggs each month (normally one egg is released per cycle). This hormone treatment blocks the

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\(^1\) The child ‘created’ is commonly called a Savior Sibling, and there are lots to say about the ethics of this. Unfortunately, due to limitations, I will have to wait to discuss the ethics of PGD-HLA for another paper. Here, I simply want to mention that PGD-HLA treatments available.
body's own way of sending signals for the body to cause ovulation. This first step usually goes for two to three weeks, but it is possible to fasten the process to take only couple of days. This process, changing the hormonal balance in the woman’s body, is difficult and physically demanding.²

In the second step of the treatment, the oviducts are stimulated to develop ripe follicles. This stimulation takes about ten days, and happens when injecting another hormone, and after having developed enough follicles, step three starts. During the third step of the IVF-treatment a third hormone is injected. In the fourth step the ripe eggs are retrieved. This procedure is somewhat complicated, because the eggs need to be retrieved at the exact right time; the eggs must be retrieved just before they emerge from the follicles in the ovaries. To retrieve the eggs, they must first be located in the ovary (using ultrasound) and when located removed with a hollow needle. This is a critical step for the IVF-treatment to be fulfilled - if taken out too early or too late, the eggs will not develop normally, meaning the reproduction will fail. The day of retrieving the eggs, both partners (if not being a single female wanting to get pregnant, or same-sex couples where sperm has been donated) visit the hospital or clinic, where after the male partner leaves his sperm and the eggs are retrieved from the female partner. When having both eggs and sperm, the two are mixed in a laboratory. Following this is the fifth and last step; after a couple of days it is possible to detect whether or not the embryo(s) has reached a blastocyst state. If so, the embryo(s) can be implanted and hopefully the woman becomes pregnant.

Important to note is that even though going through these five steps of the IVF-treatment, there is no guarantee that a pregnancy will actually happen. This, I want to argue, puts couples and individuals going through an IVF-treatment in a morally different position than couples or individuals who are going through a pregnancy received through intercourse. Because of the certain circumstances following the IVF-treatment, getting pregnant and detecting being pregnant with a child carrying a genetic condition, may be

² If interested in hearing a woman describe this process, there is a Ted Talk from 2014 where Camille Preston explains how this first step causes a hormonal imbalance in the body, causing one to have extreme pains, similar to menstrual pains, weight gain, and mood swings.
said to be different from being an individual or couple getting pregnant easily, without any medical support. It is different because it requires more medical preparations as well as it is monetarily more expensive.

2. Background and Inquiry

The dilemma of choosing which embryo to implant, I would argue, stems from the intention to avoid bringing harm. Though it can be argued we have no moral obligation to create happy lives, it is often argued that we at least have an obligation not to cause harm. Within applied ethics, the avoidance of bringing harm upon others stretch over political philosophy, environmental philosophy, bioethics and many other areas. The question then, when talking about choosing embryo – and here it might be necessary to emphasize that I will, for now, take it as a given that parents have the possibility to choose which of the embryos that has reached a blastocyst stage is to be implanted – is what the right embryo is and how to argue for it. I will, under section 2.1 mention something about the increased danger of being pregnant (or choosing to be pregnant) with multiples (i.e. twins, triplets, etc.), because I believe this makes it a stronger case that a decision needs to be made about what one embryo should be implanted.

Here, it could be worth mentioning something about the non-identity problem. Parfit (1984) claims that something which is considered a bad act must be bad for someone. From a person-affecting intuition, an act is hence bad if and only if it makes someone worse off or harms someone – this being either an existing person or a future person. Another intuition of the non-identity problem states that an act that results in someone existing is not wrongful, because existing is better than not existing. A third intuition is one which states that some acts are wrong even though they do not harm anyone or are not bad for anyone. Many argue the non-identity problem to be an

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3 For one example of another area of philosophy see John Broome’s discussion on environmental ethics in ‘Climate Matters’ (2012).
important topic for the discussion on choosing embryo. Why are we making a choice? Is it better for a child with certain genes to never come into existence, or is it better for someone who might suffer to exist, because existing is better than not? For whom is that better? I do not aim to discuss the non-identity problem in detail, but when reading section 3.5 I believe it is important for the reader to keep this problem in mind.

Moving on now, quickly, to the case of choosing between embryos during IVF-treatment, it is of course possible to ask if there is an actual dilemma when it comes to choosing the ‘best’ embryo. Savulescu (2001, 414-415), for example, argues that we have a moral obligation to always choose the embryo that is most likely to lead the best life. The best life according to Savulescu (2001) is a life colored by intelligence, lack of genetic disease, and free from (what he names as) abnormalities. 5 By first glance Savulescu’s proposal seems sound, but as I will show it contains a number of ethical problems needing to be discussed. Because even if we by choosing genetically healthy children prevent some medical problems, and through choosing healthy embryos we may be said to be preventing diseases, this is showing only one side of the coin – by ignoring other perspectives, like social stigma for those already born with a handicap and/or disease, we are at the same time ignoring the great ethical aspects of what (if there is such a thing as the best embryo) choosing the best embryo actually is and what problems may follow from it. I believe that each and every person can contribute with something to the world, and that the choice of embryo therefore is not as obvious as Savulescu makes it sound. The medical perspective, I hence argue, differs from what I will call the social perspective. Under section 2.1 I will develop this idea further, and show why there is a moral case in making clear the different perspectives.

I also want to map out the arguments for parental responsibility and procreative liberty. This I do in order to highlight the difference between two moral arguments which can be used in arguing for or against choosing the best embryo. This I will do under section 3.2. But for now, let me turn to section 2.1.

