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Why Not Deregulate Birthing?

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The question I pose will hopefully stimulate the interest of those weary of meddling by sundry busybodies. The possibility to be explored, as a fanciful thought experiment, is a legal environment that leaves birthing practices to the choice of doctors and patients. Law has no more interest in birthing than in any other practice. Thus, tort and malpractice laws remain, as do medical boards. But licensure does not restrict the practices of midwives and alternative healing. It's an open market. The *Australian Dr Weekly* has just published an article on the expected come-back of ethnomedicine in the deregulated environment. The article quotes a stern warning from the AMA about the dangers of midwifery. But in the response the Water Birthing Collective quotes figures on hospital acquired infections. The Collective expresses satisfaction that women now have a real choice, as against the guided autonomy imposed by male-dominated obstetrics. The AMA advisory is dismissed with the observation that millions of women in Third World give birth without the benefit of doctors.

To move the thought experiment along, let's test it against a few milestones of controversy about the regulation of birthing practices.

Forty years ago it was unlawful to sell condoms in the State of Connecticut. That seems quaint today, but there it was. The Attorney General argued that the right to regulate or ban their sale fell under the ambience of the state's duty to protect citizens against harmful goods and services. The Connecticut legislature deemed the artificial interruption of natural fertilisation to be harmful. In its decision, the U.S. Supreme Court did not disturb the state's right to watch for the well-being of citizens. But it found another right--the right to privacy--against which the state had to balance its duty to care. The privacy right enabled citizens to test the soundness of the state's judgment of harm in particular cases. The Court determined that the plaintiff's right to purchase condoms outweighed the state's duty to act on its assessment of harm in this case. The reason was that Connecticut did not demonstrate that the sale of condoms caused anyone harm.

In our deregulated utopia, any contraceptive or abortifacient may be sold over the counter, conditional only on meeting drug safety requirements and label warnings that the medication should be used only on advice from a practitioner. The AMA denounces this freedom as irresponsible. However, my point is to give the autonomy a fair run, based on bioethicist Max Charlesworth's dictum that autonomy is 'something that you can't have too much of.' Let us not falter.

In the late 1950s, abortion, prostitution and homosexuality laws were revised in the UK on the basis of arguments not unlike those advanced in *Griswold v Connecticut*. The Wolfenden Report tested the belief that it is a part of the law's function to guard core moral values. The Report declared that the purpose of law was to preserve public order and decency, to protect citizens against what is offensive or injurious, and to provide safeguards against exploitation and corruption, particularly for the vulnerable. But the law also gives effect to individual freedom of choice. It abstains from imposing moral prescriptions where the public good is not affected. The Report found no evidence that private homosexual acts threaten public decency; consequently there is no public interest in prohibiting them. This reasoning is rather more conservative than the Criminal Justice Commission reports on homosexuality and prostitution. No case is made for homosexuality or prostitution as acts that are protected as rights because they flow from the choosing will. Wolfenden entrenches mere toleration, not rights; and the toleration is contingent upon evidence of harm not arising. The CJC white papers follow a rights line on homosexuality but a patriarchal line on prostitution. Vulnerable female prostitutes must be protected against exploitation by male brothel owners. The Premier's office tightened the CJC restrictions even further, so that Queensland can now pride itself on the most restrictive prostitution legislation in Australia.

In our utopia, prostitution is regulated only under sanitation and hygiene laws, and a minimum age requirement for entering the trade.

Procuring an abortion is not an offence, provided the patient consents. Minors do not require the consent of parents. Those deemed mature enough to leave their families supported by state funds are mature enough to take responsibility for their own fertility.

In 1990, the National Bioethics Consultative Committee was given a brief to examine surrogacy. The four options it considered were: banning the procedure, allowing altruistic surrogacy only (as per South Australia legislation), allowing the surrogacy contract, and controlled surrogacy.

The Committee recommended controlled surrogacy. The controls involved rejection of the surrogate contract, which gives commissioning couples security of custody; a one month cooling off period while the surrogate ponders her decision; access to surrogacy only when there is no other possibility of conception; commissioning couples must have an expected longevity of 20 years and must have lived together at least 18 years. All

these restrictions were thought necessary to reconcile the public interest in fairness to the surrogate mother with the liberty of the commissioning couple. The perceived problem was that surrogacy created a 'rent-a-womb' market. This was believed to be demeaning to women and potentially exploitative of low-income women. Exponents of this position rejected the analogy of prostitution, which at that time had just been renamed 'the sex industry' and which today has been upgraded to 'the hospitality industry.' It was argued that a casual sexual encounter bore no comparison with the pregnancy term.

