

Ethical Issues on IVF and Surrogacy

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Abstract

In Vitro Fertilization (IVF) and surrogate motherhood have been crucial steps in making infertile couples experience the joy of parenthood. It is also the case for same sex couples and couples who, for some medical reasons were unable to conceive children of their own naturally. But IVF and surrogate motherhood come with a cost; that of medical, physical and mental difficulties that potential candidates face in the process. More importantly, IVF and surrogacy are associated with fundamental moral and ethical issues such as human embryo manipulation, physical and psychological trauma, a possible exploitation of women, the use of children as mere market and commercial products in the case of commercial surrogacy, a forced emotional detachment of mother and child after birth and a noticeable challenge to the structure of traditional nuclear family. Children born out of surrogacy could also face an identity crisis.

In this paper, we want to explore mainly these moral and ethical issues that are associated with IVF and surrogacy. These moral and ethical issues are particularly important because it is about human's life and the very core meaning of human existence.

Through an analytical method of enquiry, we have discovered that IVF and surrogate motherhood are very sensitive and fundamental issues that need proper rigorous regulations to remain useful to society, failure to which they could become a source of abuse and compromise what society has dearly fought for: freedom and right to life.

Keywords: IVF, surrogate motherhood, gestational surrogacy, traditional surrogacy, gift surrogacy, altruistic surrogacy, commercial surrogacy, ethics, intended parents, biological mother, birth, and mother.

Introduction

It is a natural need to have offspring. And human beings have, in the course of history, strived to have children through the usage of medicine and assisted reproductive techniques, in case they could not do so the natural way. Formerly, it was in terms of herbal medicine and traditional technics. But

recently, with the advance of science and technology, other means have surfaced such as in vitro fertilization and surrogacy. They are the result of human commitment to satisfying this desire of having children and strengthening family bounds. But the utilization of IVF and surrogacy comes with

many moral and ethical issues that question the way these practices are conducted and some conditions attached to them. In this paper we want to explore some of the ethical issues related to IVF and surrogate motherhood.

I. IVF and surrogacy

I.1 Definitions

I.1.1 IVF

IVF stands for “In Vitro Fertilization”. It is an assisted reproductive technology. It consists of taking an egg from a woman, fertilizing it in a laboratory and implanting the fertilized egg into that woman’s uterus. Hence, we can state that

IVF works by using a combination of medicines and surgical procedures to help sperm fertilize an egg, and help the fertilized egg implant in your uterus. First, you take medication that makes several of your eggs mature and ready for fertilization. Then the doctor takes the eggs out of your body and mixes them with sperm in a lab, to help the sperm fertilize the eggs. Then they put 1 or more fertilized eggs (embryos) directly into your uterus. Pregnancy happens if any of the embryos implants in the lining of your uterus (plannedparenthood.org 2018).

I.1.2 The different steps in IVF (Plannedparenthood.org 2018).

Ovulation induction: At this stage, the woman is given fertility medication which will help her body to produce mature eggs in her ovaries. It is these eggs that will be removed later and get fertilized by the sperm.

Egg retrieval: The egg retrieval consists of removing the mature egg from the ovaries and follicles of the lady through a minor surgery.

Insemination: The insemination process consists of mixing the egg with the sperm of the husband (or a donor) in a special tube in a laboratory. It allows the eggs to be fertilized by the sperm and become a human embryo.

Embryo transfer: In this process, one or more embryos are transferred from the laboratory tube to the uterus of the woman. This is where the embryo will develop and become a human baby. During this process, the woman is given hormonal medicine (progesterone) to help the embryo survive in her uterus.

I.1.3 Surrogacy

Surrogacy in modern era started in the year 1976 (Information-on-surrogacy.com, 2019). It is one of the methods of assisted reproduction. It consists of a woman carrying a pregnancy for another woman or couple and once the baby is born; the surrogate mother gives it to the other woman or couple. This is because of infertility, medical or other reasons, the intended parents are not able to bear the child themselves.