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5 One abnormality mentioned, for example, is asthma. (Savulescu, p. 416)
2.1 The increased danger of different kind of pregnancies

Some may ask why we need to choose an embryo at all – why not implanting all embryos which have reached the blastocyst state? The problem with implanting multiple embryos is that being pregnant with multiples increases all complications that may arise during pregnancies (M. Mullaart, 2015; Tarschys et al, 2004). Exceptions are delayed parturition and excessive fetal growth, which very rarely occurs when expecting multiples. To mention some of the complications which are more likely to occur, here are some which directly affect the children: Premature Birth, Intrauterine Growth Restriction, Twin Transfusion Syndrome, Twin Collision, Vanishing Twin Syndrome (Fetus Papyraceus), Congenital Malformations, and Nuchal Cord. Some of the maternal complications are: Anemia, Gestational Diabetes, Caeserian operation, and Hypertension.

Some of these complications will remain, since they are chronical medical states. Because of the increased risk of these and other symptoms, doctors usually recommend not to inseminate multiple embryos (Tarschys et al, 2004, 9). In some countries there is a limit to how many embryos are allowed to be created. The risk of severe complications, for both mother and child, is too great for it to be ignored. Therefore, doctors often suggest that only one embryo is inseminated.6 This is to minimize the risks connected with expecting multiples. If the risk of twin pregnancy is “deemed to be low” (Tarschys et al, 2004, 9) two eggs may be implanted, but in 2002 the [Swedish] National Board of Health and Welfare ruled that the standard number of eggs allowed to inseminate is only one. This, I will argue (and I will develop this idea later), affects the choice of embryo. Given the limitation on inseminating eggs, the choice of embryo becomes more restricted; it is possible to claim that this forces one to choose instead of avoid choosing by implanting multiple embryos.

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6 It is possible to freeze embryos for later insemination. I have chosen to ignore to bring this into my discussion because it will not contribute to it.
2.2 Is there a Difference between a Medical Perspective and a Social Perspective?

As mentioned in the introduction, I believe it to be important to make a difference between a few perspectives, each one opening up for a more or less differing discussion on what embryo, if any, could be argued to be the best one. First, there is a medical perspective; a perspective from which doctors look at diseases.7 In the ‘Hippocratic Oath’, sworn by physicians, we can find the following ethical guidelines: “I will prevent disease whenever I can, for prevention is preferable to cure.” (Medical Net, 2015) This said, I believe we can easily come to the conclusion that doctors, and to a certain extent scientists, aim to treat, cure, or (preferably) prevent disease or disability. I believe we can assume that curing disease is something all doctors aim to do.

As obvious as it may seem, one way of treating or curing diseases is through medication. Medication, such as antibiotics, insulin, or cortisone, treats or cures us, while preventive medicines like vaccine is making us resistant to a virus, parasite, or bacteria. Wanting to treat diseases may be seen as a way to prevent them to break out. From the medical perspective, when disease can be prevented, we hence have the moral obligation to prevent it – and one way of doing so is to always choose a healthy embryo over the one affected by genetic condition. I am simplifying this perspective a lot, but the point I want to make clear is that it seems that since medicine is meant to cure people, to actually cure people is its main goal – no matter how. Preventing someone to be born therefore falls under the ‘cure spectra’.

A philosophical question that arises, and that will be discussed more thoroughly later on, is if preventing a disease from breaking out, or treating a disease with medicine, is the same as preventing someone with a certain gene to be born (i.e., if preventing someone to be born is a way of curing a disease, abnormality, or handicap). Here, I just want to highlight the idea that doctors aim to prevent, treat, and cure diseases in order to put this view in contrast with the social perspective.

The social perspective, I will argue, differs from the medical one in

7 Of course there are exceptions, as for everything. But let us look at the medical perspective in a very general way.
several aspects. Looking at a disease or handicap from the societal perspective, we need to ask what it means to live in a society, carrying a certain (genetic) disease or living with a disability. Making a distinction between a medical and societal perspective, I am hoping to show that the society has a different responsibility towards their members than doctors have. Take the example of being in a wheelchair. For people confined to a wheelchair there are several things that are more complicated to do than for one not being in a wheelchair. Ramps, elevators, and restrooms being suited for disabled persons might sound like simple adjustments, but these things are crucial for someone in a wheelchair to be able to, not only get around, but have access to live their lives like non-disabled people.

So, from the social perspective we need to look on how the society should be arranged and equipped in order to create easy access and equal opportunities for every one of its members. To make it even clearer, I can mention that by this I mean how to form infrastructures, access to buildings, sidewalks, local transportation, schools, and everything that the abled may take for granted, to make the disabled and diseased be equally able to live their lives to the fullest. From the social perspective, the important thing is hence not to cure or treat, but to create a society where no one is excluded merely on the basis of a disease or disability.

Further, the social perspective is one in which the focus is the obligation to prevent discrimination on the basis of disease or handicap. The social perspective, and I want to claim that this perspective is of great importance, is one that, when we look at the social circumstances which a society’s members are in, we want to see that no one is discriminated on the basis of being diseased or handicapped. Not only are we required to treat each other with respect, but I argue there to be no good reason to discriminate. Discrimination, in this case, is of course considered in the usual aspect; no one should be discriminated on the basis of gender, sex, sexuality, cultural background, race, or disability. I also believe those being diagnosed with certain diseases, such as cystic fibrosis (CF), bipolar disorder, rheumatism, or any disease which might be seen as

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8 There are, no doubt, an endless amount of diseases and diagnoses that can be mentioned here. By mentioning only these three, I yet am not aiming to leave anyone behind. Those believing themselves to fit under this category, I also will say so.
disabling but may yet allow someone to work, study, or the like - full or part time - are not to be discriminated on any basis.