The NBCC recommendation was rejected by the Council of Family Services ministers after a strenuous debate.

A deregulation surrogacy utopia actually exists. You will find it in California and a score of other jurisdictions. The reasoning that supports it runs as follows.

The common law has never attempted to stipulate who may reproduce with whom (incest excepted). Folkways may impose mating rules, but for the common law there is no reason why a woman should be denied use of her capacity to gestate a child on a fee-for-service basis. Arguments that surrogacy demeans motherhood do not take account of the relevant legal standard. Terminating pregnancy at the discretion of the woman may demean motherhood even more than surrogacy, yet the effect of abortion on the prestige of motherhood is not believed to be a relevant consideration. One may also challenge the best interest of the child test for surrogacy. Why is this test thought to be relevant to surrogacy when it is not applied to countless transfers of gametes that occur in the most casual manner, and to women whose habits and circumstances are detrimental to nurturing? There does not seem to be a cogent response to this query of double standards. Then there is the argument that the surrogate may bond to the child and suffer deprivation if she gives it up. What then? It is not unusual for people who enter into contracts important to their self-image or life prospects to experience second thoughts after the ink is dry. But the contract imposes stability and predictability on personal choice. The law pays no regard to second thoughts, for to do so would destroy contracts. As Judge Skolnikoff said in his decision on the Baby M case, 'A deal is a deal.'

An interesting contest over laissez-faire in birthing flared last year when Dr Jonathan Winston, an IVF doctor at Hammersmith Hospital in the UK, took aim at Dr. Antorini, who runs an IVF practices in Rome. Winston was upset because Dr. Antorini provides IVF service to post-menopausal women. Winston threw a tantrum on camera, decrying Antorini's service as a trick to win celebrity. He claimed that the service was irresponsible and was likely to bring legitimate IVF services into disrepute.

Dr. Antorini told a BBC documentary team that extreme pressures, including death threats, were brought to bear. The BBC interviewed older couples delighted to have their child. Winston's aspersions of Antorini's motives were rebutted

by an interview with an unmarried British post-menopausal woman whom he had declined to assist.

Winston's fury contrasted with the Vatican's restrained response. Since the Church, like the law, sanctions child-bearing in wedlock, irrespective of age, the Vatican detected no mischief in the age issue. It did detect the continuing mischief of IVF. On this issue, the Vatican was on side with public opinion. Polls showed a majority against. There is a feeling that something is misshapen in an older couple's desire to have children. Seniors are supposed to be grandparents busy at supplementing the parenting of their children. Older folk daily lose some vigour, it is said. They are more subject to illness and they are too remote in age to communicate well with the child as it grows up in the fad-conscious juvenile environment. These opinions may be warranted, but their relevance to a case for legal intervention is doubtful. If the law does not intervene to prevent a 93-year-old man from siring a child, as recently happened among us, what is the public interest in thwarting commercial service to post-menopausal couples?

Assisted Reproductive Technologies (ART) practitioners have long chafed under the restrictive attention given to this service. Let me now turn to that issue. The annual number of ART births probably do not exceed 10,000 world-wide. Unregulated natural births, by contrast, are about 90 million annually, worldwide. What is happening among those 90 million?

Let's consider an early statement on demographics by the protégé of Francis Galton, Karl Pearson. In his essay *Socialism and Natural Selection*, he didn't favor traditional forms of mate choice. He observed, as a Darwinian would, that mating is assortive. He believed that urbanization had altered the traditional pattern of mate choice away from kinship alliances, thereby preserving status and property, and toward new associations based on the division of labor. In that milieu, personal attraction is a relatively more important choice factor. The Darwinian interprets personal attraction as expressions of the asymmetric mating mechanisms found in many vertebrates. Natural selection has invested an enormous amount of the male's energy budget to spectacular plumage, courtship rituals, and battering rams for use in agonistic contests. The pay-off is mating outcomes that select for fitness. This is nature's eugenics. When personal attraction, or romance, dominates human mate choice, the Darwinian interprets this as a relative reversion to the state of nature, in which the female selects on the basis of phenotypic expressions of likelihood that the male will protect and provide. The result is, Pearson argues, that in all social strata, reproduction is slightly more eugenically assortive, with the result that the elites of all social strata are shadowed by a natural elite. This in turn means that social inequalities arising from genetic variation are sharpened by unconscious eugenic breeding.

