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## The Ethics of Pregnancy, Abortion, and Childbirth: Exploring Moral Choices in Childbearing

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*The Ethics of Pregnancy, Abortion, and Childbirth:  
Exploring Moral Choices in Childbearing*

by Helen Watt

Routledge, 2016, paperback, \$49.95

178 pages, bibliography and index, ISBN 978-0-815-37193-9

Helen Watt's book *The Ethics of Pregnancy, Abortion, and Childbirth: Exploring Moral Choices in Childbearing* is an in-depth and comprehensive reflection on one of the most common of all human experiences—pregnancy. Watt, a senior research fellow at the Anscombe Bioethics Centre in Oxford, divides the text into quarters, each dedicated to a main approach to pregnancy. In the first section, Watt deftly critiques unipersonal pregnancy, the view that the prenatal human being is not a person with equal basic moral status as the gestating mother. Next, Watt examines and rejects neighborly pregnancy, which interprets gestation as a kind of disease for the sake of another, a good Samaritan reaching out to help a stranger in need. Third, the chapter on maternal pregnancy examines what it means to be a mother, whether parenthood is or should always be chosen, and issues of maternal–fetal vital conflicts, like ectopic pregnancy. Finally, in “The Spousal Pregnancy,” Watt considers gestation as it relates to marriage and issues like embryo adoption.

Watt argues that whether wanted or unwanted, pregnancy is not a disease but rather the healthy functioning of the body engaged in coordinated activities aimed at live birth. To understand pregnancy properly, we must recognize that there are always at least two persons involved, the mother and a prenatal human being. Moreover, the relationship that exists between these persons is not merely that of one neighbor helping a more vulnerable neighbor, but the relationship of mother to child. Motherhood confers special rights with respect to the child. A generous neighbor might care for an abandoned baby, but this care does not make that person the child's parent. By contrast, maternal rights are established when someone becomes a mother.

What makes a woman a mother? Is it a matter of choice alone? Emotions? Biology? Marriage and adoption are choices to enter

into family relationships, but it hardly follows that all family relationships are chosen. Most are not. No one decides to be born into a particular family or to be a younger brother or sister. To be an aunt, an uncle, or a cousin can be entirely involuntary as well. Grandparents are simply informed that they are grandparents. “In the case of men,” Watt points out, “we certainly do *not* accept ‘not feeling paternal’ or not having chosen fatherhood as a reason for the man not to support his child, whether financially or in other ways” (65, original emphasis). As President Barack Obama emphasizes, “We need fathers to realize that responsibility does not end at conception. We need them to realize that what makes you a man is not the ability to have a child—it's the courage to raise one” (“Obama's Father's Day Remarks,” *New York Times*, June 15, 2008, <http://www.nytimes.com/>). The president's remarks imply that, like maternal duties, the responsibilities of a father do not end but begin at conception. Certainly one can choose to take actions that may lead to pregnancy, but these alone do not make a person a mother or a father. Indeed, such actions are neither necessary nor sufficient for parenthood.

Watt is well aware that “mother” can be divided into the genetic mother whose egg gives rise to the new human being, the gestational mother who carries the baby prior to birth, and the social mother who raises him. Each woman is a mother in a different sense. A child with a different genetic mother, gestational mother, and social mother suffers a loss of integration from the fragmentation of motherhood. The surrogate mother may waive her parental rights to care for the child after birth, but this waiver points to her maternity and claim to parental rights. Watt points out that the focus on these rights often slights the interests of the child who may suffer when motherhood is broken apart.

Watt's crisp writing often summarizes key insights in fresh ways. For example, she argues, "Harms to the woman posed by pregnancy and childbirth, if that is the comparison, will rarely approach the seriousness and irreversibility of death for the unborn child. After all, few adults would choose an option that would end our *own* lives in preference to the burdens of pregnancy, and the stresses and sacrifices (though also the joys) of bringing up a child. Even the sorrow of giving up a child for adoption does not seem comparable to death in terms of harm: if offered a choice between adoption and a firing squad, most of us would have few hesitations" (35, original emphasis). Indeed, abortion is not like withdrawing child support, and having an abortion is much more than just withholding aid from someone in need:

A parent who is likely to be tortured to death by the Secret Police if he comes out of hiding and supports his child might be entitled to remain in hiding, even if this means his child will or may die. The same parent would not be entitled to ... shoot the child, say, or deliberately starve it, on police instructions to avoid being killed himself. That is because such choices, unlike the mere choice not to venture out to offer support, actually *aim* at harmful changes to the child's body, not just at withholding aid. In other words, the child's bodily self is intentionally violated here, whether by act or by omission, in morally illicit ways. We might refrain from judging harshly a parent who so acted in fear of dying horribly himself, but sympathy for anyone so tempted, and justified doubts about our own moral strength, should not lead us to condone what was done. (40–41, original emphasis)

Watt briefly treats cases of twin-to-twin transfusion syndrome (TTTS) in which two embryos, each with her or his own umbilical cord, share one placenta, and blood from one twin can enter the body of the other through their umbilical cords. If one twin expires, the other will also certainly die unless the umbilical cord from the dying twin is occluded before death occurs. Is this ethically acceptable? Watt renders a negative verdict: Blocking the dying twin's umbilical cord "would be

a deliberate (and lethal) bodily invasion of the twin who is targeted to benefit his or her sibling—rather like cutting the windpipe of someone whose breathing is endangering another person. As such, it would, I believe, be morally excluded, even if death of the first twin as such (as opposed to dysfunction of his or her body-part, the umbilical cord) is not intended" (98). In other words, cord occlusion in TTTS may not be intentional killing, but it is an intentional, deliberate, and lethal bodily invasion.