Often we think (or at least, I argue, should think) about the society as one which ought to embrace diversity; different kinds of people all have the same value, and to have a disability, disease, or condition, is not to be less valuable than anyone else. Society needs to be ordered in a way that everyone has access to information and whoever needs physical assistance gets it. Society needs to be inclusive, not exclusive. Hence, from this perspective, it is not obvious that we are morally obligated to prevent genetic diseases or chromosomal damage. To me, the societal perspective, together with the social perspective, is more philosophically interesting than the medical perspective, because the dilemma on choosing embryos in order to prevent someone with certain traits from being born becomes deeper and more problematic. Therefore, it is the social perspective I will take into consideration throughout this essay.⁹

3. Contrasting Views

To be able to discuss whether or not we have a moral obligation to choose a certain embryo I find it necessary to present a few things. First and foremost I want to present two distinct views on, not only what the best embryo is, but what obligation we have to choose the best one. Julian Savulescu has discussed this in several places and has developed a clear theory on the matter. Savulescu believes we have a moral obligation to always choose the best embryo. His theory will be explained more in detail in section 3.1. In section 3.2 I will propose more in detail what Overall argues for. I do this because both Savulescu and Overall have well thought out theories which stand in contrast to each other and, I believe, will contribute to my discussion as well as conclusion.

Second, I want to represent two very important topics on the discussion of

⁹ The medical perspective is also interesting in certain aspects, and I believe many to want to argue with me on my standpoint regarding the societal perspective and the social perspective being more philosophically interesting. I am well aware that within bioethics, which this paper falls under, we cannot ignore the medical perspective. Hence, to clarify, I mean not to ignore the importance of ethics within the medical sphere. What I do, though, is to explain why, from the societal perspective and the social perspective, we have more reason to critically look at what problems choosing specific embryos may cause.
between choosing embryos; parental responsibility and procreative liberty. Do parents have a responsibility to do what is considered to be the best for their children, and because of this being responsible to thoughtfully choose embryo? Or is the liberty to choose how, when, and why to procreate more important than the responsibility to create a certain ‘kind’ of child? These matters will be addressed under section 3.3.

Third, there is a discussion on different kinds of choice, and whether or not we should allow parents to actually make the choice of choosing between embryos or if this should be the doctor’s job. I believe this discussion follows from the previous section. The main goal with section 3.4 is to show that there is an important distinction between making a (what I call) passive and an active choice.

3.1 Savulescu’s view

Savulescu holds the notion that parents have a moral obligation to see that their children lead “the best life” (Savulescu, 2001, Savulescu, 2007). Since it is possible to get information about genetics, we also have the possibility to assure that our children are not carrying certain genes. In other words, Savulescu is pro-eugenic selection, and believes parents should avoid having children carrying genes causing genetic disorders, such as CF. Savulescu also promotes testing for things such as intelligence, height, or physical or psychological states (Savulescu, 2007). Since eugenic selection is possible through PGD, PGD-HLA, and IVF, and when getting an IVF treatment the extra cost\(^\text{10}\) of PGD is small, parents therefore have good reason to employ genetic tests Savulescu argues (2001, 413-415). The best life, Savulescu says (2001, 415), and the moral obligation to have the best children can be explained through the Principle of Procreative Beneficence. This principle states that “couples (or single reproducers) should select the child, of the possible children they could have, who is expected to have the best life, or at least as good a life as the others, based on the relevant, available information” (Savulescu, 2001, 415). Savulescu questions if we “want to leave such distribution of such traits [those which makes a good life] to chance?” (2007, 285) and implies that we are capable of

\(^{10}\) And I believe the cost referred to here is the monetary cost.
‘doing better’ than evolution.

The Principle of Procreative Beneficence hence certainly implies that genetic tests should be engaged, no matter if it “maintains or increases social inequality” (Savulescu, 2001, 415). But to understand the principle of Procreative Beneficence we do need to define what Savulescu means by 1) the best life expectancy, 2) a life being at least as good a life as the others, 3) who ‘the others’ are in this case and 4) what, given the information that is possible to get, the available information means. Savulescu does not answer these questions in a straight forward way, but he gives indications on what we might take as answers.

Savulescu (2001) argues that if given options, when choosing embryo, the best life expectancy is a life which is predicted to be free from genetic diseases or any type of disorders. Further, Savulescu (2007) points out that it is the “badness of heart disease, cancer or disability” (2007, 284) that give parent/s the reason to prefer those embryos shown to be without such traits. Savulescu compares choosing embryo to playing the wheel of fortune, meaning that we ought to use the information we have available and from the information we have “choose the option most likely to bring about the best outcome.” (Savulescu, 2001, 414, my emphasis) Savulescu argues that the most rational choice is to choose an embryo shown to be free from abnormalities. The reason to why is that we want to do all we can do to assure that the child’s life is as good as possible. Disease, disability, and abnormalities can be argued to reduce the quality of life drastically. Savulescu and Kahane (2009, 276) argue that we should also ensure we search for nondisease traits, and select against those. Some examples of nondisease traits to be selected against include Asperger’s syndrome and sexual orientation. As mentioned above, Savulescu sees no reason to prohibit selection that may increase or cause social inequalities. The best life expectancy hence seems to be one that makes it most likely to bring about the best outcome. But this too needs to be explained; how do we measure expected lifespan and how do we know that it in fact is? And who are ‘the others’? As I see it, it could be argued that there are four options to which we can compare the embryos; first, we could compare them to the ‘average child’ or something the like, looking at the ethnography of a country to make some kind of comparison between
cultures and such. Secondly, we could compare our options to other children in the family, if there are any. This way, we could see if a life is expected to be the same, better, or worse than their sibling’s life. Thirdly, we could compare the embryos to each other, looking to see which embryo seems to have the best life expectancy. Fourth, we could compare the present time to a future time, comparing in what situation we would be likely to give our child the best possible life. By given these four ways to compare, I believe we are covering the things that Savulescu might aim at when he talks about ‘the others’.

