Philosophy and Theology: Artificial wombs

Christopher Kacorz

Follow this and additional works at: https://digitalcommons.lmu.edu/phil_fac

Part of the Philosophy Commons

This Article is brought to you for free and open access by the Philosophy at Digital Commons @ Loyola Marymount University and Loyola Law School. It has been accepted for inclusion in Philosophy Faculty Works by an authorized administrator of Digital Commons@Loyola Marymount University and Loyola Law School. For more information, please contact digitalcommons@lmu.edu.
Teams of researchers at the Children’s Hospital of Philadelphia, the Máxima Medical Center in the Netherlands, the Eindhoven University of Technology in the Netherlands, the University of Western Australia, and the Tohoku University in Japan are working on artificial wombs or advanced neonatal intensive care units that aim to save prematurely born babies earlier and earlier. These attempts may never come to fruition, or they may be only partially successful, or they may someday result in the technical ability to gestate a human being from conception through nine months, that is, complete ectogenesis. How should we judge the ethics of such interventions?

Colten Maertens-Pizzo argues against such interventions in his essay “Artificial Wombs Replace One Violence with Another.” He writes, “We are necessarily bound to a body from our conception until our death. Therefore, to deprive a zygote, embryo, or fetus of the intimacy of embodiment in its mother’s womb constitutes a violence too heinous to countenance.”1 But this is surely overstated. Unless we embrace a problematic body–self dualism, we are necessarily bound to our own bodies from conception to natural death. But we are not bound to another person’s body from conception to natural death. Human beings conceived by in vitro fertilization begin their lives not bound to any human body but rather in a petri dish. Some of these human beings spend months and even years in a frozen state before implantation in their gestational mother’s womb. All human beings become unbound to another’s body at birth.

Maertens-Pizzo perceptively writes, “Too often we envision our bodies as purely positive, physical things which belong to us like instruments.”2 He is right to reject a body–self dualism that reduces the human body to a machine that the self, understood as a disembodied mind or soul, uses like a driver making use of

Maertens-Pizzo continues, “As this relates to exogenous gestation, Daniel Deen, who specializes in the philosophy of science, worries that Christians ‘may see the artificial womb as a catalyst for strengthening the mechanistic view of reproduction that dominates the thinking of secular society, and of other religious groups, including more liberal Christians.’ He is right.”¹ I agree, but this worry does not provide sufficient justification for the rejection of exogenous gestation. Medical school training, which involves, in some ways, viewing the human body in mechanistic terms, may strengthen the mechanistic view of reproduction, but it is nevertheless morally permissible to go to medical school. Moreover, the tendency toward viewing human persons as mere biological machines can be corrected by a sound philosophical and theological education. After all, despite years of medical school and medical practice, many physicians, nevertheless, do not believe in body–soul dualism.

Maertens-Pizzo writes, “Research attests to the necessity of sustained intimate contact between mother and child for healthy development even after birth. We may conclude that human contact is bound up with children's basic physiological needs. This closeness is not provided by artificial wombs, which are exogenic and cannot participate in the intimacy of life.”² The strength of this argument against artificial wombs depends on the nature of the empirical data. If it turns out that artificial wombs detrimentally affect the development of the human being in utero, then this is a reason not to use them. If, on the other hand, it turns out that the use of artificial wombs is not detrimental to mother or child—perhaps because they are specifically designed to provide as realistic a replica of a typical uterine environment as possible—then this argument fails.

There is indeed a serious risk in developing such technologies, as Maertens-Pizzo points out: “As we have seen with in vitro fertilization, the artificiality of the external womb will adversely affect the dignity and rights of those infants who have been separated from their mother’s natural womb. The physical, psychological, and social risks to the infant as a result of this ejection are far too great.”³ For this reason, an ethical development of artificial wombs must not involve illicit experimentation upon human beings at the beginning of life. However, artificial wombs could be developed by attempting to save prematurely born human beings who otherwise would die. Experimental and risky treatments that are a last resort for a patient who would otherwise die are ethically permissible. In this way, artificial wombs could be developed in an ethically permissible way. But in reality, it is more probable that artificial wombs would not be developed only as a way to rescue prematurely born babies. Mostly probably, artificial wombs would subject human beings to experimentation without their consent, as took place with in vitro

³. For a strong critique of body–self dualism, see Patrick Lee and Robert P. George, Body–Self Dualism in Contemporary Ethics and Politics (New York: Cambridge University Press, 2008).
fertilization. However, it could turn out, sooner or later, that artificial wombs are no more risky for immature developing human beings than are natural wombs. Indeed, it could turn out that they are less risky because they reduce the developing child's exposure to risk factors such as of car accidents, falling down stairs, and maternal overindulgence in alcohol or drugs.

