Document 1

Overall, Christine

WHY HAVE CHILDREN?: THE ETHICAL DEBATE

Document 2

Taft, Angela J; Hobbs, Melissa K; Hussainy, Safeera Y; Amir, Lisa H; Stewart, Kay; Smith, Anthony M A; Shelley, Julia M; Chapman, Colin B

Unintended pregnancy in Australia: what more can we do?
The Medical journal of Australia 2011 Aug 15; 195(4): 166-7

Document 3

Jensen, David

A Kantian argument against comparatively advantageous genetic modification.

Abstract: The genetic modification of children is becoming a more likely possibility given our rapid progress in medical technologies. I argue, from a broadly Kantian point of view, that at least one kind of such modification-modification by a parent for the sake of a child's comparative advantage-is not rationally justified. To argue this, I first characterize a necessary condition on reasons and rational justification: what is a reason for an agent to do an action in one set of circumstances must be a reason for any in those circumstances to do the action. I then show that comparatively advantageous genetic modification violates this principle since a child's "getting ahead" through genetic modification cannot be rationally justified unless other children also could receive the modification, thus rendering the advantage useless. Finally, I consider the major objection to this CONCLUSION: it seems to disallow all cases of a parent's helping a child get ahead, something that parents normally engage in with their children. I argue that typical practices of developing a comparative advantage in a child, as well as practices of societal competition in general, do not conflict because they involve circumstances that mitigate the universal character of reasons. Many ordinary cases of competitive advantage that we think of as unjust, in fact, can be explained by my argument.

Document 4

Fogelson, Nicholas S; Fischbein, Stuart

Obstetric ethics: an essential dimension in planned home birth.
Obstetrics and gynecology 2011 Aug; 118(2 Pt 1): 357; author reply 357-8
Document 5
Plante, Lauren A
**Obstetric ethics: an essential dimension of planned home birth.**
Obstetrics and gynecology 2011 Aug; 118(2 Pt 1): 357; author reply 357-8

Document 6
**The assault on reproductive rights.**
Lancet 2011 Jul 9; 378(9786): 100

Document 7
Jenkins, Angela; Millar, Simon; Robins, James
**Denial of pregnancy: a literature review and discussion of ethical and legal issues.**
Journal of the Royal Society of Medicine 2011 Jul; 104(7): 286-91

**Abstract:** Denial of pregnancy is an important condition that is more common than expected, with an incidence at 20 weeks gestation of approximately 1 in 475. The proportion of cases persisting until delivery is about 1 in 2500, a rate similar to that of eclampsia. Denial of pregnancy poses adverse consequences including psychological distress, unassisted delivery and neonaticide. It is difficult to predict which women will develop denial of pregnancy. There are a number of forms of denial of pregnancy, including psychotic and non-psychotic variants. Denial of pregnancy is a 'red flag' that should trigger referral for psychiatric assessment. A national registry may help to provide more information about this condition and implement appropriate care. This condition poses challenging legal and ethical issues including assessment of maternal capacity, evaluation of maternal (and possibly fetal) best interests and the possibility of detention in hospital.

Document 8
Schlaff, William D; Zhang, Heping; Diamond, Michael P; Coutifaris, Christos; Casson, Peter R; Brzyski, Robert G; Christman, Gregory M; Barnhart, Kurt T; Trussell, J C; Krawetz, Stephen A; Snyder, Peter J; Ohl, Dana; Santoro, Nanette; Eisenberg, Esther; Huang, Hao; Legro, Richard S; Reproductive Medicine Network
**Increasing burden of institutional review in multicenter clinical trials of infertility: the Reproductive Medicine Network experience with the Pregnancy in Polycystic Ovary Syndrome (PPCOS) I and II studies.**
Fertility and sterility 2011 Jul; 96(1): 15-8

**Abstract:** Many clinical investigators think that the burden of Institutional Review Board (IRB) requirements has been consistently increasing over recent years, although there are few objective data describing these trends. Over a period of 7 years, the Reproductive Medicine Network observed a significant increase in the size and requirements of IRB submissions and significant variability of IRB performance in reviewing multicenter trials. These additional regulatory and administrative demands represent substantial burdens to researchers and to the IRBs themselves. It is timely to consider whether these changes better protect the interests and safety of human research participants.

Clinical trial registration: ClinicalTrials.gov NCT00068861 and NCT00719186.
Kelley, Maureen

**Counting stillbirths: women's health and reproductive rights.**
Lancet 2011 May 14; 377(9778): 1636-7

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Gerntholtz, Liesl; Gibbs, Andrew; Willan, Samantha

**The African Women's Protocol: bringing attention to reproductive rights and the MDGs.**
PLoS medicine 2011 Apr; 8(4): e1000429

Abstract: Andrew Gibbs and colleagues discuss the African Women's Protocol, a framework for ensuring reproductive rights are supported throughout the continent and for supporting interventions to improve women's reproductive health, including the MDGs.

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Abdallah, Claude

**Teen pregnancy testing: risk documentation versus cancellation?**
Journal of pediatric and adolescent gynecology 2011 Apr; 24(2): e45

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Green, Ronald M

**Confronting rationality.**

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Herissone-Kelly, Peter

**Reasons, rationalities, and procreative beneficence: need Häyry stand politely by while Savulescu and Herissone-Kelly disagree?**

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Buller, Tom; Bauer, Stephanie

**Balancing procreative autonomy and parental responsibility.**
Inhorn, Marcia C.

**Globalization and gametes: reproductive 'tourism,' Islamic bioethics, and Middle Eastern modernity**

*Anthropology and Medicine* 2011 April; 18(1): 87-103

Document 16

Freour, Thomas; Dessolle, Lionel; Jean, Miguel; Barriere, Paul

**Smoking among French infertility specialists: habits, opinions and patients' management.**

*European journal of obstetrics, gynecology, and reproductive biology* 2011 Mar; 155(1): 44-8

**Abstract:** The deleterious effects of tobacco on fertility are now largely demonstrated. Little is known, however, about how infertility doctors communicate on smoking and about their own smoking habits. In this study, we examined smoking habits among French infertility specialists and their attitudes towards infertile couples' exposure to tobacco.

Document 17

Paul, Vinod Kumar; Sachdev, Harshpal Singh; Mavalankar, Dileep; Ramachandran, Prema; Sankar, Mari Jeeva; Bhandari, Nita; Sreenivas, Vishnuhatla; Sundararaman, Thiagarajan; Govil, Dipti; Osrin, David; Kirkwood, Betty

**Reproductive health, and child health and nutrition in India: meeting the challenge.**

*Lancet* 2011 Jan 22; 377(9762): 332-49

**Abstract:** India, with a population of more than 1 billion people, has many challenges in improving the health and nutrition of its citizens. Steady declines have been noted in fertility, maternal, infant and child mortalities, and the prevalence of severe manifestations of nutritional deficiencies, but the pace has been slow and falls short of national and Millennium Development Goal targets. The likely explanations include social inequities, disparities in health systems between and within states, and consequences of urbanisation and demographic transition. In 2005, India embarked on the National Rural Health Mission, an extraordinary effort to strengthen the health systems. However, coverage of priority interventions remains insufficient, and the content and quality of existing interventions are suboptimum. Substantial unmet need for contraception remains, adolescent pregnancies are common, and access to safe abortion is inadequate. Increases in the numbers of deliveries in institutions have not been matched by improvements in the quality of intrapartum and neonatal care. Infants and young children do not get the health care they need; access to effective treatment for neonatal illness, diarrhoea, and pneumonia shows little improvement; and the coverage of nutrition programmes is inadequate. Absence of well functioning health systems is indicated by the inadequacies related to planning, financing, human resources, infrastructure, supply systems, governance, information, and monitoring. We provide a case for transformation of health systems through effective stewardship, decentralised planning in districts, a reasoned approach to financing that affects demand for health care, a campaign to create awareness and change health and nutrition behaviour, and revision of programmes for child nutrition on the basis of evidence. This agenda needs political commitment of the highest order and the development of a people's movement.