Another thing Savulescu does to make his point is that he compares choosing a disease free embryo to the decision to delay trying to get pregnant (2001, 417). He argues that it is as irrational to choose an embryo shown to carry harming genes as it is to choose to get pregnant (or go through with a pregnancy) with the knowledge that the pregnancy is likely to, or certainly will, harm the baby. The analogy Savulescu uses is one he borrows from Derek Parfit (1984). This example tries to show the immorality of deciding to have a child even though it will cause the child to be born both blind and deaf. If the woman, who is suffering from rubella, would wait until the disease has passed (which in this example is said to be three months) rather than conceiving now, she would conceive a healthy child. It would not be the same child as if she would have gotten pregnant during the time of disease, but waiting would, Savulescu claims, be the moral thing to do. Savulescu argues that this example is comparable to the case of choosing an embryo – to choose an embryo known to develop to a child with a disease or disability is never morally acceptable. On situations where choice is available we ought to apply the Principle of Procreative Beneficence. (Savulescu, 2001, 418)

Another thing Savulescu (2001) does not take into consideration when arguing for the Principle of Procreative Beneficence is the situation in which certain individuals and couples are when they are going through IVF-treatment. As mentioned in the introduction, one of the requirements that are set up to be accepted to do the IVF-treatment is that heterosexual couples must have been trying to get pregnant for at least one year prior to the treatment. The five steps of IVF-treatment (which I know is a simplified description of it, but I claim still makes the point) are not only physically
demanding, but time consuming as well. The time gap in which the eggs can be retrieved and inseminated is very limited, as well are the eggs available to inseminate. Therefore, the waiting that Savulescu so keenly promotes, is not always an option for everyone. I want to claim that there are situations in which it is not morally questionable to choose to inseminate an embryo proven to carry a genetic disease or disability.

Imagine a situation where a couple or an individual is in the final step of their IVF-treatment. As Savulescu suggests, they do a PGD and detect that all embryos available carry some genetic disease that will cause their lives to be restricted in some kind of way. Let us, for the sake of it, also imagine that the couple has been trying to accomplish getting pregnant through IVF and that this is the last time they will, for both physical and monetary reasons, try to inseminate. The couple has no children from before. What would Savulescu say about such a situation? Even in such a difficult and specific situation, it seems that Savulescu would argue it to be morally wrong to inseminate, because there is always the choice trying again later, or choose to not have children at all. And in this specific case the best embryo would be an embryo that will result in a life with restricted life chances, and in comparison with other children there either are no other children to compare to (since the couple has no children from before) or, if compared to a healthy child, a diseased child would be considered as worse off. But here, I want to argue that the parent’s right to make their own decisions, i.e. the procreative liberty (which will be discussed more thoroughly further below), rules over Savulescu’s Principle of Procreative Beneficence.

What may a possible reply be to my claim? We can find support for Savulescu’s arguments at John Feinberg (1984, 105-124). Feinberg argues the criterion for parent/s to, when it is possible to predict it, not bring children into the world whose future is limited by health problems. Feinberg also claims that parent/s are committing a wrongful act if they are bringing a child into the world, where it is possible that a rational agent would judge that child’s life as not worth living. Under Feinberg’s criteria it is morally wrong to bring a diseased or handicapped child into the world – and the parent/s responsibility starts before conception; in cases where parent/s are capable of choosing an embryo, they are morally obligated to choose the best embryo. Reading Feinberg, the best embryo
*must be one which is free from genetic disease or chromosomal damage*, since it will limit a child’s future. Feinberg’s definition of parental responsibility, claiming parent/s to be morally obligated to choose the disease free embryo, is strictly saying that it is immoral, when the option is given, to choose an embryo with a genetic disease before one without it. This limits parent/s’ autonomy to choose whatever embryo is preferred. This is something we recognize from Savulescu’s arguing, though Feinberg can be seen as more radical than Savulescu.

Savulescu as well as Feinberg are hence claiming that the *parental responsibility* to prevent children to be born with disease and chromosomal damage is a moral obligation. It seems therefore as Savulescu and Feinberg claim that parental responsibility is more important than the freedom to choose. What I believe is wrong in their arguing is that they are ignoring the fact that choosing an embryo when doing IVF is not only limited, but that there are cases in which no choice is a good one. This type of double punishment – the parent/s first of all having to go through IVF with all the costs it takes, plus at the same time, according to Savulescu, being obligated to choose an embryo, a choice that other parent/s are not necessarily obligated to make - is morally doubtful.

I want to raise one more objection to Savulescu. Might there be a situation where it is more suitable and better for a child to be born with a disability? If a family is already consisting of members with a disability, and their lives are already adapted to living with this, they might be able to provide a better life having a child with the same handicap as they. Here, we can imagine a deaf couple who are trying to get pregnant. They are going through an IVF-treatment and after PGD they detect that there are embryos available which has shown to carry a gene that will cause their child to be born deaf. I do not think it is obvious that, if the couple choose to inseminate this embryo, that they have done something immoral. Knowing sign-language, perhaps being part of a deaf community and knowing what a life as deaf is like, I see no reason to why they would be harming the child based on the grounds that it is born deaf. Once again we have an argument which goes against Savulescu’s principle. There seem to be cases where it is not obviously immoral to choose a diseased embryo.