What do we call the individual human being sustained by an artificial womb? In her essay “Artificial Womb Technology and the Frontiers of Human Reproduction,” Elizabeth Chloe Romanis suggests that calling this being a neonate or newborn is not appropriate, because the individual in question does not have the behavior or development of a newborn. On the other hand, she argues we ought not to call the individual a fetus, since the individual is not within the uterus of a woman. So, as an alternative, she proposes that we call this individual a *gestateling*, a term deemed by her both useful and clear.7

I am skeptical of this proposal. Is this new terminology necessary? I agree that *fetus* is not warranted; indeed, in most contexts, *fetus* is a term that deliberately dehumanizes a prenatal human being.8 But the reasons given by Romanis for rejecting neonate or newborn or premie do not warrant a neologism like *gestateling*. In fact, the human being in question is preterm. *Preterm* already covers various degrees of early term birth, so I cannot see why the same term would not apply to extremely preterm babies. The individual in question is in fact a neonate, newly born. *Gestateling* sounds somewhat alien. It seems like a good term for a cyborg and so too easily dehumanizes the human being in question. And that is presumably the actual point of introducing such terminology. “Terminating a gestateling” sounds much less morally charged than “intentionally killing a prematurely born human infant.”

Romanis writes, “The purpose of AWT [artificial womb technology] is to treat a gestateling as if it had never been born, and thus requires the gestateling to exercise, regardless of its capabilities, no independent capacity for life.”9 This is not accurate, for human beings born prematurely at twenty-three weeks, many of whom are saved, also have no independent capacity for life. Without neonatal intensive care units, such human beings would die. The fact that a neonate at twenty-three weeks has functional lungs, and an even more premature neonate at twenty weeks does not have functioning lungs, is ethically irrelevant. Both of these kinds of preterm newborns cannot continue to live without artificial support. Romanis gives us no reason to think that the exact nature of that support is morally significant. We can imagine a future in which an adult has to have both lungs removed because of lung cancer but is sustained in life by an artificial lung machine. Such an adult is entirely dependent on the lung machine and has no independent capacity for life apart from it; but this person is no less alive than anyone else, nor has the moral status of such

an individual with the lung disability changed in the least. Today, many people rely on artificial hearts, but that reliance is irrelevant to their moral status.

In her article “Ectogenesis Is for Feminists,” Claire Horn argues against the claim, “That by allowing the fetus to be removed from the pregnant person’s body without causing its death, ectogenesis will ‘solve’ abortion.” For Horn, the use of artificial wombs provides no compromise on the question of abortion, and those “who make these claims fail to understand why feminists fight for abortion rights, take a narrow approach to reproductive freedom, neglect the social construction of ‘viability,’ and fail to acknowledge the dependency of the fetus on care.” How does she justify these claims?

She introduces her topic by noting that scientists have recently allowed embryos to grow in petri dishes up to fourteen days and halted their experiments only because of the legal limit that disallows experimentation on human embryos past fourteen days. Horn notes, “While it had long been assumed that embryos needed to implant in the uterus after seven days in order to grow, these studies demonstrated that embryos are capable of self-organizing without maternal input in the very early stages of development.” Implicit in this acknowledgment are important aspects of a pro-life case. The human embryo, from the very beginning, is self-organizing and growing, with a life independent of any maternal input. These facts, among others, indicate that the human fetus is not simply part of the woman’s body, as so many non-scholarly defenses of abortion like to claim. Moreover, growth and self-organizing are signs of life, signs of a living, independent organism—in this case, an organism of the human species.

Horn writes, “Strategies within feminism(s) for protecting reproductive care, including abortion, have never been a monolith.” This rhetoric both misleads and conceals because abortion is not about reproduction at all. When a new human being has been conceived, reproduction of a new human being has already taken place, as Horn implicitly acknowledges when talking about embryo development. Abortion has nothing to do with reproduction but rather is the destruction of the fruits of reproduction. Is abortion care? It certainly may fulfill the desires of the person who wants to get an abortion. But an act of true care does not fulfill the desires of one human being by means of ending the life of another human being. For this reason, it is self-referentially incoherent to “treat abortion and other reproductive health services as akin to the resources all human beings are entitled to—such as health care, education, housing, and food.” If all human beings are entitled to health care, education, housing, and food, then all human beings are also entitled to what is necessary to enjoy health care, education, housing, and food. But without the right to live, that is, the duty of others not to intentionally

kill us, all human beings cannot enjoy a right to health care, education, housing, and food. As the US bishops note, “This culture of life begins with the preeminent obligation to protect innocent life from direct attack and extends to defending life whenever it is threatened or diminished: ‘Any politics of human dignity must seriously address issues of racism, poverty, hunger, employment, education, housing, and health care. . . . If we understand the human person as the ‘temple of the Holy Spirit’—the living house of God—then these issues fall logically into place as the crossbeams and walls of that house. All direct attacks on innocent human life, such as abortion and euthanasia, strike at the house’s foundation.’”