Document 18

McGee, Elizabeth A

**Regenerative medicine meets gynecology.**

*Seminars in reproductive medicine* 2011 Jan; 29(1): 3-4
Document 19
Dancet, Eline A F; Spiessens, Carl; Vangenechten, Rebecca; Billiet, Jaak; De Tavernier, Johan; Welkenhuysen, Myriam; D'Hooghe, Thomas M

Acceptability of preclinical research on nonhuman primates in reproductive medicine: the patient perspective.
Reproductive sciences (Thousand Oaks, Calif.) 2011 Jan; 18(1): 70­8

Abstract: The attitude of patients with reproductive disorders regarding the use of nonhuman primates (NHPs) in preclinical reproductive research and its determinants was examined. A survey was conducted on 299 patients with fertility problems and/or endometriosis in a European fertility center (RR = 80%). The main outcome measure was the attitude toward reproductive research on NHPs. In total, 70.6% accept and 29.4% reject NHP research. Factors significantly positively related to acceptance are confidence in researchers and previous pregnancy. Factors significantly negatively related to acceptance include having a pet, membership of a nature organization, vegetarian, and having lived abroad. To the best of our knowledge, this study is the first on patients' perspective on NHP research. The majority of the patients accept reproductive research on NHPs. Trust in researchers was the most important positively related factor; therefore, researchers are advised to actively try to gain the trust of patients and the public.

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Document 20
Green, Ronald M

Should we retire Derek Parfit?
The Hastings Center report 2011 Jan-Feb; 41(1): 3

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Document 21
Quinn, Gwendolyn P; Vadaparampil, Susan T; McGowan Lowrey, Kerri; Eidson, Shelby; Knapp, Caprice; Bukulmez, Orhan

State laws and regulations addressing third-party reimbursement for infertility treatment: implications for cancer survivors.
Fertility and sterility 2011 Jan; 95(1): 72­8

Abstract: To examine codified state policies related to infertility and assess their implications for cancer patients. Lack of insurance is often identified as a barrier to use of fertility preservation (FP) services.

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Document 22
Kashani-Sabet, Firoozeh

CONCEIVING CITIZENS: WOMEN AND THE POLITICS OF MOTHERHOOD IN IRAN

Call number: HQ1735.2 .K377 2011

Document 23
Zhang, Kaining
A review of management of infertility in Nigeria: framing the ethics of a national health policy.
Abstract: Infertility has recently been construed to be a serious problem in sub-Saharan Africa. This problem seems to be viewed as of low priority with reference to the effective and efficient allocation of available health resources by national governments as well as by international donors sponsoring either research or service delivery in the public health sector. In this paper the problem of infertility in Nigeria is surveyed with a view to assessing the ethical dimension of proposals to manage infertility as a public sector priority in health care delivery. The population/individual and public/private distinction in the formulation of health policy has ethical implications that cannot simply be ignored and are therefore engaged in critically assessing the problem of infertility. Cost-utility analysis (such as Quality Adjusted Life-Year composite index) in the management of infertility in Nigeria entails the need for caution relevant to the country's efforts to achieve Millennium Development Goals. This should remain the case whether the ethical evaluation appeals to utilitarian or contractarian (Rawlsian) principles. The "worst off" category of Nigerians includes (1) underweight children less than 5 years of age, with special concern for infants (0-1 years of age) and (2) the proportion of the population below a minimum level of dietary consumption. The Rawlsian ethic implies that any Federal Ministry of Health policy aimed at establishing public programs for infertility management can be considered a "fair" allocation and expenditure if, and only if, the situation for these two cohorts is not thereby made worse. Nigerian health policy cannot assume this type of increased allocation of its resources to infertility care without it being hard pressed to warrant defensible moral or rational argument.

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wish to attain their reproductive goals with medical assistance. One effect of restrictive reproductive laws that has received widespread attention is cross-border reproductive travel. In Europe, such travel is permitted by the policy of free movement of persons that is a cornerstone of the democratic and economic stability of the European Union. Cross-border reproductive travel fails to promote moral and political pluralism in democratic states for three primary reasons. First, the opportunity for patients to go abroad for treatment tempers organized resistance to the law and allows government to pass stricter regulations than it otherwise might. Second, cross-border reproductive care has been shown to have deleterious extraterritorial effects that undermine the articulated rationales behind restrictive reproductive laws. Third, laws that generate demand for cross-border reproductive care often fail to satisfy the standard of proportionality that restrictions on human reproduction must meet.

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Document 35
Janssens, P M W
Rules and regulations in reproductive medicine: sensible requirements that should start with evidence.
Georgetown users check Georgetown Journal Finder for access to full text

Document 36
Gianaroli, Luca; Geraedts, Joep; Veiga, Anna; Brown, Simon
The 'father of IVF' and a founding father of ESHRE.
Georgetown users check Georgetown Journal Finder for access to full text

Document 37
Van Steirteghem, André
Georgetown users check Georgetown Journal Finder for access to full text

Document 38
Inhorn, Marcia C.; Patrizio, Pasquale; Serour, Gamal I.
Third-party reproductive assistance around the Mediterranean: comparing Sunni Egypt, Catholic Italy and multisectarian Lebanon
Reproductive Biomedicine Online 2010 December; 21(7): 848-853
Georgetown users check Georgetown Journal Finder for access to full text

Document 39
Hallén, Skatarina; Johannesson, Julie; Hernandez, Nidia
[There are other and better alternatives to uterine donation]. = Det finns andra och bättre alternativ än livmoderdonation.
Läkartidningen 2010 Nov 17-23; 107(46): 2903-4
Georgetown users check Georgetown Journal Finder for access to full text
Saenz, Carla

**Virtue ethics and the selection of children with impairments: a reply to Rosalind McDougall**

*Bioethics* 2010 November; 24(9): 499-506

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Dyer, Clare

**Ethics experts agree that £250 cap for egg donation should be lifted.**

*BMJ* (Clinical research ed.) 2010 October 22; 341: c5976

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Quigley, Muireann

**A right to reproduce?**

*Bioethics* 2010 Oct; 24(8): 403-11

Abstract: How should we conceive of a right to reproduce? And, morally speaking, what might be said to justify such a right? These are just two questions of interest that are raised by the technologies of assisted reproduction. This paper analyses the possible legitimate grounds for a right to reproduce within the two main theories of rights; interest theory and choice theory.

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Medeiros, Luciana Soares de; Verdi, Marta Inez Machado

**[Right of access to the assisted human reproduction: bioethics discussions]. = Direito de acesso ao serviço de reprodução humana assistida: discussões bioéticas.**

*Ciência & saúde coletiva* 2010 Oct; 15 Suppl 2: 3129-38

Abstract: The objective of this study is to evaluate how is configured the right of access to the assisted human reproduction service (AHRS). It was developed through documentary research in official sources of the Brazilian Federal Government. From the criteria of the analysis of content were analyzed: 1 government directive and 6 projects of law, divided in 3 thematic areas (access to what?; access to whom?; and conditions and criteria of access), revealing nucleus of meaning that had been explored in this research. This revealed that the right of access in official documents is exclusive, and morally induced by a professional category and its arbitrariness. The joint of these nucleus of meaning with the everyday bioethics was of extreme relevance to deal with the different kinds of family that are being legitimated through these proposals of regulation, as well as the ethical questions intrinsic to the formulation of these texts, which remit us to the idea of traditional family, model not hegemonic anymore in our society, and social and legally surpassed by new familiar conceptions that also demand visibility and legitimacy from the State. The study intends to be one more possibility of reflection about the questions that involve the right of access to the AHRS from the everyday bioethics issues.