Savulescu addresses this concern in *Deaf lesbians, ‘designer disability,’ and the*
future of medicine (2002). Here, Savulescu argues that couples ought to have the freedom to do what others might consider as being wrongful – but this exercise of freedom must not harm others. In this article Savulescu also claims that couples should be free to refuse genetic testing of themselves or their offspring, but once again this only applies to such cases where this does not harm their child. Even if Savulescu does seem to want to give couples more of a procreative liberty, this is restricted to cases where refusal or choices does not bring harm upon others. Considering that Savulescu argues that parents have a moral obligation to choose the best embryo, and at the same time argues that we are not supposed to bring harm upon others (and bringing children with certain genes into existence is a way of harming others) I am not sure how to puzzle these two pieces together. It seems like the only ones subject to Savulescu’s type of procreative liberty are those certain of bringing the best child into existence. But how do we know that the child we are expecting actually are carrying the best genes? And how do we know that we are choosing the right embryo if relying on chance or evolution (something that Savulescu claims we can do better than)?

It seems like there are too many uncertainties in life to say exactly what the best life expectancy is. Savulescu therefore needs to clarify his views further in order for his arguments to be strong enough to hold up. IVF is not like playing the wheel of fortune – there are too many circumstantial factors that come into play when receiving an IVF-treatment, and too many important medical aspects to make this comparison. Perhaps there Savulescu does have a point in that he says we ought to use the information we have available in the best way, but this is not the same thing as neither having an obligation to get information nor as an obligation to choose an embryo that falls under Savulescu’s criteria for being the best one.

Furthermore I want to question the fact that Savulescu says that we can ignore if our selection of embryo enhances social inequalities. If we indeed want our children to lead the best lives, is social equality really unimportant? Savulescu might not be against social equality, but in saying that it is okay to enhance social inequality, I cannot help but wonder what Savulescu aims to do when expressing this thought. Since I believe the societal perspective, which I presented above, is one of great importance and I by
promoting this perspective believe that we ought to work for equality among all, I cannot accept Savulescu’s idea that enhancing social inequalities would be right. Maybe it is appropriate to give Savulescu the benefit of the doubt and believe that he just expressed himself poorly. Yet, Savulescu’s claim is worrisome.

3.2 Overall’s criticism against Savulescu’s view

Christine Overall argues that just as there are bad reasons to have children, there are bad reasons not to have children; we can ascribe different moral values to different ways of reasoning. Even though Overall admits that it may be easier to justify not having children, she still claims there to be poor arguments as well. Important to notice is that Overall believes the choice to have an abortion because the fetus lacks certain traits, such as preferred eyecolor, is a morally poor argument. Though Overall believes all women to have the right to freely choose to terminate their pregnancies, Overall at the same time believe the justification to why may be morally questionable.

Another important point Overall makes is that choice may vary over time. Giving reason to not have a child at a particular point does not require someone to never have children. Though there may be morally justifiable reasons for someone to not have children at all, over the course of their whole life, this does not apply to everyone. This said, Overall wants to highlight that the normative arguments used to justify either having or not having children does not bind a person to stand by that argument forever. Since Overall has a clear feministic perspective from which she argues, much of what she writes aims to show the woman’s supressed role in childbearing and childrearing. She proposes many significant arguments to why and why not we have reasons to consider what moral obligations we have when considering our reasons to create new generations.

In contrast to those who argue that we ought to avoid bringing those who we know will suffer into the world, Overall instead talks about the pleasures and joys and how these factors can outweigh and countraact suffering. Hence, Overall argues, we shall not prevent children to be born merely because we know that they are likely to suffer during the course of their lives. Though we do not have an obligation to make happy
people (Overall, 2012, 113), and though Overall (2012, 113-114) agrees that it is a commonly held view that we ought to avoid bringing suffering people into existence, she is prompt to argue that women have then right to a “bodily autonomy” and “protect their own well-being” (Overall, 2012, 114) and that it therefore would be wrong to refuse women their reproductive rights based on neither the fact that they ought to produce happy children nor that they ought to avoid producing unhappy children. A woman thus has the right to reproduce, or to refuse to reproduce. And even though Overall extends to the argument that “it is possible that sometimes at least it is morally wrong to procreate, and we may sometimes have an obligation not to” (Overall, 2012, 118), her primary and most important argument is that we first of all have a right to autonomy, and that we second of all cannot judge a life simply because it might contain some suffering. If only focusing on preventing suffering, we are at the same time ignoring the pleasures and excitements that a life may contain. And even though “[w]e sometimes have a moral responsibility not to exercise a right” (Overall, 2012, 117) this ought not to be the primary and most fundamental way of looking at reproduction, but rather to be something which is applied in certain circumstances.

Overall (2012, 124-131) proposes a direct reply to Savulescu’s the Principle of Procreative Beneficence. As explained in the previous chapter, Savulescu’s view is such that parent/s are morally required to produce the best child, which means they ought to choose the best embryo when given the opportunity. To Overall, this is creating a guideline for when we are obligated not to reproduce (2012, 125). As I, Overall is critical to the Principle of Procreative Beneficence, though she argues from a women’s right perspective – one which I do not specifically apply to my critique. Overall makes some valid points that are important for this essay, the most important point being a critique of the Principle of Procreative Beneficence. Overall namely argues that that the Principle of Procreative Beneficence “is an expression of utilitarianism.” (2012, 126) Since Overall argues that we do not have a moral obligation to create happy people, it is not certain that to try to maximize good would be the moral thing to do. It is therefore not obvious that there is such a thing as a right embryo, and Overall’s arguing leave it open to judge what embryo is the right one from a contextual perspective. The contrast to Savulescu’s strict
view is clear.

