

FOREWORD

Human reproduction is undergoing a number of technology-driven expansions, and it is entirely appropriate that we reflect extensively and carefully upon their impact and implications for our ethical values.

As writers for this volume indicate, ectogenesis may prove a boon to women who wish to have children but who have lost their uterus to disease, serving as an alternative to the complex legal and emotional practice of surrogate motherhood in which other women serve as gestators for embryos. Traditional conservative approaches may initially reject ectogenesis, but may find for it a “necessary evil” justification as a compromise between the interests of women who do not want to be pregnant and those who hold that the process of abortion involves unacceptable killing. Beyond that potential compromise, the temptation to use ectogenetic technology may be attractive to women who have no medical condition to address but who wish to avoid the rigors and health threats of pregnancy and its disruption of career and other life activities.

In permitting easy and ready monitoring of and access to the developing fetus, ectogenesis may also evolve as a strong technology in the medical practices of obstetrics and pediatrics. Indeed, ectogenesis, in that it reduces the number of patients involved in pregnancy to just the developing fetus, blurs the distinction between these two medical sub-specialties.

The collision of ectogenetic technology and anti-abortionist movements may have another serious consequence that needs careful contemplation in advance of the clash. Should abortions be restricted to embryo- and fetus-preserving surgeries with the unwanted conceptus transferred to state-supplied artificial wombs, conceivably a million or more wards of the state might be produced annually. The cost of raising those offspring, pegged at a conservative \$7,000 per child per year could easily run to several trillion dollars annually for each year’s unwanted children. Projected for the 22 years it typically takes for a child to become self-sufficient, and the cost of ectogenic abortions could run in excess of \$150 trillion for a single year’s worth of “saved” embryos and fetuses. Perhaps in those figures we might find a strong pragmatic argument for a progressive policy toward contraception.

Envisioning these and other practices that may evolve from the maturation of ectogenetic technology along with other reproductive technologies is an appropriate anticipation that will permit careful consideration of arguments aiming at advancing or restricting their use. This book should permit legislators and health regulators to formulate and review policies before the pressure of public demand and the absence of regulation and guidelines result in the kinds of tragedies that arose with surrogacy, in vitro fertilization, cryopreservation of embryos, and other market-driven, inventive appropria-

tions of what were initially only medically-justified technological developments.

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