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Rowlands, Sam

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Social predictors of repeat adolescent pregnancy and focussed strategies.

Abstract: This article begins with an overview of teenage pregnancy within a social context. Data are then presented on conceptions and repeat conceptions in teenagers. Social predictors of repeat teenage pregnancy are grouped according to social ecological theory. A brief summary of prevention of teenage pregnancy in general is followed by a detailed analysis of studies of interventions designed to prevent repeat pregnancy that reached specific quality criteria. The results of some systematic reviews show no significant overall effect on repeat pregnancy, whereas others show an overall significant reduction. Youth development programmes are shown in some cases to lower pregnancy rates but in other cases to have no effect or even to increase them. Features of secondary prevention programmes more likely to be successful are highlighted.

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Document 45

Quigley, Muireann
A right to reproduce?
Bioethics 2010 October; 24(8): 403-411

Georgetown users check Georgetown Journal Finder for access to full text

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Document 46

Reiber, David T.
The morality of artificial womb technology
The National Catholic Bioethics Quarterly 2010 Autumn; 10(3): 515-528

Georgetown users check Georgetown Journal Finder for access to full text

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Document 47

Gaard, Greta
Reroductive technology, or reproductive justice? An ecofeminist, environmental justice perspective on the rhetoric of choice
Ethics & the Environment 2010 Fall; 15(2): 103-129

Georgetown users check Georgetown Journal Finder for access to full text

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Document 48

Ponte, Carène
Soins. Pédiatrie, puériculture 2010 Sep-Oct(256): 45-6

Georgetown users check Georgetown Journal Finder for access to full text

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Document 49

Arellano, María de Jesús Medina
The need for balancing the reproductive rights of women and the unborn in the Mexican courtroom.
Medical law review 2010 Autumn; 18(3): 427-33

Georgetown users check Georgetown Journal Finder for access to full text
Document 50

Williams, Nigel

**British government scraps advice bodies.**


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Document 51

Vargas, Eliane Portes; Moás, Luciane da Costa

**Normative discourses on the desire to have children.**


**Abstract:** Reflections on normative discourses on sexuality, family and reproduction are shown, promoted by medical and juridical knowledge in modern society. This study was based on the assumption that changes and maintenance of values and practices coexist in the current discourses on the desire to have children, expressed as claims in the dimension of sexual and reproductive rights, with new demands in the sphere of public and health policies. The current value attributed to family is founded on the model of modern conjugal family, which can be observed in the changes that have occurred in family relations and sexual identities. Based on a new configuration of values, the expectation of paternity and maternity has partly become a value of the homosexual relationship. However, despite changes in the sphere of family relations and social identities, the centrality of the heterosexual couple prevails in the medical and juridical discourse on the desire to have children.

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Document 52

Greil, Arthur; McQuillan, Julia; Benjamins, Maureen; Johnson, David R; Johnson, Katherine M; Heinz, Chelsea R

**Specifying the effects of religion on medical helpseeking: the case of infertility.**


**Abstract:** Several recent studies have examined the connection between religion and medical service utilization. This relationship is complicated because religiosity may be associated with beliefs that either promote or hinder medical helpseeking. The current study uses structural equation modeling to examine the relationship between religion and fertility-related helpseeking using a probability sample of 2183 infertile women in the United States. We found that, although religiosity is not directly associated with helpseeking for infertility, it is indirectly associated through mediating variables that operate in opposing directions. More specifically, religiosity is associated with greater belief in the importance of motherhood, which in turn is associated with increased likelihood of helpseeking. Religiosity is also associated with greater ethical concerns about infertility treatment, which are associated with decreased likelihood of helpseeking. Additionally, the relationships are not linear throughout the helpseeking process. Thus, the influence of religiosity on infertility helpseeking is indirect and complex. These findings support the growing consensus that religiously-based behaviours and beliefs are associated with levels of health service utilization.

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Document 53

Eisenberg, Michael L; Smith, James F; Millstein, Susan G; Walsh, Thomas J; Breyer, Benjamin N; Katz, Patricia P

**Perceived negative consequences of donor gametes from male and female members of infertile couples.**

Fertility and sterility 2010 Aug; 94(3): 921-6

**Abstract:** OBJECTIVE: To determine the views toward donor sperm and eggs of both men and women. The use of donor sperm or ova becomes an option for some infertile couples. DESIGN: Prospective cohort of infertile couples. SETTING: Eight California reproductive endocrinology practices. PATIENT(S): Infertile couples (n=377) were recruited after an initial infertility clinic visit. MAIN OUTCOME MEASURE(S): From questionnaires administered at recruitment, ratings concerning the impact of the use of donor gametes were assessed. Differences between men and women in attitudes toward donor gametes were compared with analysis of variance (ANOVA). Linear regression
was used to identify independent predictors of attitudes toward gametes. RESULT(S): Women's attitudes toward donor sperm were significantly more negative than their attitudes toward donor eggs (5.1+/−1.4 vs. 4.7+/−1.6). Similarly, male donor gamete attitude scores were higher for donor sperm compared with donor eggs (4.9+/−1.6 vs. 4.1+/−1.6). Both men and women agreed that the use of donor sperm was more likely to have negative effects on their relationship and negative societal ramifications. Female donor gamete attitude scores were predicted by marital status, race, and education, whereas men's scores were independent of all measured factors. CONCLUSION(S): Both men and women view the use of donor sperm with more skepticism compared with the use of donor eggs, suggesting a unique underlying perception regarding the use of male donor gametes.

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Document 54

Smith, Elise; Behrmann, Jason; Martin, Carolina; Williams-Jones, Bryn

**Reproductive tourism in Argentina: clinic accreditation and its implications for consumers, health professionals and policy makers.**

Developing world bioethics 2010 Aug ; 10(2): 59-69

**Abstract:** A subcategory of medical tourism, reproductive tourism has been the subject of much public and policy debate in recent years. Specific concerns include: the exploitation of individuals and communities, access to needed health care services, fair allocation of limited resources, and the quality and safety of services provided by private clinics. To date, the focus of attention has been on the thriving medical and reproductive tourism sectors in Asia and Eastern Europe; there has been much less consideration given to more recent ‘players’ in Latin America, notably fertility clinics in Chile, Brazil, Mexico and Argentina. In this paper, we examine the context-specific ethical and policy implications of private Argentinean fertility clinics that market reproductive services via the internet. Whether or not one agrees that reproductive services should be made available as consumer goods, the fact is that they are provided as such by private clinics around the world. We argue that basic national regulatory mechanisms are required in countries such as Argentina that are marketing fertility services to local and international publics. Specifically, regular oversight of all fertility clinics is essential to ensure that consumer information is accurate and that marketed services are safe and effective. It is in the best interests of consumers, health professionals and policy makers that the reproductive tourism industry adopts safe and responsible medical practices.

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Document 55

Cottingham, Jane; Kismodi, Eszter; Hilber, Adriane Martin; Lincetto, Omella; Stahlhofer, Marcus; Gruskin, Sofia

**Using human rights for sexual and reproductive health: improving legal and regulatory frameworks.**


**Abstract:** This paper describes the development of a tool that uses human rights concepts and methods to improve relevant laws, regulations and policies related to sexual and reproductive health. This tool aims to improve awareness and understanding of States’ human rights obligations. It includes a method for systematically examining the status of vulnerable groups, involving non-health sectors, fostering a genuine process of civil society participation and developing recommendations to address regulatory and policy barriers to sexual and reproductive health with a clear assignment of responsibility. Strong leadership from the ministry of health, with support from the World Health Organization or other international partners, and the serious engagement of all involved in this process can strengthen the links between human rights and sexual and reproductive health, and contribute to national achievement of the highest attainable standard of health.