The way Overall reads Savulescu, a consequence of his proposal is that it seem to require *all* women to go through IVF - this to maximize the well-being. This is another important critique that Overall raises. If this in fact is a consequence of Savulescus Principle of Procreative Beneficence, this seems highly problematic. Though we know that it is possible to choose embryos with certain traits, before inseminating, to require women to go through IVF if wanting to get pregnant is not only more risky (the risk of complications is higher) but the chance of succeeding is considered lower than to get pregnant through intercourse or other types of insemination (Overall, 2012, 126-127). I agree with Overall that this may follow from Savulescu’s arguing. I also believe a consequence which may follow - and it is not morally defendable – is that parent/s who find themselves in a situation which they know is not the best time to have a child, but are expecting, in line with Savulescu’s principle need to consider abortion.\(^\text{11}\) To claim that someone ought to do an abortion merely on the grounds that there might be a better time suitable to have children is morally questionable because an abortion is physically and mentally demanding – something which no one ought to be required to do. This falls in line with Overall’s thought on bodily autonomy (and should be applied on each case).

A supposed answer which Savulescu may give to this objection is that social circumstances such as wealth or social status of a family should be given less attention than the medical facts that can be detected through PGD. The sentence in Savulescu’s principle which states that reproducers should ‘select the child, of the possible children they could have’ may not be supposed to be applied to time and/or social circumstances. But then again, the social circumstances seem important when talking about giving someone the best life possible. Is it not better to reproduce in a time where one knows one has a stabile income, a place to live, and possibilities to wisely care for one’s child? Can we say that such circumstances do not matter when considering how to give a child the best life? I dare claim that so is the case, and this causes trouble for Savulescu.

Not only is one of the consequences for becoming parent/s that they need to

\(^{11}\) Even though I have said that this paper is not about abortion, I believe this to be an important consequence of Savulescu’s arguing. There is something important worth mentioning about it, which is why I bring it up.
consider every possible circumstance which may occur (something which seems nearly impossible) in order to have the relevant information Savulescu requires (or at least indicates is necessary), families from certain neighborhoods, cities, areas, or countries considered dangerous or perhaps even just less developed or poorer than other places could be considered unsuitable to have children.

To continue discussing whether or not we ought to choose the right embryos (and continuing considering the best embryo to fall under the criteria Savulescu sets) I find it necessary to look closer on two perspectives which can be tied to Overall’s and Savulescu’s argumentation. The next chapter will consider what could be argued to be more important – parental responsibility or procreative liberty?

### 3.3 Parental Responsibility vs. Procreative Liberty

Though philosophers have talked about responsibility and obligation way before we have had access to IVF, the debate on responsibility ought to be reconsidered and applied to the case of being capable to choose between embryos. Is procreative liberty more important than parental responsibility? Or is procreative liberty compatible with parental responsibility?

Procreative liberty, explained by John A. Robertson (1994, 16), is “the freedom to decide whether or not to have offspring and to control the use of one’s reproductive capacity.” Reproduction and the choices around it are hence up to the parent/s. To Robertson, it is important to make the distinction between freedom to avoid reproduction, and the freedom to reproduce – even if the two somewhat implicate one another (Roberson, 1994, 25-26). Since Robertson points out that all forms of regulation of the procreative liberty are interfering with the liberty itself, and since he points out that procreative liberty ought to be given presumptive priority in all conflicts about reproduction, considering choosing embryos, it seems like one can argue that the parent/s have the right to freely decide which embryo they want to implant. Robertson namely believes that the liberty to reproduce is central to the importance to individual meaning, dignity and identity. The right to reproduce to Robertson hence seems to be the right to
freely produce offspring - to have the freedom to reproduce as one wishes. Robertson argues: “The person directly involved [in the decision to reproduce or not] is best situated to determine whether that meaning should occur or should not occur.” (1994, 24)

Even though the arguments on parental responsibility are limiting the freedom to choose which embryo to inseminate, it does seem like one can argue that this in fact is compatible with procreative liberty. The argument for procreative liberty is based on the idea that parent/s ought to be given full freedom in the matter of choosing how and when to reproduce (with other words, it could be said that it is important that the parent/s have the right to be autonomous). The argument then seems to imply that parent/s also ought to have the freedom to choose which embryo to inseminate.

But it is still possible to argue that parent/s are acting immorally if they choose an embryo with a genetic disease or chromosomal damage, and at the same time to say that procreative liberty is more important than parental responsibility? What I mean is this: a distinction can be made between that something is morally wrong and that something ought to be forbidden. Something may be considered as morally wrong, but yet not be forbidden to do. In the case above, it might be considered to be morally wrong to choose an embryo with a genetic disease or chromosomal damage, but at the same time considered to be wrong to forbid people to have the liberty to choose freely what embryo to choose. In this case, it is possible to argue that parental responsibility may be used as a guideline for parent/s, but that the final option on which embryo to choose is up to the parent/s.

In the section that follows, I will describe cases where parent/s may have more or less reason to consider to not inseminate. This is knowledge of either severe early-onset disease or severe late-onset disease. In the following section I describe both severe early-onset and severe late-onset disease, illuminating the difference between them, describing how to (possibly) guideline parents in their choosing.

3.4 Should we be intervening or not?

I want to touch on the distinction between making what I call a passive versus an active
choice. I believe we also need to make a difference between passive versus active action regarding choosing an embryo. Should we be intervening? Are there certain cases where it is morally acceptable to not intervene and change a behavior when knowing it may end in a better result, not harming someone?