Intended parent(s) are the legal parent(s) of any child that is born through surrogacy. Once a child is born through surrogacy, the surrogate mother hands it out to the intended parents.

The surrogate mother is the woman who carries the baby in her womb up to the time of delivery. She is the birth mother if the egg used is not of her own while in case the egg used is her own she is not only the surrogate mother but also the biological mother.

I.1.4 The different types of surrogacy

In an article entitled “About surrogacy, The different types of surrogacy, which is right for you?” (2018), we find a clear picture of two different types of surrogacy: genetic or traditional surrogacy and gestational surrogacy.

a) In traditional surrogacy, the surrogate mother provides her own egg to create the embryo of the child she is going to carry in her womb. This can be done through an intrauterine insemination or through In Vitro fertilization. In traditional surrogacy, the surrogate is the baby's biological mother; it is her own egg that is fertilized by the

sperm of the baby's father; a donor's sperm can also be used.

Initially, traditional surrogacy is one of the most known and most used reproductive technologies. We have a semblance of surrogacy in the Bible: in the book of Genesis 16:1-2, we have an episode where a barren Sarai asks her husband Abraham to sleep with their slave girl in order for them to have children:

Abraham's wife Sarai had borne him no child, but she had an Egyptian slave-girl called Hagar. So Sarai said to Abraham, 'Listen, now! Since Yahweh has kept me from having children, go to my slave-girl. Perhaps I shall get children through her. And Abraham took Sarai's advice (The New Jerusalem Bible, 2016).

Also in the book of Genesis, chapter 30 verse 3, Rachel being unable to bear children asks her husband to lay with Bilhah their servant; she said: "here is my slave-girl Bilhah. Sleep with her and let her give birth on my knees; through her, then, I too shall have children." Through their slave-girl, Rachel got two children, Dan and Napthali (The New Jerusalem Bible, 2016). In another case, Leah, the other wife of Jacob, seeing that she has passed the age of childbearing took her maid Zilpah and gave her to Jacob. Through Jacob, Leah conceived two children, Gad and Asher (Genesis 30:9-13, The New Jerusalem Bible, 2016). These are forms of traditional surrogacy though the practice now does not involve having sex with the surrogate mother.

b) In gestational surrogacy, the intended parents create the embryo to be carried by the surrogate mother, by using their own egg and sperm or in some other cases, by using a donated egg or sperm. The embryo is obtained through In Vitro fertilization of the egg by the sperm and later transferred into the uterus of the surrogate mother. In gestational surrogacy, the surrogate mother is called 'birth mother' and the intended mother is in this case the biological mother

because it is her egg that has been used to obtain the embryo.

More recently, traditional surrogacy has been overtaken by gestational surrogacy which has proven to be more efficient emotionally and genetically since it allows the intended parents to be genetically related to their child. It helps also break the bound with the surrogated mother either genetically or legally because she will have no genetical connection to the child to be born, though in most cases, the emotional bound remains.

In some case, the terms 'commercial surrogacy' is used to express a situation where the surrogate mother is deliberately given money, and this is in the contract, for her to bear the child for the intended parents. In the case the surrogacy is a free service that the surrogate is rendering, it is called 'altruistic surrogacy'(Okoth, 2015).

There is also 'contract' surrogacy whereby the surrogate mother signs a formal contract with the intended parents; this is opposed to 'gift' surrogacy, a situation where surrogacy is done for free, usually as a gift from a relative or a friend who offers her service as a surrogate mother without any financial gain and without a formal contract (Lane, 2003). Gift surrogacy is also often referred to as 'altruistic surrogacy'.

I.2 On the benefits of IVF and surrogacy and the potential surrogates and difficulties associated with IVF and surrogate motherhood.