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Document 56

Turney, Lyn

**The making and breaking of paternity secrets in donor insemination.**

Journal of medical ethics 2010 Jul; 36(7): 401-6

**Abstract:** This paper analyses the complex issues faced by regulators of the infertility treatment industry in
response to the social and technological changes that heralded a new openness in knowledge about genetics, paternity and the concomitant need for donor offspring to know their genetic origins. The imperative for full information about their donor and biological father, who contributed to their creation and half of their genome, was an outcome unanticipated by the architects of the donor insemination programme. Genetic paternity testing realised the possibility of fixed and certain knowledge about paternity. This paper outlines medicine's role in the formation of normative families through the use of donor insemination. Extending information from an Australian study on the use of DNA paternity testing, it analyses what the social and scientific changes that have emerged and gained currency in the last several decades mean for the new 'openness' and the role of paternity testing in this context. It concludes with recommendations about how to deal with the verification of paternity in linking donor conceived adult children to their donor.

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Document 57
Goicolea, Isabel; Wulff, Marianne; Sebastian, Miguel San; Ohman, Ann
Adolescent pregnancies and girls' sexual and reproductive rights in the Amazon basin of Ecuador: an analysis of providers' and policy makers' discourses.
BMC international health and human rights 2010 June 7; 10: 12
Abstract: Despite policy instruments, sound knowledge through education programmes and campaigns, female students are still assailed by health and social pathologies with regard to their reproductive health and rights. Patriarchy still accounts for the historical pattern of reproductive health for women in intimate relationship. Moreover, academic progress of female students is compromised due to the fact that they have to satisfy their male counterparts by giving birth to children. Female students are also vulnerable to sexually transmitted infections more than their male counterparts, as the belief is that utilisation of a condom is un-African. In case women advance their reproductive health concerns and rights to their male partners, they are viewed and regarded as they are belittling and disrespecting them and mostly result in physical, emotional and verbal abuse.

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Document 58
Makhubele, J C
Students' attitudes towards reproductive health and rights in the University of Limpopo (Turfloop Campus) - South Africa: a social work perspective.
Abstract: Despite policy instruments, sound knowledge through education programmes and campaigns, female students are still assailed by health and social pathologies with regard to their reproductive health and rights. Patriarchy still accounts for the historical pattern of reproductive health for women in intimate relationship. Moreover, academic progress of female students is compromised due to the fact that they have to satisfy their male counterparts by giving birth to children. Female students are also vulnerable to sexually transmitted infections more than their male counterparts, as the belief is that utilisation of a condom is un-African. In case women advance their reproductive health concerns and rights to their male partners, they are viewed and regarded as they are belittling and disrespecting them and mostly result in physical, emotional and verbal abuse.

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Document 59
Cook, Rebecca J; Cusack, Simone; Dickens, Bernard M
Unethical female stereotyping in reproductive health.
Abstract: Stereotypes are generalized preconceptions defining individuals by group categories into which they are placed. Women have become stereotyped as homemakers and mothers, with the negative effect of precluding them from other roles and functions. Legislation and judicial constructions show a history, and often a continuing practice, of confining women to these stereotypical functions. In access to reproductive and sexual health care, for instance, women's requests have been professionally subject to approval of their husbands, fathers or comparable males. Choice of abortion is particularly significant, because it embeds moral values. Women's capacity to act as responsible moral agents is denied by stereotypical attitudes shown by legislators, judges, heads of religious denominations, and healthcare providers who consider women incapable of exercising responsible moral choice. These attitudes violate ethical requirements of treating patients with respect and equal justice. They can also result in violations of human rights laws that prohibit discrimination against women.
Johnstone, Megan-Jane  
**Ethics and ectogenesis.**  
Australian nursing journal (July 1993) 2010 Jun; 17(11): 33

**Abstract:** Human immunodeficiency virus is a serious but manageable chronic disease that affects persons of reproductive age, many of whom express a desire for biologic parenthood. This document is a revision of the original document of the same name, published in 2002 and reviewed in 2006.

Deutscher, Penelope  
**Reproductive Politics, Biopolitics and Auto-immunity: From Foucault to Esposito**  

Nau, Jean-Yves  
**[Immanuel Kant, surrogacy, and human dignity (2)] = Kant, mères porteuses, dignité humaine (2).**  
Revue médicale suisse 2010 May 26; 6(250): 1100-1

Lewis, Judith A  
**Infertility and reproductive choice.**  
MCN. The American journal of maternal child nursing 2010 May-Jun; 35(3): 129

Acién, Pedro  
**Access to fertility treatment.**
Stegmann, Barbara J

Unique ethical and legal implications of fertility preservation research in the pediatric population.

Fertility and Sterility 2010 March 1; 93(4): 1037-1039

**Abstract:** Research in fertility preservation for children and adolescents receiving gonadotoxic chemotherapy has brought forth ethical and legal concerns that require special consideration. This article will discuss many of these issues and possible methods to safeguard the rights of these children.

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Eijkholt, Marleen

The right to found a family as a stillborn right to procreate?

Medical law review 2010 Spring; 18(2): 127-51

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[The National Academy of Medicine of Mexico with regard to reproductive health and women's rights] = La Academia Nacional de Medicina de México ante la salud reproductiva y los derechos de la mujer.

Gaceta médica de México 2010 2010 Mar-Apr; 146(2): 124-5

Georgetown users check [Georgetown Journal Finder](http://www.fertstert.org/issues) for access to full text

Muri, Allison

Imagining reproduction: the politics of reproduction, technology and the woman machine

Journal of Medical Humanities 2010 March; 31(1): 53-67

**Abstract:** tba

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Wiesemann, C.

The moral challenge of natality: towards a post-traditional concept of family and privacy in repro-genetics

New Genetics and Society 2010 March; 29(1): 61-71

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http://www.informaworld.com/smpp/title~db=jour~content=g919665103 (link may be outdated)
Document 71
Guevin, Benedict M.
Reproductive technologies in light of Dignitas personae
National Catholic Bioethics Quarterly 2010 Spring; 10(1): 51-59
Georgetown users check Georgetown Journal Finder for access to full text

Document 72
Ponte, Carène
[2/6 The regulatory framework for medically-assisted reproduction] = 2/6 Le cadre réglementaire de l'assistance médicale à la procréation.
Soins. Pédiatrie, Puériculture 2010 March-April; (253): 45-46
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Document 73
Dondorp, W.; de Wert, G.; Pennings, G.; Shenfield, F.; Devroey, P.; Tzatzki, B.; Barri, P.
Lifestyle-related factors and access to medically assisted reproduction.
Abstract: Lifestyle is increasingly recognized as an outcome-determining factor in assisted reproduction, not only with regard to the cost-effectiveness but also in view of the balance of benefits and risks, including risks related to the welfare of the future child. This document briefly summarizes the evidence concerning the impact of three lifestyle-related factors (obesity, tobacco smoking and alcohol consumption) on both natural and assisted reproduction (IVF) and discusses the implications of this for the practice of medically assisted reproduction in the light of relevant ethical principles. The central question is whether and to what extent fertility treatment of obese, smoking or drinking patients should be made conditional on prior lifestyle changes.
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Prusak, Bernard G.
What are parents for? Reproductive ethics after the nonidentity problem.
Hastings Center Report 2010 March-April; 40(2): 37-47
Abstract: Bioethicists often use the "nonidentity problem" – the idea that a child born with a disability would actually be a different child if she were born without the disability -- to defend parents' rights to have whatever children they want. After all, a child is not harmed by being brought into the world with a disability; without the disability, she would not be brought into the world at all. But what happens if we turn the moral question around and ask, not about the benefits and harms to the child, but just about parental obligations? Will that lead to a different view of reproductive decisions?
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Home test for sperm count could leave men in a mess [news]
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Catholic moral teaching and the conceivevx conception kit infertility treatment method
The Linacre Quarterly 2010 February; 77(1): 30-42