It seems valuable to try and make a point through exemplifying two cases. The first case is one where a pregnant woman is actively making a choice, i.e. not intervening, to continue a habit which is known to cause harm on the fetus. The other case is one where a pregnant woman has made the choice to passively wait to see if a child is born with a genetic disease inherited by a parent. The two cases differ in what I am aiming at; in the first case someone is actively continuing a bad habit, while in the second case someone is simply avoiding to gather information which may result in having to consider whether or not the pregnancy is justified, healthy, or any other kind of information that may make one to want to reconsider whether or not to go through with the pregnancy. I want to emphasize that I see an important difference between the two. The one who is not giving up their bad habit can be considered acting in an immoral way, something which needs to be contrasted to the woman who is passively ‘waiting’. I believe that the woman who is waiting to see what child will be born to be like, knowing there is a risk for the child to be born with a genetically inherited disease or some type of disability, is not committing a wrongful act, since her behavior is not directly affecting the child. So far, this difference may seem a bit unclear. Therefore, I want to give another example which in a clearer way will explain the scenario and in an easy way can be tied to the choice of embryo.

Imagine that you prior to your IVF get the information that you will get full knowledge (here, the full knowledge is the maximal knowledge possible) about the states of the embryos you have access to. This information makes you aware of the fact that one of the embryos is carrying a genetic disease. Imagine next that you, instead, have the possibility to refrain from getting access to the information about the genetics of the embryos, and you choose to not get the information possible, but rather randomly have one of the embryos inseminated. You therefore have made the choice to act ‘passively’.  

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12 What I mean by acting passively is to act in a way that means that you would rather rely on ‘chance’ than
Now, the question arises: who has been acting more morally, and is it possible to release you from responsibility if you choose to have a random embryo inseminated? Another question which follows is if we do have a moral obligation to get full knowledge, through screening, and use this information to reject the insemination of certain embryos? Given what I have written above, I believe we can answer this question in two ways. Arguing in accordance with parental responsibility, if we can access the information, it seems like we are obligated to get the information in order to make the best choice possible and choose the best embryo. If we argue in accordance with procreative liberty, we want parent/s to be free to choose how and when to reproduce, and this liberty seems to make room for parent/s to refrain from getting full knowledge about the embryos. The obligation to get all the information hence disappears. That said, it is not obvious that it is morally better not to get the full knowledge.

I am not the first one discussing intervention. Buchanan et al. (2000, 161f) discuss moral intervention and ask if genetic intervention could be morally required of parents. Their conclusion, and with this I agree, is that a weaker position than Savulescu’s might be more acceptable. We could, they argue, say that it is “morally desirable or morally good for parents to use a variety of means, including genetic interventions, to attempt to produce the best children possible” (Buchanan et al, 2000, 162). I believe that there are certain cases where it is morally better to intervene. This is in cases where prospective parent/s know that there is a great risk of having children with severe early-onset diseases. In what follows, I will describe why we ought to prevent children with such diseases to be born. I will also present a different kind of severe disease; severe late-onset diseases. Using these two ‘umbrella terms’ for different types of diseases, I want to show that they should result in different reasoning. This I base on the possibility to autonomy and partly also on the amount of suffering which can be expected depending on what genes one carries.

taking the active choice to get the information possible and considering that information make an active choice on which embryo to use
4. Severe Early-onset Diseases vs. Severe Late-onset Diseases

All genetic diseases are not the same. Some genetic diseases are barely notable for either the person carrying it or the people around them while other cause severe pain and limit the lives of the ones’ carrying it, and are apparent to the people around them. While certain genetic diseases have the same take throughout a full life, some take different tolls not only over time but depending on the person carrying the disease. Some individuals are more unlucky than others, meaning that their disease gets more severe than for someone else. For example, a disease may cause someone to be more severely disabled than another person even though the symptoms spring from the same genetic disease. For the cause of the arguments seen above, in this paper I will stick to such diseases which are known to give severe symptoms and which has a large impact on life. Another reason for focusing on this is that I believe that it is such severe diseases that raise the real moral dilemma when considering which embryo to choose.

Severe early-onset diseases are such diseases that are known to cause death early on, giving the carrier a short life with no real chance to develop personal interest and autonomy. Most commonly, such diseases cause death during the first years of life, and are known to have severe symptoms and cause severe suffering (Bosslet, 2011, 280-284) Gabriel T. Bosslet writes: “Many argue that the severely limited quality of life afforded these children confers a moral obligation upon potential parents to avoid bringing them into existence […]” (2011, 281)

It is clear that the early-onset plays a significant role for one’s capability to create a life for oneself. Since Overall mentions that we do not always have to exercise a right even though we have it, I believe her argument is consistent with my claim that severe early-onset diseases ought to be considered as best to avoid. Overall promotes autonomy, and in doing so I argue that she cannot deny that being deprived from one’s autonomy (or even incapable to develop any sense of autonomy or chance of happiness) is bad. Of course there are severe diseases and handicaps which do not allow a person to be fully autonomous – there are many cases where a person is completely dependent upon other people in order to ‘make it through the day’. These diseases, handicaps, et cetera, do, I
believe, fall under what I will describe next.

Severe late-onset diseases are such diseases that give symptoms later on in life, giving the carrier a chance to have a life where hue\textsuperscript{13} can develop autonomy, have the chance to get an education, job and to have more of a ‘normal’ lifespan. The symptoms of severe late-onset disease are severe and as the disease progresses it gives rise to personality changes, intense pain, changes in cognitive function, or something the like which changes the carriers life distinctly and finally culminates in death. For both severe early-onset and severe late-onset disease there is no effective treatment.