I am not sure this objection proves that occlusion is unethical in this situation. If the umbilical cord is considered a part of the mother, then she has a right to alter her body in this way for the sake of saving the healthy twin. Let us suppose for the sake of argument that the umbilical cord is a part of the prenatal human being rather than an organ of the mother. In this case, blocking the umbilical cord both prevents the dying twin from receiving further nutrients and prevents the poisoning of the healthy twin. It is, in other words, a classic application of double-effect reasoning. The fact that it is part of the body of the weaker twin on which the intervention takes place does not substantially change the ethical conclusion. If a person must kill in self-defense, he may permissibly undertake alterations of the body of the one subjecting him to risk.

In the final section of the book, Watt's examination of spousal pregnancy draws a clear connection between producing a child as if he is a product and treating this "product" as *something* that may be destroyed. She quotes a woman who used IVF: "If I had conceived these twins naturally, I wouldn't have reduced this pregnancy, because you feel like if there's a natural order, then you don't want to disturb it. But we created this child in such an artificial manner—in a test tube, choosing an egg donor, having the embryo placed in me—and somehow, making a decision about how many to carry seemed to be just another choice. The pregnancy was all so consumerish to begin with, and this became yet another thing we could control" (105). Thinking about pregnancy as a process of quality and control that makes and disposes of children turns human beings into products rather than gifts.

Watt's insightful consideration of donor pregnancies exposes inner contradictions in the rhetoric and views of those advocating artificial reproduction. Few people consider the relationship between a sperm donor and his child to be a significant one. Yet donated sperm is often used with the eggs of the social mother because her genetic relationship with the child is seen as urgently necessary. On the one hand, potential parents seek genetic and gestational links to children even at the physical, emotional, financial, and spiritual costs of using artificial means. Yet being created by donors and gestated by surrogates denies children these genetic and gestational bonds. As one person conceived by sperm donation put it, "Just as infertility is grieved, because people grieve the loss of having and raising their own genetic children, so too can that loss be mirrored by not knowing or being raised by one's own genetic parents. Indeed, for many, this loss is exacerbated when it is intentionally and institutionally created, unlike infertility" (111).

Finally, Watt explores the ethics of embryo adoption, defending the view that it is impermissible: "Those who object to replacing this structure of sexual self-giving with a structure of technical production in the case of IVF need to explain why another 'technical' way of becoming a mother—embryo adoption—is not also a harmful supplanting of a deeply significant interpersonal act as a way of entering on parenthood. If it truly is the case that a woman becomes a mother in becoming pregnant—which, of course, many people will deny—the onus of proof is on those who reject IVF while accepting embryo adoption as a means of becoming a biological mother to show why the latter does not share too much in common with IVF, for all the differences between them" (114).

I think this objection can be refuted, because there is no inconsistency in rejecting the permissibility of IVF while accepting the permissibility of embryo adoption. Normally, parenthood involves the interpersonal act of marital intercourse, but adoption after birth is another morally acceptable way of becoming a parent. Should one become a biological

parent only by means of marital intercourse? As stated, the question is ambiguous. Biological parenthood can be separated into genetic parenthood and gestational parenthood. Embryo adoption does not make one a genetic parent. If the woman's eggs gave rise to the embryo, then she becomes a genetic mother at the time of its conception. If the embryo implanted is not her own genetic child, she does not become a genetic parent through becoming pregnant with an adopted embryo. Let us take another case, which seems to illustrate that it is not intrinsically evil to become pregnant outside marital intercourse. During treatment, a married rape victim is offered spermicide to kill the attacker's sperm. Certainly, she may take steps to prevent herself from becoming pregnant, but does she have a duty to use of contraceptives in such a case? Is it ethically impermissible to intentionally decline the intervention in hopes of becoming pregnant? Let us imagine she has long desired to become a mother, but her husband is sterile. She and her husband agree that if pregnancy should occur, they would welcome the baby and raise it as their own. It would seem that she does not act immorally by declining the spermicide. She is intending, by deliberate omission aimed at the effect of pregnancy, to become pregnant. Arguably, her choice in this case is not intrinsically evil. Euthanasia can end someone's life through either an act of commission or a deliberate omission. By analogous reasoning, if there is nothing wrong with intending pregnancy by deliberate omission, then there would be nothing wrong with intending pregnancy by means of commission. So the principle that it is always wrong to become pregnant by anyone other than one's husband is not true. This principle is in harmony rather than contradiction with the view that IVF is ethically impermissible. Whatever one's answers to questions such as these, readers will benefit from a careful examination of Watt's book.

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