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La Sala, G B; Nicoli, A; Capodanno, F; Rondini, I; Villani, M T; Iannotti, F

The effect of the 2004 Italian law on outcomes of assisted reproduction technology in severe male factor infertility.
Reproductive biomedicine online 2010 Jan; 20(1): 2-10

Abstract: The Italian law regulating assisted reproductive technologies that came into force in 2004 restricts the number of fertilized oocytes per cycle to three, obliges the subsequent transfer of all resulting embryos and prohibits the freezing of surplus embryos. This study evaluates the impact of the law on severe oligozoospermic, cryptozoospermic, obstructive azoospermic and non-obstructive azoospermic patients. Intracytoplasmic sperm injection outcomes of 1066 cycles performed in the 4years before the passing of the law were compared with 804 cycles performed in the 4years after the law came to pass. Globally, analysis of clinical and obstetric outcomes showed a significant decrease in terms of pregnancy and delivery rates per cycle (17.8% versus 10.9% and 14.2% versus 8.5%, respectively) and per embryo transfer (18.8% versus 13.8% and 15.0% versus 10.7%, respectively), and a significant drop in multiple deliveries (35.1% versus 17.6%) in the post-law period. Cryptozoospermic and azoospermic couples were affected by the Italian law more than severe oligozoospermic couples. The results showed that the Italian law limits the efficiency of assisted reproduction treatment in couples with severe male factor. It is hoped that the Italian assisted reproductive technologies law is altered as soon as possible, allowing the insemination of more than three oocytes.

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Hilliard, Marie T.

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Macaluso, Maurizio; Wright-Schnapp, Tracie J.; Chandra, Anjani; Johnson, Robert; Satterwhite, Catherine L.; Pulver, Amy; Berman, Stuart M.; Wang, Richard Y.; Farr, Sherry L.; Pollack, Lori A.

A public health focus on infertility prevention, detection, and management.

Fertility and Sterility 2010 January; 93(1): 16.e1-e10

Abstract: In 2002, 2 million American women of reproductive age were infertile. Infertility is also common among men. The Centers for Disease Control and Prevention (CDC) conducts surveillance and research on the causes of infertility, monitors the safety and efficacy of infertility treatment, and sponsors national prevention programs. A CDC-wide working group found that, despite this effort, considerable gaps and opportunities exist in surveillance, research, communication, and program and policy development. We intend to consult with other federal agencies, professional and consumer organizations, the scientific community, the health care community, industry, and other stakeholders, and participate in the development of a national public health plan for the prevention, detection, and management of infertility.

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The complexity of reproductive decisions for patients with advanced cancer: ethical and communicative dimensions.

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Weigl, Constanze

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Craven, Christa

PUSHING FOR MIDWIVES: HOMEBIRTH MOTHERS AN THE REPRODUCTIVE RIGHTS MOVEMENT


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Mollmann, Marianne

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Call number: RC889 .H57 2010

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Khalaf, Tariq 'Abd al-Mun'im Muhammad

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Call number: RG133.5 .R56 2010

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Evans, John H.
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Call number: RG133.5 .E93 2010

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Omonzejele, Peter F
Global principles, local obligations: reproductive ethics in affluent societies and developing countries.
Human reproduction and genetic ethics 2010; 16(1): 32-47
Abstract: This essay is an intercultural dialogue in reproductive ethics. The paper, which argues from both developed and developing world perspectives, addresses the question of what should be done when confronted with the possibility of giving birth to a severely disabled child. The author argues that such a life should not be considered because of the economic circumstances in most developing countries. This is contrary to the view sometimes advanced in affluent societies that the prevention of such a birth should not necessarily be considered. The author, however, agrees that the principle of acceptable outlook could be employed in both economic settings but with a variable degree of moral compliance without suggesting that certain lives are better than others.
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Beigi, Richard H; Hodges, Jeff; Baldisseri, Marie; English, Dennis; Magee-Womens Hospital Ethics Committee
Clinical review: Considerations for the triage of maternity care during an influenza pandemic--one institution's approach.
Abstract: The ongoing pandemic of 2009 H1N1 swine-origin influenza A has heightened the world's attention to the reality of influenza pandemics and their unpredictable nature. Currently, the 2009 H1N1 influenza strain appears to cause mild clinical disease for the majority of those infected. However, the risk of severe disease from this strain or other future strains remains an ongoing concern and is noted in specific patient populations. Pregnant women represent a unique patient population that historically has been disproportionately affected by both seasonal and pandemic influenza outbreaks. Data thus far suggest that the current 2009 H1N1 outbreak is following this same epidemiologic tendency among pregnant women. The increased predilection to worse clinical outcomes among pregnant women has potential to produce an acute demand for critical care resources that may overwhelm supply in facilities providing maternity care. The ability of healthcare systems to optimize maternal-child health outcomes during an influenza pandemic or other biologic disaster may therefore depend on the equitable allocation of these limited resources. Triage algorithms for resource allocation have been delineated in the general medical population. However, no current guidance considers the unique aspects of pregnant women and their unborn fetuses. An approach is suggested that may help guide facilities faced with these challenges.
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**Medical hope, legal pitfalls: potential legal issues in the emerging field of oncofertility.**
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**Ethical dilemmas in oncofertility: an exploration of three clinical scenarios.**
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**Bioethics and oncofertility: arguments and insights from religious traditions.**
Cancer treatment and research 2010; 156: 261-78

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Lauritzen, Paul
**Technology and wholeness: oncofertility and Catholic tradition.**
Cancer treatment and research 2010; 156: 295-306

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**Judaism and reproductive technology.**
Cancer treatment and research 2010; 156: 471-80

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**Final thoughts.**
Cancer treatment and research 2010; 156: 487-9

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Amuchástegui, Ana; Cruz, Guadalupe; Aldaz, Evelyn; Mejía, María Consuelo
Politics, religion and gender equality in contemporary Mexico: women's sexuality and reproductive rights in a contested secular state.
Third world quarterly 2010; 31(6): 989-1005
Abstract: This article explores the complexities of the interaction between politics, religion and gender equality in contemporary Mexico, by analysing recent developments in public debate, legal changes and implementation of government policies in two areas: 1) the inclusion of emergency contraception in public health services in 2004; and 2) the decriminalisation of abortion in Mexico City in 2008, which was followed by a massive campaign to re-criminalise abortion in the federal states. Three main findings emerge from our analysis: first, that women's sexual and reproductive autonomy has become an issue of intense public debate that is being addressed by both state-public policy and society; second, that the gradual democratisation of the Mexican political system and society is forcing the Catholic Church to play by the rules of democracy; and third, that the character and nature of the Mexican (secular) state has become an arena of intense struggle within which traditional political boundaries and ideologies are being reconfigured.
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Document 106
Heinen, Jacqueline; Portet, Stéphane
Reproductive rights in Poland: when politicians fear the wrath of the Church.
Third world quarterly 2010; 31(6): 1007-21
Abstract: The historical prestige of the Polish Catholic Church is the result of its presence as a national symbol of resistance, both under foreign occupation and during the communist regime. In the post-communist era the power of the Church within the political arena has significantly increased, through the Concordat that was signed with the state as well as through formal and informal ties with political parties. Catholicism is the de facto religion of the state, even if Poland remains a nominally secular country. This was illustrated by the adoption, in 1993, of a total abortion ban. Although the relation of Poles to the Catholic dogma on sexuality and reproductive rights tends to be weak, fearing criticism from Church authorities, most politicians avoid controversial topics and express their commitment to Catholic dogma. Thus women's groups have encountered serious difficulties in their efforts to defend women's rights to sexual and reproductive autonomy. Although accession to the European Union has put Poland in an awkward position with respect to equality of rights between women and men, it has not fundamentally altered the real situation with respect to the controversial topic of abortion.
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Luna, Zakiya T
Marching toward reproductive justice: coalitional (re) framing of the March for Women's Lives.
Abstract: This article examines how coalition frames develop and what happens to that frame after the formal coalition ends. To that end, I analyze the frame shift around the 2004 March for Women's Lives (March). The March initially focused on established ideas of reproductive rights around which the four national mainstream co-sponsors previously organized. However, after a newer reproductive justice organization joined the coalition, material and organizing reflected a shift in framing to reproductive justice. How did this change happen? What are the impacts of this event for the women's movement? Through document analysis and interviews, I trace the negotiations that facilitated this framing shift. I argue that this new coalition frame translated into positive lasting changes in organizing for women's reproductive health even as the coalition dissolved and some of the tensions within the larger women's movement remain.