Kin alliance is relatively less important than vocational or professional association. As a result, mate choice gravitates toward relatively greater influence of individual choice. Pearson discerned an assortive pattern in

the midst of love's magic. The principle is 'like attracts like.' Darwin had observed that mating among many vertebrates is asymmetric in that the female chooses a mate on the basis of phenotypic expressions of reproductive fitness, such as courtship rituals and agonistic contests among suitors. Natural selection has invested an enormous amount of the animal's energy budget to spectacular plumage and battering rams. The pay-off of this seeming waste is mating outcomes that select for fitness.

In human populations, the fitness mate choice criterion is relatively depressed by nepotistic rules for spreading benefits. When the rules are relaxed, mating tends to drift to female choice for reproductive fitness. Females tend to choose males who display dominance traits that are signs of capacity to produce and care for offspring. Physical robustness and dominance of other males are strong signs. But so is social dominance exercised more in institutions than on the rugby ground. Thus natural assortive mating reinforces the institutional trend to replace the nepotistic spoils system by selection for personal merit, irrespective of social origin. The result is a trend toward eugenic assortive mating shadowing institutional elites. While Pearson drew encouragement from this trend, he did not wish to leave it at that. He thought that the most perfect expression of autonomy, Spencer's let-them-perish sociology, engendered intractable class conflict. He also believed that the eugenic trend of laissez-faire style mating could be improved by wise arrangements, namely, socialism as eugenically based group selection.

The concept that under laissez-faire social conditions assortive mating would tend to inscribe institutional elites into elite gene pools was ignored until it burst onto the scene last year in Richard Herrnstein and Charles Murray's best-seller, *The Bell Curve: Intelligence and Class Structure in American Life*. Their point of departure is the anomaly that a nation dedicated to equality has nevertheless developed a pyramidal social structure in which small institutional elites dominate finance, business, communications, the arts and letters, and so on. America, which was supposed to break the mold of class-ridden Europe, has developed inequalities of wealth and power unmatched by anything Europe can offer. What sustains the class system? One explanation has been entrenched in national political rhetoric since the great battles over finance capital that commenced around 1795. On this view, credit systems are used to subject the vast majority to the tyranny of interest; all other social inequalities follow. Social inequality stems from a peculiar kind of cheating. Another view, which emerged during the period of rapid capital accumulation, was that the tycoons got their wealth thanks to their surpassing excellence. The social benefits conferred by the rich and powerful are many times greater worth than their personal fortunes. Herrnstein and Murray dismiss the first explanation as question begging, since it leaves unanswered why a few are so much better at cheating than the multitude. The second explanation they support by an 800 page march through data correlating intelligence with achievement and socio-economic status. According to them, America has developed a cognitive elite and a cognitive underclass. The latter is isolated from participating in the economy because unskilled labor has been virtually eliminated by machines. The

underclass is already segmented into islands of deprivation and are on the way to becoming a permanent custodial class held in prisons and ghetto reservations.

The Bell Curve sold about a hundred thousand copies per month. Conventional bookstores couldn't handle the traffic, so KMart filled the distribution demand. The book was dynamite. *Newsweek* called it 'frightening stuff, a mirror for morally exhausted times'. *Time Magazine* complained of its dubious premises and toxic conclusions. The *New Yorker* magazine said that it irritates every abraded nerve in our public consciousness about race and social class.

The response was so strong because *The Bell Curve* substitutes a naturalistic explanation of social class for the accepted policy position that class differentials arise from cheating. The underclasses have been cheated by systematic discrimination, it is claimed. Welfare and equal opportunity are measures to level the playing field. According to Herrnstein and Murray, the appearance of discrimination arises as the by-product of cooperation among those on the tail of the bell curve. Pooling intelligence multiplies its effects exponentially, whereas low intelligence cannot be pooled. It's dead in the water.