The most important benefit of IVF and surrogate motherhood is that they allow a woman or a couple, who were unable to have children because of medical or other issues, to have a baby of their own and this brings a feeling of fulfillment and joy in life. Surrogate motherhood is also a source of income for many women. Some women who get into surrogacy believe that their commitment provides joy and hope to couples who otherwise would not have experienced them.

It is logical then that the most significant groups of people seeking children through surrogacy are the couples suffering from infertility but striving to have their own children. They see bearing children through surrogate motherhood as a means for strengthening their family bound. According to Betsy Aigen, “infertile couples themselves who choose this option have been through the mill. Their marriages have stood the test of fire and they are strongly committed to each other and to raising a family together.... There’s no more wanted child than the child born to an infertile couple.” (New York State Assembly Judiciary Committee and Senate Judiciary Committee, 1986). These infertile couples find a new way of accomplishment through a means of experiencing parenthood, different from the traditional concept of family and parenthood (Merkens, 2007). But the desire for such parenthood goes beyond infertile couples; it concerns single men and women, homosexual or even heterosexual couples who experience a communal life outside marriage (New York State Senate Standing Committee on Child Care, 1987). Those who seek surrogacy are also women with medical problems with their wombs or those who have simply gone through a hysterectomy or those who are born without a uterus (Kaser, 2018). In some other cases, these women have conditions that make pregnancy impossible or such conditions as life threatening heart diseases that make pregnancy a risky and perilous adventure (Johnson, 2019). Countries like India, according to Prabha Kotiswaran, have now rejected the idea of granting to some of the above groups the right to surrogacy. Kotiswaran (2018) asserts that:

The policy framework for surrogacy in India has gone from a medico-liberal model in 2005 to a socially conservative prohibitionist model in 2016. Through these years, the categories of who could avail of commercial surrogacy progressively narrowed excluding gay, lesbian and transgender individuals and

couples in 2012, then foreigners, including even those of Indian origin in 2015. The 2016 SRB went a step further to prohibit commercial surrogacy and replace it with a familial model of altruistic surrogacy, wherein the surrogate had to be a close relative of the commissioning parents.

As for the age allowed for a woman to become a surrogate mother, it depends on the law of the country concerned. In the US for example, a surrogate mother should be at least 21 years old, had already given birth to at least one healthy baby so she understands firsthand the medical risks of pregnancy and childbirth and the emotional issues of bonding with a newborn, has passed a psychological screening by a mental health professional to uncover any issues with giving up the baby after birth, had signed a contract about her role and responsibilities in the pregnancy, such as prenatal care and agreeing to give up the baby after birth (Johnson, 2019). In Kenya, according to the 2014 Reproductive Health bill, only ladies above 25 years of age are allowed to be surrogate mothers.

The process of surrogate motherhood includes a mental and psychological health assessment, a test of physical health and written legal contract before the medical process of surrogacy itself can start.

But surrogacy can lead, unfortunately to not only mental but also physical complications. Physical complications can occur during the embryo transfer (bleeding, cramping or infection) and the possibility of carrying multiple babies, preterm birth, and low weight for the babies, placenta abruption or delivery through cesarean. (Emotional and Medical Risks of Surrogacy, 2018). According to the same source, other physical and medical complications can occur:

nausea from morning sickness, weight gain, swelling, back pain, heartburn and other uncomfortable side effects...gestational diabetes, hypertension or potential damage to your reproductive organs...surrogacy miscarriage or preterm labor... minor

medical risks associated with IVF treatments because you do have to take medicine for IVF with surrogacy, including injecting yourself with fertility medications at home, you can expect anything from slight needle bruising to temporary allergic reactions. As you take medicine to regulate your menstrual cycle and increase your chances of becoming pregnant, you may also experience increased pre-menstrual syndrome effects, like headaches or mood swings.