The important difference between severe early-onset and severe late-onset disease is that late-onset diseases allow the carrier a chance to live a life where hue can make life choices, such as attending college, get married, travel; to live a satisfying life until the moment the disease develops. Some early-onset disease does not allow this in the same extent, since the carrier dies within the first years of life. Therefore, I believe it to be possible to say that parental responsibility should be defined such that it guides parent/s to be morally obligated to refrain from choosing an embryo known to be carrying a severe early-onset disease but not one that is carrying a severe late-onset disease.

5. Conclusion

Given our definitions of procreative liberty and parental responsibility, taking into consideration the societal and social perspective, we can now discuss the matter on choosing the right embryo in the following way: either we argue in line with Savulescu and say that we are morally obligated to always get full information about the available embryos, and upon this information we need to choose the healthiest embryo for implantation. Or we argue more in line with Overall and say that procreative liberty is more important, and that parents hence are free to choose both whether or not they want information, and what is more important is not to give birth to a healthy child, but that we have a right to be autonomous and that parent/s need to be free to choose why when, and

\textsuperscript{13} Hue is used as a gender neutral pronoun.
to whom they want to give birth.

If we want to defend Savulescu, we have to agree that each and all of us ought to follow the Principle of Procreative Beneficence. A consequence then, which I tried to prove under section 3.2, is that all women seem obligated to go through IVF-treatment, something which not only is expensive and time consuming, but from a medical perspective is physically demanding. Since Savulescu’s principle makes us obligated to always choose what he considers the best embryo – and if we are obligated to do so, we are acting immoral if we do not – we are never justified to choose freely. This, I believe, is wrong. We have no moral obligation to choose accordingly with Savulescu’s principle.

I have also pointed out that there are few arguments which supports that the embryos Savulescu argues are the best ones indeed are. Savulescu does not take circumstantial factors into consideration, nor does he show an understanding of the restricted timeframe in which the insemination can happen. To Savulescu, the choosing of embryo is easy because it is possible, but what he forgets is to look at the actual medical procedure and show an understanding for the many steps the IVF-treatment consist of.

Because Savulescu fails to clearly define what he means by the measure of expected lifespan, a life being at least as good a life as the others, who ‘the others’ are, and what, given the information that is possible to get, how much information is enough, one can merely guess what Savulescu’s answers might be. And even though I have tried to answer these questions, there are too many questions left unanswered for me to accept Savulescu’s arguments.

Even though I do agree that parental responsibility ought to play a certain role when planning to become pregnant, I do not believe it overrules our right to procreative liberty. Savulescu does have a point in that it may be immoral to bring someone into the world which is suffering from disease or disability, but we need to take into consideration what type of disease, how severe it is, and what the life expectancy is. Without considering these factors, we are omitting many happy, (more or less) autonomous, people from being born.

By denying people their procreative liberty we are also restricting their autonomy.
Like Overall, I believe we have a right to be autonomous and that each individual ought to have the right to make decisions concerning their own body. I know that the issue concerned in this paper is also about the unborn child and hue’s future, and therefore the right to one’s body extends to what rights the future child has. This said, I do believe what follows is a sound way of looking at how we choose the best embryo.

My claim, hence, is the following: procreative liberty is more important than parental responsibility – but to say this, is not to say that procreative liberty implies irresponsibility. In the concept of procreative liberty, I believe we need to imply aspects of parental responsibility; parent/s need to get the information about severe early-onset and severe late-onset diseases, where doctors should communicate to parents that embryos with severe early-onset disease will suffer greatly and never have the chance to develop a ‘normal’ lifespan.

This may seem problematic. The guidelines I have chosen to set up for my type of formulation of a combination of procreative liberty and parental responsibility are only obvious to work in cases where the parent/s have the chance to choose between either an embryo with a severe early-onset disease, or a severe late-onset disease, forcing them to choose an embryo with the severe late-onset disease. The same goes for cases with either a healthy embryo or one with a severe early-onset disease, where the choice needs to be the healthy embryo, since the life of someone with an early-onset disease is extremely limited and painful. In cases where parent/s have the choice between either a disease free embryo, or an embryo with a severe late-onset disease, the choice is less obvious since the life of someone with a severe late-onset disease is far from as limited as one’s life with a severe early-onset disease, and therefore my guidelines can be seen as unhelpful, and hence that my argument is not thought through.

My reply to this possible critique is the following: where parent/s have the choice between a healthy embryo and an embryo with a severe late-onset disease, the social perspective becomes more important. Since I want to claim that diversity is important, and that all individuals are of equal value (diseased or not), in this case, the choice is morally equal. An individual with a severe late-onset disease, as said, is capable of living an autonomous and ‘normal’ life.
Summary

Though we have no moral obligation to choose the ‘best’ embryo, defining it as a disease free embryo, I claim that in cases where it is predicted that a future child is born with a severe early-onset disease, insemination need to be avoided. I have argued that procreative liberty is more important than parental responsibility, where parental responsibility is defined as the moral obligation to always choose a disease free embryo rather than an embryo carrying a genetic disease. I also claim that what is more interesting in the philosophical debate is the social and societal perspective, since the medical one (given that it aims to cure and/or prevent disease and disability) closes the debate on whether we should even have a choice at all. In this paper, I critique Julius Savulescu’s Principle of Procreative Beneficence on the basis that it leaves too many circumstantial factors aside. Instead I promote and develop some of Christine Overall’s arguments which stem from the thought of autonomy and liberty to choose freely.
References


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