The *Bell Curve* doesn't promote conscious eugenics among the cognitive elite that seems to be looking after itself but worries about the dysgenic trends among the cognitive underclass. Not only are they breeding down, but they breed at a much faster rate than the cognitive elite. This high rate is due in no small part, the authors believe, to welfare arrangements that make ex-nuptial birthing an income strategy. They advise cutting off the welfare to reduce the incidence of birthing. One might have thought that tubal ligations are more reliable method.

What lessons do these reflections on the consequences of assortive mating hold for the evaluation of our imagined utopia?

Firstly, notice that the outcome of nepotistic assortive mating and personal choice assortive mating has no effect on social structure. In both cases the result is the dominance of cooperating elites. It makes no difference whether the elites are good at cheating or good at problem-solving. It also makes no difference whether they call themselves socialist or individualists. This observation administers the *coup de grace* to our imagined utopia. Regardless of laws and policy about birthing, elites will dominate and change them to their liking. In the present circumstances, we can expect medical elites to continue their repression of the Water Babies Collective.

Secondly, who pays? In July, the US Department of Health and Human Services released figures showing that of all births to women under 20 years of age, 42 percent were ex-nuptial. When the figures are adjusted by race, ex-nuptials among

Afro-American teens are 70 percent. In a television talk show devoted to the problem, the host, herself the mother of teenage daughters, professed incomprehension at the incidence of ex-nuptial births despite sex education in schools and readily available contraception. Teens in the audience knew the answer. Many girls *don't really believe* they will get pregnant, and besides, the dudes put the hard word on them. Effective sex education would require a visit to delivery theatres where girls could see what has happened to others like themselves. And the dudes need to be held responsible for child support. In our deregulated utopia, this is not a problem. Sex education, and the costs of medical care and child support, are on a user-pays basis.

Winston vs. Antorini. My commentary commences with the interesting case of Winston vs Antorini. Antorini's rooms are not far from the Vatican, which does not approve of IVF. Yet the commotion came from a doctor who has strongly supported legislation to permit IVF. Antorini broke no law in offering IVF service to married post-menopausal women. Even if he had broken a law, it is a matter for the prosecutor. Winston seems to have assumed the role of an inter-country busybody, and moreover, one whose consistency is doubtful. He rushed into a presently unregulated area demanding that doctor and patient choice be stopped. But if IVF should not in general be forbidden to partners who cannot otherwise have a child, why should it be inaccessible to post-menopausal women, or indeed, to single women?

Granted that this perception is shared by many in the UK, and may bring IVF into some disrepute even though Antorini is an Italian, is Winston justified in throwing his tantrum? Why are not all the arguments that the Winstons of the world used to rebut an analogous perception about IVF not available to ward off his aroused indignation? Doesn't the rule of law mean that personal freedom is protected from undue pressure by individuals and groups?

The lessons of this episode are independent of how Winston might answer such questions. His defection from permissiveness in reproductive choice illustrates the precariousness of projections of social evolution toward ever expanding individual liberty. The usual formula for such projections is that market-driven consumer choice linked to technological innovation is an unstoppable engine of progress. The problem with this concept is its failure to recognise that choices and innovations do not merely widen horizons, they also close off options or even engender causal chains whose consequences might not be recognised until sometime in the future.

The second lesson from the Winston vs Antorini episode concerns the feeling of impropriety about older couples having children. At every stage of the development of ART such a feeling has been expressed. IVF itself was said to be 'unnatural.' Surrogacy demeans motherhood and women. Harvesting ova from fetuses is like cannibalism. And so on. Granted that such feelings powerfully motivate some people, what is their status in the public decision making? Some bioethicists rule them out on the ground that they are

feelings, not reasons. As feelings they have no more warrant than opposite and opposed feelings, e.g, the woman keen to have the surrogate experience. Public decision making must be based on evidence and logic because feelings are personal and subjective while good reasons are public and objective. An alternative view of this argument holds that Rationality is the monopoly of professional elites, who, through control of public institutions, are able to pass off on-going minority decision making as the public will. In our deregulated utopia, many of these debates will not occur because the market replaces a great deal of bureaucratic control. But not completely, as the next discussion illustrates.