II. Moral and ethical issues on IVF and surrogacy

II.1 Surrogacy and the risk of the rich exploiting the poor

Though surrogacy is often perceived as a fair deal between rich couples who want children and poor women who are in need of financial assistance, such relationship could also lead to a form of exploitation of the poor; and exploitation is ethically wrong. For Suzan Merkens, the relationship between rich people looking for potential surrogate and the potential surrogate is an exploitative one between ‘employer-employee’ (Merkens, 2007). The fact of hiring a human being to give birth is also seen as being morally challenging. In this sense, a member of the New York State Assembly once said that, “we are talking about the rich and poor here. There is no escaping it...This is where the rich hire the poor. I don’t mind the rich hiring the poor to mow the lawn. I used to be one of the hires of that situation. I don’t mind the rich hiring the poor to clean their house, but I think it is immoral for the rich to hire the poor to have their children.” (New York State Assembly Floor Debate, 1992). In comparing the pricing to hire a surrogate in Indian which is between \$5,000–6,000 and that of the United States for the same service which is around \$50,000–120,000, one can’t but notice a form of injustice and exploitation (Twine, 2012). In this line, Martha Field asserts that surrogate motherhood could be less

exploitative towards women if surrogate mothers are given a fair and just compensation for each pregnancy she agrees to bear. She claims, in this sense, that:

From one perspective, generous payment for a surrogacy arrangement makes it less exploitative, and the most oppressive contracts are the low-paying ones: one woman in San Diego, who fought to keep her child, was paid \$1,500 to be a surrogate. And perhaps the most oppressive result of all is to allow surrogacy but prohibit the payment of any fee. Such a result fits into our tradition of non-compensation for women’s work (Field, 1990).

Moreover she proposes that policymakers could put emphasis on a proper pay to surrogate mothers rather than seeking to eliminate surrogate motherhood (Field, 1990). Such ideas could be outstanding because the majority of women being used as surrogate mothers are poor members of society (Twine, 2012). However, a rich person profiting from the poverty of any member of the society remains a moral or ethical problem.

II.2 An industrialization of women

With an increasing demand of children born out of surrogacy, another danger is that it assists to form what can be called industrialization of women’s womb, with surrogacy becoming ‘a gender-specific form of industrial labor’ (Twine, 2012). Andrew Kimbrell in this sense notes that with “the infiltration of consumerist values into women’s reproductive processes, women are treated as anonymous baby factories.” (Levy, 1988). For Twine (2012),

Gestational surrogacy is a form of industrial labor that has not been previously considered by economists or economic sociologists in their discussions of outsourcing yet it represents a growing segment of the reproductive tourism or medical tourism market. Women, typically the mothers of young children and from poor or lower middle class backgrounds, are

selling their reproductive labor on an increasingly competitive global market.

According to Twine also, such industry has become ‘transnational’, ignites a ‘reproductive tourism industry’ with people from wealthier countries rushing to look for cheaper surrogate mothers in countries like India and this poses ethical questions as well (Twine, 2012). Though IVF and surrogacy can be difficult for everybody to perform, they however reveal another aspect related to them that is quiet easy to perform and which vulgarization poses an ethical treat: that of artificial insemination (Field, 1990). Such vulgarization, because of its profit driven ideology, can go out of control (Merkens, 2007).

II.3 IVF and surrogacy and the danger of baby selling

Surrogacy and mainly commercial surrogacy is considered by its opponents as a disguised form of child trade or child selling. Surrogacy becomes therefore a multibillion business like any other only that in this case, the object of trade is human babies. It is believed that by 2012, commercial surrogacy in India was generating \$2.3 billion (Rudrappa, 2015). This figure was even foreseen by the Indian Council for Medical Research to increase drastically, making surrogacy a prime business industry (Chang, 2009). India has later on banned commercial surrogacy to curb its dark reputation as a ‘rent a womb’ haven and put a term to an injustice done to women (Ray, 2018). However commercial surrogacy still flourishes in many other countries.

