

### Using biotechnology to expand our choices

Developments in biotechnology are sometimes justified by claiming that this technology enhances individual choice. Many consider that since freedom of choice is valued in our society, an increase in the *range* of choices available should also be important.

In this lesson, you will explore this argument with particular reference to the choices available to couples through reproductive technologies.

#### You will need:

- A print out of the case study “What price parenthood?”

#### What to do:

1. In a small group, imagine you are one person making a series of choices. An example might be “What will I have for breakfast?”
2. List an example of a choice that might be:
  - irrelevant
  - slightly worthwhile
  - very worthwhile
  - worthwhile in the short term, but might be harmful over time
  - harmful or difficult in the short term, but very worthwhile over time
  - worthwhile for you, but harmful to someone else
  - significantly harmful
  - made because you are required to do so by someone else
  - bad, and that you were forced to make by someone else.
3. Compare your answers in a class discussion, then write a paragraph discussing your thoughts on the following statements:
  - An increase in choice is *always* good.
  - Choices that harm us or others are not always bad.
  - An increase in those choices that only lead to a positive result is desirable.

**Ethical decisions****What to do:**

- Think about whether it is ethical to use artificial reproductive technologies (ART) to produce babies in all cases, e.g.
  - in cases of medical conditions causing infertility for a couple
  - in non-traditional parenting situations (eg. single parents, surrogacy, single-sex couples etc).
- Write 2–3 paragraphs discussing your views on this.
- Discuss this as a class, but write your views down on your own.

**Case study: What price parenthood?**

The following case study summarises the experiences of a bio-ethicist, Paul Lauritzen, and his wife Lisa when they chose an infertility treatment programme in the late 1990s. Their experience provides an interesting account of how the use of technology can overshadow human needs and concerns.

**What to do**

Read the case study that follows and then discuss the questions below in a small group.

1. Does Paul Lauritzen's account of infertility treatment show biotechnology in a positive light?
2. Taking into account Paul's comments, discuss what *you* think he meant by the following:
  - the new technology provided 'coercive offers'
  - the 'tyranny of available technologies'
  - 'If a man or woman refuses treatment they are to blame'
  - 'a benign technology is placed in the service of a noble pursuit'

3. Paul claims that had he told his story in a more *clinical* way (eg. describing procedures and outcomes rather than emotions), it 'would not have captured the lived reality of the treatment' and would have made the 'benign technology-making-dreams-come-true reading problematic'.
- What does he mean by this?
  - Why do you think he chose to write his story this way?

Do you think Paul is happy that he now has a child, despite the problems he and his wife went through with the treatment?

Share your group's conclusions with one other group.

### Case study

*We (Paul and Lisa) planned the best time to have children and avoided pregnancy until that time. We had not planned (for) the possibility that pregnancy would not (happen) quickly once we stopped using birth control.*

*...we suspected that there might be a problem and sought professional help. I (Paul) was referred to a specialist for examination and (was) diagnosed as having two unrelated problems...this was followed almost immediately by a presentation of possible 'therapies', given roughly in the order of the doctor's preferences...*

Paul and Lisa underwent treatment and, at the time he wrote of his experiences, they had been in treatment for over a year. During this time, Paul had undergone corrective surgery and Lisa had undergone a six month process of artificial insemination. Given the patient's ethical right to make their own decision, consider the following personal reflections that Paul shared:

*The loss of intimacy as one's sex life is taken over by infertility specialists strains a relationship. More generally, the cycle of hope and then despair that repeats itself month after month in unsuccessful infertility treatment can become unbearable.*

*The fact that women agree to participate in IVF programs does not mean they are truly free not to participate...our culture is such that a childless woman is an unenviable social anomaly...to offer the hope of becoming a mother to a childless woman is a coercive offer.*

*The problem here might be called the 'tyranny of available technologies'. This 'soft form' of coercion arises from the very existence of technologies of control. Increased control by the medical profession over the birth process, for example, has not resulted because of a conspiracy to gain control, but rather, once the technology of control exists, it is nearly impossible not to make use of it. If surgery and artificial insemination (don't work), but some new technique might, how can I not try (it)?*

*...once an individual is presented with a treatment option, not to pursue it is, in effect, to choose childlessness and to accept responsibility for it. From a situation in which infertility is a relational problem for which no one is to blame, it becomes an individual problem for which a woman or man who refuses treatment is to blame.*

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Paul Lauritzen is basically referring to a situation where accepting a new technology created choices and opportunities, but also involved loss of control in terms of other aspects of his personal life. Six years later and after the birth of a healthy baby son, Paul wrote the following:

*By the time I was writing about my experience of infertility, my wife and I had been trying to conceive for a number of years...I had a story I wanted to tell, and so the very process of exposition was shaped by what might be called 'narrative constraints'. For example, I could have described the various tests and procedures in a clinical and detached way, yet such a telling, though truthful, would not have captured the lived reality of the treatment...*

*Had I related my experiences of the procedures of reproductive medicine in a neutral way, I would have told a different story, one...in which a benign technology is placed in the service of a noble pursuit. I chose to tell the story as I did precisely to subvert the standard medical story, to make the benign technology-making-dreams-come-true reading problematic.*