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Nelson, Jennifer

"All this that has happened to me shouldn't happen to nobody else": Loretta Ross and the Women of Color Reproductive Freedom Movement of the 1980s.
Journal of women's history 2010; 22(3): 136-60

Abstract: Loretta Ross exemplifies women of color feminist participation in and transformation of the women's health movement of the 1970s and 1980s. Ross helped build a women's health movement that by the late 1980s made the demands of women of color central. This movement was attractive to many women of color who had rejected the collapse of a broader women's health movement into the abortion rights movement as too narrowly focused. Many women of color activists, including Ross, argued that the emphasis on abortion rights and choice failed to address the linked socioeconomic and community health issues confronted by many women of color and poor women. Ross's work spurred coalition building among white women and women of color that focused on expanding reproductive justice and women's health beyond legal abortion. By the 1990s these efforts had produced a vibrant and engaged feminist reproductive justice movement that promoted the socioeconomics of good health for all women.

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Wolf, Jacqueline H

Film as the medium; reproduction, sex, and power as the message.
Journal of women's history 2010; 22(3): 173-84

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Life-giving love in an age of technology

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**Process and consensus: ethical decision-making in the infertility clinic – a qualitative study.**
Journal of Medical Ethics 2009 November; 35(11): 662-667

**Abstract:** Infertility treatment is a speciality that has attracted considerable attention both from the public and bioethicists. The focus of this attention has mainly been on the dramatic dilemmas created by these technologies. Relatively little is known, however, about how clinicians approach and resolve ethical issues on an everyday basis. The central aim of this study is to gain insight into these neglected aspects of practice. It was found that, for the clinicians, the process by which ethical decisions were made was of key importance. It will be argued that this focus on the process of decision-making is more than just empty proceduralism but is based on and facilitates certain substantive ethical principles. In conclusion, suggestions as to how ethical decision-making processes can be supported and improved in infertility practice will be made.

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Gacek, Christopher M.

**Conceiving pregnancy: U.S. medical dictionaries and their definitions of conception and pregnancy**
National Catholic Bioethics Quarterly 2009 Autumn; 9(3): 543-553

Serour, G.I.

**Reproductive and sexual health rights: 15 years after the International Conference on Population and Development**

Cristofari, Fabiana

**Autodeterminación en las decisiones procreativas: identidad de género by familia [Self-determination in reproductive decisions: gender and family identity]**
Medicina y Ética 2009 July-September; 20(3): 231-254

Napier, Stephen

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Notes and Abstracts: medicine
National Catholic Bioethics Quarterly 2009 Summer; 9(2): 353-361
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Solberg, B.
Getting beyond the welfare of the child in assisted reproduction
Journal of Medical Ethics 2009 June; 35(6): 373-376
Abstract: The welfare of the child is the prevailing principle and concern regarding access to assisted reproduction in Western countries today, and there is a wish to avoid harm to future children. New research fields have developed in order to provide scientific evidence on the welfare of children living with different "types" of parents. Assisted reproductive technologies (ART) seems to be heading in a responsible direction where the care and concern for future children is vital. However, the claim of this article is that the principle of the welfare of the child confuses the ethical framing of ART. Several philosophers in the past have argued that potential people must be regarded as outside the moral domain, and therefore cannot be harmed or benefitted. This message has not reached the policymakers, probably because the welfare of the child principle seems to fit so elegantly with common sense. In this article a different ethical framing of ART is proposed. The author argues that "futile care" and not "the welfare of the child" should be the guiding principle for eventually rejecting access to ART. The desired goal of ART treatment should be understood to be the production of functional families. Assisted reproduction is primarily about us, actual people in an actual society, and how potential children may affect us.
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Document 120
Lotz, Mianna
Procreative reasons-relevance: on the moral significance of why we have children.
Bioethics 2009 June; 23(5): 291-299
Abstract: Advances in reproductive technologies - in particular in genetic screening and selection - have occasioned renewed interest in the moral justifiability of the reasons that motivate the decision to have a child. The capacity to select for desired blood and tissue compatibilities has led to the much discussed 'saviour sibling' cases in which parents seek to 'have one child to save another'. Heightened interest in procreative reasons is to be welcomed, since it prompts a more general philosophical interrogation of the grounds for moral appraisal of reasons-to-parent, and of the extent to which such reasons are relevant to the moral assessment of procreation itself. I start by rejecting the idea that we can use a distinction between 'other-regarding' and 'future-child-regarding' reasons as a basis on which to distinguish good from bad procreative reasons. I then offer and evaluate three potential grounds for elucidating and establishing a relationship between procreative motivation and the rightness/wrongness of procreative conduct: the predictiveness, the verdictiveness, and the expressiveness of procreative reasons.
Document 121
Bennett, Rebecca
The fallacy of the principle of procreative beneficence.
Bioethics 2009 June; 23(5): 265-273
Abstract: The claim that we have a moral obligation, where a choice can be made, to bring to birth the 'best' child possible, has been highly controversial for a number of decades. More recently Savulescu has labelled this claim the Principle of Procreative Beneficence. It has been argued that this Principle is problematic in both its reasoning and its implications, most notably in that it places lower moral value on the disabled. Relentless criticism of this proposed moral obligation, however, has been unable, thus far, to discredit this Principle convincingly and as a result its influence shows no sign of abating. I will argue that while criticisms of the implications and detail of the reasoning behind it are well founded, they are unlikely to produce an argument that will ultimately discredit the obligation that the Principle of Procreative Beneficence represents. I believe that what is needed finally and convincingly to reveal the fallacy of this Principle is a critique of its ultimate theoretical foundation, the notion of impersonal harm. In this paper I argue that while the notion of impersonal harm is intuitively very appealing, its plausibility is based entirely on this intuitive appeal and not on sound moral reasoning. I show that there is another plausible explanation for our intuitive response and I believe that this, in conjunction with the other theoretical criticisms that I and others have levelled at this Principle, shows that the Principle of Procreative Beneficence should be rejected.

Document 122
Savulescu, Julian; Kahane, Guy
The moral obligation to create children with the best chance of the best life.
Bioethics 2009 June; 23(5): 274-290
Abstract: According to what we call the Principle of Procreative Beneficence (PB), couples who decide to have a child have a significant moral reason to select the child who, given his or her genetic endowment, can be expected to enjoy the most well-being. In the first part of this paper, we introduce PB, explain its content, grounds, and implications, and defend it against various objections. In the second part, we argue that PB is superior to competing principles of procreative selection such as that of procreative autonomy. In the third part of the paper, we consider the relation between PB and disability. We develop a revisionary account of disability, in which disability is a species of instrumental badness that is context- and person-relative. Although PB instructs us to aim to reduce disability in future children whenever possible, it does not privilege the normal. What matters is not whether future children meet certain biological or statistical norms, but what level of well-being they can be expected to have.