The most common argument or fear of those opposed to commercial surrogacy still persists, since that fear is that children can “become commodities like corn or wheat, things which can be purchased on the future market” (Hevesi, 1987). According to Kunkle, “except in cases of altruistic surrogate motherhood, surrogacy seems to reduce children to a commodity that can be bought and sold” because the contracting

couple is focused on acquiring a delivery product (the baby); and this is why opponents to commercial surrogacy see it as being a commercialization of babies (Kunkle, 2018).

And if commercial surrogacy remains attractive, it is because it offers a financial alternative to women who are burdened with difficulties facing some basic needs in life or those who aspire through some income to rise a bit higher beyond the routine poverty and needs. Such attractiveness is expressed by Twine (2012) as follows:

You would like to earn some fast cash. You are a full-time homemaker and the mother of one or two children. You are married. You would like to supplement your family’s income to pay for a vacation, your children’s education, save for a room addition, pay for tutoring for a child who has special needs, or pay off debt. You may be employed but would like to supplement your income to pay for unusual expenses. You have a child who has special medical needs and you want to convert your basement into a physical therapy gym for your child. You want to have a financial cushion because although your spouse or domestic partner is employed, he earns a modest income that doesn’t cover all of the household needs. In other words, you are working class or middle class and financially challenged.

Questions continue to arise on the consideration of human being as mere market products. Hence for Barbara Rothman, "when we talk about the buying and selling of blood, the banking of sperm, the costs of hiring a surrogate mother, we are talking about bodies as commodities ... The new technology of reproduction is building on this commodification” (Rothman, 1986). In the case of Baby M, the lawyer of Mary Beth Whitehead, baby M surrogate mother, challenged the tendency to bring everything to a question of money while ignoring the human side that is fundamental; he therefore asked: “As a society, do we want to industrialize

reproduction? Is absolutely everything grist for the capitalist mill? Are there any limits to what can be bought and sold?" (U.S. House of Representatives, 1987). For Martha Field, the state should implement measures to protect families in need from selling their babies or family members for money, and prevent also some agencies from making profits out of the misery of women through the commercialization of children (Field, 1990). For Melissa Lane, there two major ethical concerns about surrogacy, its being brought into a market system and that it allows children to be considered as commodities being bought or sold (Lane, 2003).

But not everybody sees any ethical problem in the practice of commercial surrogacy. Some thinks that women should have the right to bear children and sell if they really desire so. Their idea, advocated by the 'Surrogate by Choice' group, is mentioned clearly by Field (1990) who states that:

One common issue with respect to prostitution, child selling, and surrogate motherhood is whether legally prohibiting such arrangements is too protectionist, when the arrangements are satisfactory to the people who enter into them. Why should women not be allowed to use their bodies-or sell their children-to make money rather than engage in other work, if that is what they want? "The right to be a prostitute is as important as the right not to be one. It is essentially the right to set the terms of one's own sexuality, plus the right to earn a good living. It is patronizing to women, and a threat to their rights, for government or society to assume the role of protecting them from doing what they want to do. On this theory, a national association of surrogate mothers called Surrogates by Choice has been formed to promote surrogate motherhood and to protect women's right to play that role.

Here too, the main question that is asked is this: can everything be measured in terms of money? Can we in the name of rights

transform babies into market products or turn women into breeders of money?

II.4 IVF, Surrogacy and family

Building a family through surrogacy and obtaining children through it have challenged our traditional understanding of family and put into question the commonly held belief that the family is of a father, mother and children obtained through natural child birth (Merkens, 2007). For Susan Merkens, surrogate motherhood brings the debate concerning the 'future of family'; that means which form will it take, which obligation will its members have, and what role will the state play in order to protect the families? (Merkens, 2007). There is also the idea that the dignity of women and men and children and even the traditional family are simply demeaned by commercial surrogacy (New York State Senate Standing Committee on Child Care, 1987). Surrogacy is also perceived as a treat to the nuclear family; "the threat to the nuclear family is a sufficient reason to many religious groups, political movements, and individuals for opposing surrogate motherhood. Others, conscious of the injustices and inequities the traditional family structure has wrought, would laud the change in social structure that new reproductive approaches would entail" (Field, 1990). Some raise moral objections to artificial insemination associated with surrogate motherhood; for them, "to beget, without the possibility of a continuing father-child relationship, would be to withdraw biological potential from personal potential-to reverse the long process of evolution by which biological capacities have been humanized. In a defined sense, therefore, the donor's action, made possible by human science, is anti-human"(Dunston, 1993). Above the quest for the protection of nuclear family and keeping the family natural, arise the psychological impact of other children within the family when they see their mother giving birth and handing