Horn writes, “There is a clear contrast between ingesting abortifacients in the early stages of pregnancy and being made to carry a fetus for twenty-two weeks until it could survive in an artificial womb, whereupon it would need to be removed via surgical procedure or induced delivery.” This is correct. If we compare early term abortion with going through pregnancy for several months, using abortifacients does not involve the burdens of months of pregnancy, but ectogenesis does. But if artificial wombs were able to move the line of viability to well before twenty-two weeks, it would make a difference for the burdensomeness of the procedure. Moreover, abortion pills also are not without their own burdens and risks. Indeed, if abortion is seriously wrong, the most serious burden for the woman may be the effect on the agent of knowingly and willingly ending the life of her son or daughter. This effect can be avoided by having a malformed conscience which views abortion as just another part of health care, but a malformed conscience is itself a burden. Also, unacknowledged by Horn is the effect of abortion on the unborn human being.

Horn continues her case—which rests heavily on citing the authority of other feminist scholars and provides little in the way of argumentative justification for those who question these authorities—with this claim: “It would also continue the ongoing criminalization of the many pregnant people (disproportionately, low-income women of color) who are already unable to access reproductive care within legal means.” Elsewhere, she writes, ectogenesis “could further the ends of the long-pursued campaign for fetal personhood that has already resulted in the criminalization of low-income pregnant people.” To criminalize abortion is not to criminalize pregnant people. Abortion laws criminalize the act of abortion rather than any particular kind of people. Indeed, many proposed pro-life laws aim at the acts of abortionists rather than criminalizing the solicitation of abortion by a pregnant woman. If all abortions were criminalized tomorrow, it would remain entirely legal to be a pregnant woman, including a pregnant woman of color. The sophistical rhetoric of “criminalized pregnant people” radically misrepresents reality.

Moreover, the concern about those “unable to access reproductive care [abortion] within legal means” suggests that Horn believes that some injustice has

occurred unless everyone has equal access to getting an abortion, presumably paid for by the government. But consider the right to free speech. Some people (perhaps, disproportionately, low-income women of color) are unable to buy television commercials, have their books published by Penguin Random House, or have their commentaries broadcast on ABC News. But it is hardly an injustice or a violation of free speech that everyone is not provided these platforms to share their opinions. Horn’s view is that abortion is a private matter for the pregnant person alone to decide and also that abortion is a public matter that we ought to fund and facilitate—“My body, my choice” made possible by your money and your government. It is hard to see how abortion is both a private decision at the sole discretion of the mother and also a public good that must be paid for and facilitated by the government.

Horn makes a sound point in wondering who would take care of the human beings gestated in artificial wombs. The difficulty may be less than she anticipates. In the United States, with people waiting longer to get married, and the increased spread of sexually transmitted infections which impair fertility, more and more couples find themselves struggling to have a baby. As one adoption agency noted, “Some sources estimate that there are about 2 million couples currently waiting to adopt in the United States—which means there are as many as 36 waiting families for every one child who is placed for adoption. Consider this: about 10 percent of women in the United States—6.1 million—have difficulty getting or staying pregnant. While not all women facing infertility will pursue adoption, a 2002 study by the Centers for Disease Control shows that more than half (57 percent) of women who use infertility services do consider adoption.”

Since the number of abortions in the United States continues to go down, and the number of couples struggling with infertility continues to go up, there may well be enough couples who would be delighted to adopt children gestated ex utero. Part of what makes adoption difficult for many couples, and the reason many couples in the United States adopt babies from outside the United States, is the dearth of available newborns. Adoption may be a solution to children of ectogenesis.

Another issue Horn considers is the “continued connection” between the woman who was pregnant and the child gestated by ectogenesis. The strength of this continued connection may be determined by the choice of the (early) birth mom. If she would like to have lots of contact, or no contact at all, or something in between, that would be up to her. Of course, there would always be a continued connection on the biological level between (early) birth mother and child. And that may involve some psychological burdens for the birth mother but not always for the child, who may be unaware of being adopted. I suspect that use of ectogenesis would lessen the psychological connection between birth mother and child. Rather than forging psychological bonds over nine months of pregnancy and then full-term birth, an early ectogenesis may create less psychologically powerful bonds. But I do not doubt there may be a psychological connection. The question is whether the burden of connection justifies ending the life of a human being. In all other cases, biological parents are not justified in relieving themselves of the burden of

psychological connection by means of ending the life of their son or daughter. Think, for example, of deadbeat dads who do not want to pay child support. Some of them may feel guilty for neglecting their responsibilities, and this guilt would be alleviated if they were no longer fathers. But these psychological burdens would not justify ending the lives of their children.

Christopher Kaczor