Ex-nuptial births. Contraception and abortion have been promoted by medical and scientific elites for quite a long time. John Stuart Mill was arrested in 1823, at the age of seventeen, for distributing literature on contraception. At that time he was imbued with utilitarian doctrine and with Rev. Malthus' calculus of population fluctuation. A century later, the young geneticist J.B.S. Haldane published a pamphlet, *Daedalus*, in which he envisaged that Malthus' problem would be solved by complete control of reproduction, and the advance of ART to include ectogenesis. In 1934, Gregory Pincus claimed to have achieved in vitro fertilisation in a chimp, but neither he nor anyone else could duplicate the experiment. When the contraceptive pill became available in 1959, its use spread like wildfire, without advertising. Busybodies couldn't stop it because, in the US, *Griswold v Connecticut* had settled the question. Abortion, however, was another matter. Advocacy of elective abortion was based almost entirely on appeal to the woman's right to reproductive choice, although many among the medical and scientific elites looked beyond the micro-level of private choice to the potential of contraception and abortion, when delivered with sex education, as population control measures.

The data available at that time did not strongly support these hopes. There was a marked differential use of contraception when it was equally available across a social spectrum. Among educated women, the birth rate had fallen below replacement value in a number of countries, whereas the lower end of the socio-economic scale averaged the highest birth rate. With the introduction of abortion in its various grades of control, this disparity continued or became more acute, depending on the nation. In Germany, for example, women of German descent averaged 1.2 children during their reproductive years, while Turkish women averaged 3.4; and there are 1.5 million Turks in Germany.

These data caused some disquiet. There was reason to believe that nurturing among the lower socio-economic groups was generally not very good. Substance abuse by pregnant mothers, inadequate diets for children, father absence and child neglect or abuse all contributed to the accumulation of socio-medical pathology among the disadvantaged. In addition, those who believed in the heritability of abilities saw in deregulated birthing a formula for long-term decline in population quality. The pool of the 'disadvantaged' was inexorably on the increase. In 1971, Nobelist William Shockley proposed the '\$1000. bonus' incentive as a voluntary scheme to

reverse the trend. It was to work this way. All persons whose measured IQ was below average would be paid to submit voluntarily to sterilisation, at a rate of \$1000. for every IQ point below average. Shockley put his proposal as a government-sponsored program because its costs and benefits would distribute as a public good. Political elites rejected the concept on the ground that it was elitist and discriminatory. Yet in Singapore the government of Lee Kuan Yew did something like that. Rather than encouraging sterilisation, Singapore gave tax incentives to couples with a university education to have at least three children.

As those present will be aware, Professor R. V. Short has for many years striven to apply ART to population control. In a recent article in the *Australian Biologist*, he wrote that despite 50 million abortions per year world-wide, 'The problem of human population growth is so enormous, and of such transcending importance, that we cannot bear to face it. We look away. Like a rat in a cage, confronted with the seemingly impossible task of escape, we indulge in displacement activity, and merely sit and clean our whiskers.' The problem in its largest terms comes down to the economics of sustainable development. He argues that from the point of view of the environment, 'production' is resource usage. Sustainable development is thought of as sustainable material growth, but development based on prevailing patterns of resources use 'is not even theoretically conceivable,' he says. 'Sustainable development should mean development that minimises resources use and environmental disruption.' From the Second Law of Thermodynamics he argues that in any closed system, available energy is continuously degraded to the unavailable state. Accordingly, all so-called production is, in environmental and energy terms, consumption. Even if the world population stabilised at 10 billion, which he thinks is a pious wish given present trends, the earth's carrying capacity could not sustain them with fresh water and the required energy.

Professor Short's scenario of the long-term future provides the opportunity to comment further on a conclusion that followed from the discussion of Winston vs Antorini. I noted that the elites who promote ART often contextualise the social environment as an embedded progressive uptake of medical innovations driven by consumer demand. This supports a bandwagon mentality confident that opposition from the prejudiced classes fades with each step forward. I pointed out that Winston's defection from the expansion of IVF to post-menopausal women was a small reminder that the course of progress does not always run in linear direction. Leonid Brezhnev, we may recall, believed that socialism was irreversible, and look what happened there. Short's pessimist scenario suggests that the long-term outcomes of policies of reproductive control, regardless of their mix and duration, are equivalent to the outcomes of deregulation. In other words, it makes no difference in the long run whether we (whoever 'we' may be) opt for Brave New World type regulation or laissez-faire to the uttermost. The reason is that Short's long term scenario returns us to the Darwinian state of nature. In that state, the forces at work, and the complexity of those forces, exceed human control capacity by so vast a margin that we humans lose our agency. Our species, let us recall, evolved for behavior on the scale

of the kin association. Everything beyond that has been hunch and dare. The frequent collapse of civilisations is the signature our evolutionary origins. Clever though we were and are—or more exactly, clever though *some* are—we cannot always convert our guesses about the future to well-grounded knowledge. Professor Short is convinced that the evidence points irrevocably to a population crash a few decades hence, no matter what we do now. But there also many optimists confident about the prosperity of the more populous future.