Document 123
Adamson, David; Ginsburg, Elizabeth
The octuplets tragedy.
Obstetrics and Gynecology 2009 May; 113(5): 970-971

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Pennings, G.; de Wert, G.; Shenfield, F.; Cohen, J.; Tarlatzis, B.; Devroey, P.
Providing infertility treatment in resource-poor countries.
Human Reproduction 2009 May; 24(5): 1008-1011
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Wendl, Michael C.
Technology takes on deadlines for fetal human rights [letter]
Nature 2009 April 16; 458(7240): 831
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Katz, Anne
Fertility preservation in young cancer patients.
American Journal of Nursing 2009 April; 109(4): 44-47
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Barnhart, Nena; Shannon, Maureen; Weber, Shannon; Cohan, Deborah
Assisted reproduction for couples affected by human immunodeficiency virus in California.
Fertility and Sterility 2009 April; 91(4 Suppl): 1540-1543
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Pollack, Wendy; King, James F.
Inequalities in maternal health [editorial]
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Bioethica Belgica 2009 March; (33): 1-44
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Document 130
Cutas, Daniela
Sex is over-rated: on the right to reproduce.
Human Fertility 2009 March; 12(1): 45-52
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Birenbaum-Carmeli, Daphna; Inhorn, Marcia C.
Masculinity and marginality: Palestinian men's struggles with infertility in Israel and Lebanon
Journal of Middle East Women's Studies 2009 Spring; 5(2): 23-52
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Document 132
Widdows, Heather
Persons and their parts: new reproductive technologies and risks of commodification.
Health Care Analysis 2009 March; 17(1): 36-46
Abstract: This paper explores one aspect of the social implications of new reproductive technologies, namely, the impact such technologies have on our understandings of family structures and our expectations of children. In particular it considers whether the possibilities afforded by such technologies result in a more contractual and commodified understanding of children. To do this the paper outlines the possibilities afforded by NRTs and their commodificatory tendencies; second, it explores the commodification debate using the somewhat parallel example of commodification of organs; and third, in light of these debates the link between the commodification of body parts and persons is addressed. It will argue that there is a prime facie connection between body parts and persons and thus, although needing to be balanced with other ethically relevant factors, commodification remains an issue of ethical concern. Accordingly we should only be supporting potentially commodifying practices when there are ethically pressing reasons to do so (such as in organ transplantation). Moreover given this link between body part and persons we should attempt to lessen commodifying attitudes and thus should resist the increasing use of practices which regard children as having choose-able parts.
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Sullivan, Kevin
Britain's "babyfather" breeds debate
Washington Post 2009 February 17; p. A10
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DeCherney, Alan H.
The Fertility doctor: John Rock and the Reproductive Revolution, by Margaret Marsh and Wanda Ronner
[book review]
New England Journal of Medicine 2009 February 5; 360(6): 645-646
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Document 135
Nau, Jean-Yves
[The Vatican, procreation, eugenics] = Le Vatican, la procréation, l'eugénisme (4).
Revue médicale suisse 2009 January 28; 5(188): 283
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Document 136
Wong, Edward
China: second child for quake families

Document 137
Rodríguez López, Raquel; Marfil, Jorge A; González Poveda, Pedro
El derecho de familia, testigo del análisis de paternidad prenatal [Family law: the witness of prenatal analysis of paternity]
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Document 138
Nau, Jean-Yves
The Vatican, reproduction, and eugenics (2) = Le Vatican, la procréation, l'eugénisme (2).
Revue médicale Suisse 2009 January 14; 5(186): 156
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Document 139
Simonstein, Frida; Mashiaich-Eizenberg, Michal
The artificial womb: a pilot study considering people's views on the artificial womb and ectogenesis in Israel
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United Kingdom. Department of Health
Consultation on regulations to implement the Human Fertilisation and Embryology Act 2008
Document 141

McLeod, Carolyn
Rich discussion about reproductive autonomy [editorial]
Bioethics 2009 January; 23(1): ii-iii

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Document 142

Goering, Sara
Postnatal reproductive autonomy: promoting relational autonomy and self-trust in new parents
Bioethics 2009 January; 23(1): 9-19
Abstract: New parents suddenly come face to face with myriad issues that demand careful attention but appear in a context unlikely to provide opportunities for extended or clear-headed critical reflection, whether at home with a new baby or in the neonatal intensive care unit. As such, their capacity for autonomy may be compromised. Attending to new parental autonomy as an extension of reproductive autonomy, and as a complicated phenomenon in its own right rather than simply as a matter to be balanced against other autonomy rights, can help us to see how new parents might be aided in their quest for competency and good decision making. In this paper I show how a relational view of autonomy—attentive to the coercive effects of oppressive social norms and to the importance of developing autonomy competency, especially as related to self-trust—can improve our understanding of the situation of new parents and signal ways to cultivate and to better respect their autonomy.

Document 143

DiSilvestro, Russell
Reproductive autonomy, the non-identity problem, and the non-person problem
Bioethics 2009 January; 23(1): 59-67
Abstract: The Non-Identity Problem is the problem of explaining the apparent wrongness of a decision that does not harm people, especially since some of the people affected by the decision would not exist at all were it not for the decision. One approach to this problem, in the context of reproductive decisions, is to focus on wronging, rather than harming, one's offspring. But a Non-Person Problem emerges for any view that claims (1) that only persons can be wronged and (2) that the person-making properties allow for there to be human non-persons. Consider an individual human organism that is prevented from ever possessing the person-making properties. On person-only accounts of the victims of wronging, this organism cannot be wronged by anyone. Hence even individuals whose decisions prevent it from ever possessing the person-making properties cannot wrong it. But this is counter-intuitive. We can think of examples where a human organism is wronged by precisely those decisions that prevent it from possessing the person-making properties. The best solution to this problem, in the case where the person-making property is rational self-governance in pursuit of a meaningful life, is to adjust the concept of a person so that it refers, not merely to those with the immediate capacity for rational self-governance in pursuit of a meaningful life, but also to those with a higher-order capacity for such self-governance. Any solution to the Non-Identity Problem that focuses on wronging rather than harming should incorporate this sort of solution to the Non-Person Problem.
Bio-Dad (2009)
Melissa Williamson, E1 Television; Lisa Wookey, E1 Television, Head of Marketing