out ‘their sibling’ for money; are they not also likely to be sold? Thus they may ask themselves (Field, 1990). There is need to consider also the psychological impact on the surrogate children once they grow up and discover the truth about themselves, mostly if they have been begotten through donors’ sperm or egg without any genetical link to their parents. Such truth in some cases could be devastating because it could generate an identity crisis and self-esteem issues within the family. There is therefore a serious moral or ethical issues involved in surrogacy.

IVF and surrogacy have also allowed women to conceive even when they are in menopause (Parks, 1996). A recent case was that of Eramati Mangaayma, an Indian woman who, at the age of 73, gave birth, by Caesarian Section, to twins through IVF (Hotinfonow.com, 2019). She has been married for 57 years and could not bear a child because of infertility. Of course, her husband and herself were happy, and their doctor termed the event as “a medical miracle – an accomplishment of modern medicine” but reproductive physician Georg Demen of the NiederrheinKinderwunschzentrum brought in an important ethical issues concerning it; that of “the mother's short life expectancy with all the consequences for the child and also the risks associated to old age pregnancy. However, despite all the challenges, objections and fears about the ethical concerns over the family welfare and integrity that come with IVF and surrogate motherhood and mainly about commercial surrogate motherhood, those advocating for surrogacy still maintain that it is ‘gift’-giving, a symbol of greatness and love and that it strengthens and promotes families (Merkens, 2007)

II.5 The problem of the manipulation of human embryo

Another ethical dilemma in IVF and surrogate motherhood is that of the

manipulation of human embryo associated with them. In order to have a greater chance in IVF and surrogacy, doctors usually fertilize many eggs in order to have many embryos. But once there is pregnancy, they reduced the number of embryos and the many remaining retrieved embryos are disposed off which is morally or ethically questionable. As Field (1990) mentions:

doctors generally consider it risky for a woman to bear more than three or four babies at one time, and when they have transferred more than that number of fertilized ova to the mother and all ova seem to be surviving, many of those doctors will abort 'the excess.' Some doctors want to avoid such selective abortions, fearing they will produce controversy and cause IVF to be regulated. But on moral grounds they believe these selective abortions are unassailable, because their purpose is to preserve life-to enable the remaining fetuses to survive.

Some propose the utilization of the many unused embryos for research in the domain of genetic disease or cancer or for other medical purposes. But that could open the way to commercial trade of embryos where human embryos are made and sold for financial gain and where we could assist in organ farming (Field, 1990). For Field (1990), “the freezing and storing of fertilized ova raise a multitude of unprecedented legal questions and entanglements and could undoubtedly cause fundamental social changes. The time may come, for example, when there is a commercial market for frozen embryos created from the genes of celebrities”. Without proper regulation, in this era of advancement in technology, we can arrive at a stage where humans are merely created In Vitro and that would lead to an unknown degradation on the way we see life itself (Field, 1990).

Surrogacy also separates procreation and responsibility in a deliberate manner for the surrogate mother has to separate herself from her “child in utero” which many people

see as not being the ideal conditions for the birth of a child (Kunkle, 2018). This idea is expressed by the philosopher and ethicist Scott Rae (1995) who says that “surrogacy actually turns a vice, the ability to detach from the child in utero, into a virtue”.