This thought brings to an end my use of the idea of deregulation of birthing. Its use is to separate policy and ethical arguments into two classes, those concerned with down-stream social outcomes and those based on weal and woe in the here and now. In the long run, all arguments in the first class cancel out. Just how long the long run may be is eminently arguable. I personally put it at a half century, basing that estimate on a long list of failed attempts to control population futures, plus the fact the control mechanisms in current use do not come to grips with the problem.

Let me now turn briefly to the other class of ethical arguments that concern the here and now. It is common to characterise ethics in terms of principles that differentiate schools; and there is a wide consensus that it comes down to just two--the utilitarian and the deontological schools. This is a breath-taking simplification of the diversity of real world ethics. There is no place in the classification for ethics whose principles are not abstract cognitions but the practice of a group, for example, a profession. If one examines ethics as actually practiced, as we try to do in the Griffith University ethics curriculum, one is hard pressed to find any consistency of principle. This is not because the real world is Machiavellian, but because no intellectual system, be it ethics, law, professional regulations, suffices for guidance of conduct or to deduce from stated norms the right action for particular situations. It is not uncommon for professionals to say that ethical problems rarely arise in the course of their practice. When problems do arise, the common recourse is not to ring the philosophy department. One consults trustworthy colleagues to sound out their opinion. When one examines more closely just what is meant by the absence of ethical dilemmas in day-to-day practice, it does not mean insensitivity to standards. It means that the standards of good practice prevailing in, say, a law firm cover most questions that arise. In other words, the ethics is in the practice in the same sense that for Darwin God was in the details. This circumstance perhaps explains the skepticism of many professionals about the introduction of ethics courses into the professional curriculum. They are usually taught by theoretical types lacking experience and who are thus deemed to be the last persons to be trusted with good practice norms.

For better or worse, the self-sufficiency of the professions is today yielding to pressures for oversight and for change initiated by courts, by governments, and by clients. These pressures are nowhere more onerous than in medicine. The challenge is exemplified by the High Court's decision in *Rogers v Whitaker*. The plaintiff, Mrs. Whitaker, argued that Dr. Rogers was

negligent in not informing her that the operation he proposed to perform had a one in 14,000 chance of a side-effect that would cost the patient her sight. As it happened, Mrs. Whitaker drew the unlucky number. Dr Rogers pleaded that he acted in accordance with good practice standards. The Court demurred. Citing a British precedent, it said that those standards may merely serve professional convenience at patient expense. Doctors are now obliged to provide patients all information that a reasonable person may deem relevant in reaching a decision to accept or refuse treatment. I do not know what impact Rogers v Whitaker has had in Australia's surgeries. But I imagined a new informing process comprised in part of a computer printout that abstracted from medical databases all known side-effects of a medication or a procedure. The printout would of course be uninterpretable by the patient and hence equivalent to no information. The conclusion I draw is that there is no practical alternative to trust in the doctor's professional advice.

Some of the tribulations of contemporary medical practice are due to over-selling the benefits of medicine. The public come to expect these benefits, and when they are not always delivered, there is anger. Misdiagnosis, medication errors, implanting the wrong gametes, lapses of skill in surgery, and so on are unavoidable no matter how vigilant medical staff may be. Moreover, clear-cut therapeutic gains may have a rebound effect. Lately the multiplication of antibiotic resistant bacteria has been in the news. This is no surprise to microbiologists and clinicians, but the public in these matters are fundamentalists. If the medical establishment claims to conquer disease, well, by gosh, it does. When this turns out not to be literally true, they are bewildered and mistrustful.

ART providers tend to oversell patient autonomy. Sometimes in the heat of debate autonomy is invoked like a mantra, as if merely repeating the word in a tantrum-like state settled the argument. And sometimes it does. But autonomy is slippery concept because every right created also creates a corresponding duty somewhere down the line. When Griswold won his right to by condoms, other citizens lost their right to a condom-free environment. And so it goes with every other accepted advance in ART technology.