Some other issues with embryo manipulation are the pre-implantation genetic screening. Such a process makes it possible to select the sex of the future baby according to the preference of the intended parents and even proceed to some other induced transformation of the fetus. Such action hinders the natural process of sex selection (Edwards, 2005). Concerning such issues, the Collins family in the 1990s proceeded to select the sex of their future child (Lemonick, 2016). Again in the same perspective, , a British couple, Tom and Paula Lichy, who were deaf, asked doctors to create for them, a deaf baby that would have their own characteristics (Lawson, 2008). But, can we defect a human baby just because the parents want it so in order to be happy? Do we have that right of intentionally provoking malformation on another human body for us to feel well? Such selfish behavior shows how dangerous and immoral IVF and surrogacy can be if there are no legal and strict ethical guidelines.

Always concerning human embryos in IVF and surrogacy, there is the possibility of embryo mix-up even though such events are rare, but it reveals how imperfect such practices can be (Ayers, 2004).

II.6 Trauma and mental disturbance associated with surrogate motherhood

For the surrogate mothers, the challenge to becoming an eventual surrogate mother starts with the pre-test in view of being accepted. They find the test constraining and laborious, mostly the medical and psychological tests. The stress and psychological pressure is such that to be qualified, one has to be a ‘superwoman’(Teman, 2010). Other than

this preliminary stressful test, the eventual surrogate faces the physical challenges associated with the hormones and other medicines she has to use. Such challenges are well put to light by Teman (2010) as follows:

The hormones caused surrogates to experience many of the same side effects that infertile women undergoing IVF do, including mood swings, water retention, weight gain, hair loss, and skin problems. The jury is still out on the risks of ovarian cancer and other serious side effects of these hormones, so surrogates may be putting themselves at risk by subjecting themselves to this medical regimen, in addition to the risks associated with pregnancy and childbirth in general. Moreover, chances are that the entire process will have to be repeated in most cases, because, as noted, the IVF process can fail and because initial attempts are usually made with the intended mother’s eggs, which are not necessarily of good quality, especially if she is over age forty or if she has never achieved pregnancy. In some cases, the cycle must be interrupted midway because the surrogate’s body or the intended mother’s body, which must be simultaneously synchronized to produce the eggs that will be fertilized and implanted in the surrogate’s womb, do not respond well to the treatment. In other cases, the surrogate’s body reaches optimal conditions for implantation, but the eggs produced by the intended mother do not survive the fertilization process.

The physical challenge can be a source of degradation for the surrogate’s health and can even lead to a possible death (Twine, 2012). In addition, surrogates face possible mental trauma in case the whole process is a failure and the intended parents put the blame on them. Neta, a lady who has gone through such experience expresses her frustrations, with the failure to conceive for the intended parents, “they (the intended parents) didn’t want to blame one another, because they had to stay married. So where

did they throw all of the garbage? On me ... They didn't blame me to my face. But they give you the feeling that maybe you are not okay" (Teman, 2010). Such negative experience can result in a problem of self-esteem for the surrogate mother and lead to depression or any mental health issue which raises moral questions.

II.7 Emotional attachment to the child despite a valid contract

Sentimental and emotional attachments of the surrogate mother to the child are possible because the surrogate gives up her maternal rights in favor of the intended mother. Legal issues can ensue when the surrogate changes her mind and refuses to give up the baby (Amber, 2018). This was the case, for example, in 1984, when Mary Beth Whitehead in the USA, a gestational mother in a commercial surrogacy where 10000\$ was the price she asked from the intended parents William and Elizabeth Stern, after the birth of the child (baby M.) refused to hand it and rather flew away with the baby. One year later, she was caught and by court order, the baby was taken away from her and handed over to the Sterns (Richardson, 1987).

II.8 The practice of surrogacy has many moral hazards

Surrogacy is a dividing topic; it does not have any consensus in the different cultures of the world and even within the same culture, it still divides people about its real worth. According to Melissa Lane, concerning the morality of surrogacy, "first comes the most general question as to whether surrogacy of any kind is moral or immoral. Next is the related but distinct question of whether surrogacy of any kind should be legal and, if so, which kind and what form it should take. And finally, there are questions to do with the consequences of allowing some form of surrogacy to be practiced" (Lane, 2003). For her, those supporting surrogacy do so using the

argument that they have a moral right and freedom to participate willingly in it (Lane, 2003). They argue that they have the right to a fundamental reproductive freedom and that they could use any means, including technology to acquire children which is their right (Lane, 2003). But any surrogacy endeavor has moral risks as Lane argues; "a surrogacy arrangement of any kind necessarily involves all parties in grave moral risks. Given that the outcome of such an arrangement depends both on the actions and omissions of many individuals, and also on fate or chance, its outcome cannot be neatly predicted, nor the moral burdens involved neatly allocated" (Lane, 2003). She adds that because, we do not surely always know the outcome of any IVF and surrogacy process, we have to imagine or expect two alternatives; a possible 'best-case scenario' and a 'worst-case' possibility, thus there are no sure moral grounds because of the uncertainty of the outcome (Lane, 2003).

In the preface of *Towards a Professional Model of Surrogate Motherhood*, Ruth Walker and Liezl van Zyl say that basing on human rights, human freedom and equality, the fact that a state tries to regulate on who can have access to surrogacy poses ethical problems (Walker and Van Zyl, 2017). According to them also, the fact of agreeing in advance to full pregnancy with the aim of giving away the child has moral or ethical implications. Therefore they claim:

It also shows that a few moral issues have become the defining ones that everyone tries to solve, such as whether a woman can freely consent to bearing and relinquishing a baby in advance (that is, prior to establishing a pregnancy), whether surrogate mothers may or should be paid, whether surrogacy necessarily involves a form of objectification, and whether all or some forms of surrogacy are inherently exploitative and/or immoral (Walker and Van Zyl, 2017).

But the Law Commission of India in its Report 228 of August 2009 suggests that

surrogacy should not be prohibited only on moral ground without prior assessment of the social reality and ends. It notes that “prohibition on vague moral grounds without a proper assessment of social ends and purposes which surrogacy can serve would be irrational ... The need of the hour is to adopt a pragmatic approach by legalizing altruistic surrogacy arrangements and prohibit commercial ones” (Kotiswaran, 2018).

Finally, Walker and Liezl van Zyl believe that only a professional model of surrogacy can help curb the moral and practical issues involved in surrogate motherhood since it forces the professionals involved in the process to stick to their ethical code and protect the best interests of the child to be born. They argue that:

Professionals in general have rights as well as duties, with regulatory bodies that enable them to refuse to do things that would breach their code of ethics or that would put them at undue risk. In surrogacy this provision not only protects the surrogate’s rights, it also extends to her duty of care to the intended baby. The intended parents cannot insist that she do things that are against the interests of the intended baby (Walker and Van Zyl, 2017).

In any case, all the debates and arguments show that surrogate motherhood has undeniable moral implications in society and should not be regarded as any simple agreement between two individuals to make children and shape them according to their wish for a self-satisfactory purpose.

Conclusion

IVF and surrogate motherhood have brought joy and hope to many persons and families which were desperately looking for children. The achievement is evident; infertility stricken persons and couples have seen through them the ultimate solution. However some challenges associated with the practice remain also stubbornly evident. Beyond the medical, physical and psychological treats,

there are moral or ethical issues that are associated with IVF and surrogate motherhood. The abusive use and disposal of human embryos, the possible selling of babies or baby farming, the transforming of women into commercial breeders and the possible exploitation of the poor by the wealthy in the process of surrogacy are some among the main moral and ethical issues associated with IVF and surrogate motherhood. Strict regulations are needed so that practices that are noble in perspective do not become a source of destruction of social, moral and ethical values and put humanity into conventional ethical subjectivism.

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