Abstract: "The film, which is set to premiere Thursday, February 26th, 2009 on CBC at 8 p.m. (8:30 NT), is a DNA detective story, full of twists, turns, and big surprises. Along the way, Stevens (who previously made the award-winning "Offspring") discovers a brother, who joins him in his search – and before long, more family than he knows what to do with. Stevens also takes us into the controversial world of making babies through science instead of sex in Bio-Dad. “As we’ve just seen in the news, quite elderly women can have babies and a young woman can have octuplets,” says Stevens. “Thousands regularly choose their baby’s sex, and some children now have five parents. Our culture is having trouble dealing with this – but what’s coming up is even more challenging: a near-future where two men could have a biological baby (or two women), where working artificial wombs can be developed and where already we have the technology to modify humans, even adding nonhuman genes. It may be just a matter of time before people do it, take control of our evolution and enter a post-human world.” Often forgotten in the rush to the future are the rights or needs of the children. And many of the first wave of donor offspring are furious. Stevens documents the emerging political battle for the rights of those offspring to know their genetic origins – which has resulted in a ban on anonymity of donors in several countries, including the UK where he was conceived. And an angry backlash elsewhere. Bio-Dad, which was written and directed by Barry Stevens, always makes this important public story personal. Stevens, with his sister and new brother David, uncovers the origin of sperm donation in their search for their own donor. He is obsessed by the man who selected the donors, an eccentric and pioneering scientist and Jewish refugee who worked in a time when eugenics was widely accepted. He begins to find new evidence that this man himself was his biological father, driving his search into new adventures. All along his journey, Stevens introduces us to extraordinary characters. There’s the ‘exhumation consultant’ who plans to help him dig up a suspect, the DNA detective who has pioneered a way to read his father’s name from the DNA itself, the 94-year-old inventor of earwax remover who may be Stevens’ father, the California doctor who hopes to be able to sell genes for height, longevity and math ability for his patients’ kids. And we meet a growing clan of people, all related through a mystery masturbator, who discover a new kind of family. After many disappointments and surprises – Stevens himself discovers he is also a bio-dad and his newly discovered daughter joins him in the search! – Stevens closes in on the mystery and finds the identity of the man they never knew, the man from whose loins they all sprang. And both he and his brother David have to come to terms with having twin fathers, both social and biological. Bio-Dad is a roller-coaster detective story about the meaning of family and the genetic tie, told with humour and compassion. It is the first film to take a look at the brave new world to come from the point of view of one of its first children." [description from the E1 Entertainment press release for Bio-Dad] See related website at http://www.cbc.ca/documentaries/doczone/2009/biodad/. Program may be viewed in its entirety online within Canada.

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presumptive father may be seeking to disown paternity and when testing is wanted without the consent of a member of the mother-child-father triangle. Tests that could establish paternity where none has been recognised are less problematic, as the child will not lose out. Legal and ethical-deontological aspects of consent, of the protection of minors and of children's and parents' need for follow-up interviews to deal with the outcome of such testing are carefully considered by the Padua University team when deciding whether to accept a request for testing. It is argued that because such issues are not dealt with by mail-order laboratories, the use of such services is inappropriate.

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**Abstract:** Advances in reproductive technologies continue to present ethical problems concerning their implementation and use. These advances have preoccupied bioethicists in their bid to gauge our moral responsibilities and obligations when making reproductive decisions. The aim of this discussion is to highlight the importance of a sensibility to differences in moral perspective as part of our ethical inquiry in these matters. Its focal point is the work of John Harris, who has consistently addressed the ethical issues raised by advancing reproductive technologies. The discussion is aimed at a central tenet of Harris’s position on reproductive decision-making—namely, that in some instances, giving birth to a worthwhile life may cause harm and will therefore be morally wrong. It attempts to spell out some of the implications of Harris’s position that the author takes to involve a misplaced generality. To support this claim, some examples are explored that demonstrate the variety of ways in which concepts (such as harm) may manifest themselves as moral considerations within the context of reproductive decision-making. The purpose is to demonstrate that Harris’s general conception of the moral limits of reproductive autonomy obscures the issues raised by particular cases, which in themselves may reveal important directions for our ethical inquiry.

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*The limits of conscientious refusal in reproductive medicine*
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Artificial reproduction, blood relatedness, and human identity
Monist 2007 October; 89(4): 548-566

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Grim news from the original position: a reply to Professor Doyal
Journal of Medical Ethics 2007 October; 33(10): 577

Abstract: In his review of my book, Better never to have been, Len Doyal suggests, contrary to my view, that rational beings in the original position might prefer coming into existence to the alternative of never existing, if their lives were to include enough good and not too much bad. I argue, in response, that Professor Doyal fails to make his case.

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Doyal, Len
Is human existence worth its consequent harm? [review of Better Never to Have Been: The Harm of Coming Into Existence, by David Benatar]
Journal of Medical Ethics 2007 October; 33(10): 573-576

Abstract: Benatar argues that it is better never to have been born because of the harms always associated with human existence. Non-existence entails no harm, along with no experience of the absence of any benefits that existence might offer. Therefore, he maintains that procreation is morally irresponsible, along with the use of reproductive technology to have children. Women should seek termination if they become pregnant and it would be better for potential future generations if humans become extinct as soon as humanly possible. These views are challenged by the argument that while decisions not to procreate may be rational on the grounds of the harm that might occur, it may equally rational to gamble under certain circumstances that future children would be better-off experiencing the harms and benefits of life rather than never having the opportunity of experiencing anything. To the degree that Benatar’s arguments preclude the potential rationality of any such gamble, their moral relevance to concrete issues concerning human reproduction is weakened. However, he is right to emphasise the importance of foreseen harm when decisions are made to attempt to have children.

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Quelle Philosophie de la Famille Pour la Médecine de la Reproduction? by Pierre Le Coz [Which Philosophy of the Family for Reproductive Medicine] [book review]

Tied up in nots over genetic parentage

The virtues of muddling through

Managing reproductive pluralism: the case for decentralized governance
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A proposal for modernizing the regulation of human biotechnologies

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La llamada "objeción de conciencia institucional" [The so-called "institutional conscientious objection"]
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**Negotiating conception: lesbians' hybrid-technological practices**
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McDougall, Rosalind

**Parental virtue: a new way of thinking about the morality of reproductive actions**
Bioethics 2007, May; 21(4): 181-190

**Abstract:** In this paper I explore the potential of virtue ethical ideas to generate a new way of thinking about the ethical questions surrounding the creation of children. Applying ideas from neo-Aristotelian virtue ethics to the parental sphere specifically, I develop a framework for the moral assessment of reproductive actions that centres on the concept of parental virtue. I suggest that the character traits of the good parent can be used as a basis for determining the moral permissibility of a particular reproductive action. I posit three parental virtues and argue that we can see the moral status of a reproductive action as determined by the relationship between such an action and (at least) these virtues. Using a case involving selection for deafness, I argue that thinking in terms of the question 'would a virtuous parent do this?' when morally assessing reproductive action is a viable and useful way of thinking about issues in reproductive ethics.

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Mason, J.K.
Religious leaders in Iran have shown remarkable open-mindedness and flexibility towards embracing innovations in science and technology, including the use of modern reproductive technologies. New ‘fatwas’ and laws are being (respectively) decreed and passed to legitimize the use of technology and to adapt to change within an Islamic framework. New reproductive technologies, especially infertility treatment, are among recent technologies flourishing in Iran and which require Islamic interpretations to make their use possible. In this paper I examine the factors which determine the use of new reproductive technologies for infertile couples. I suggest that in this respect religion plays a predominant role and currently remains the ultimate authoritative source of reference. The interpretation of the divine law to use new procreative technologies is in turn driven and defined by the high demand for such technology. The race between re-interpreting the religious rules in order to keep pace with the technological innovations, the high demand for infertility treatment, and the ever-increasing range of options offered by new reproductive technologies, leads to situations whereby rapid decisions have to be made and the resourcefulness of all concerned in finding legitimate solutions often come to the rescue. I then suggest that the emerging relationships and new forms of kinship resulting from the combination of the practices described above may give rise to new situations which could exceed the realm of religion alone and require other moral, ethical and legal frameworks as well as their Islamic interpretations. It is only when the ‘new babies’ come of age that problems arising from this lag might emerge. Data used in this paper is drawn from a larger study in Yazd, research in clinics and infertility centers in Tehran, interviews with donors and recipients of gamete, and with medical doctors, obstetricians and counselors.

Access to fertility treatments for homosexual and unmarried persons, through Iranian law and Islamic perspective

A family traditionally consisted of a married man, his wife, and their children. The new reproductive technologies including use of the third party as egg, sperm and embryo donation and also surrogacy have changed the traditional meanings of lineage, ancestry and family. The increasing number of lesbians and gays in addition to single women requesting fertility treatment from IVF centers in the world has brought a debate: “Can fertility treatment be offered to single persons or homosexuals?” According to ASRM and ESHRE taskforces, there is no such limitation, but as legislations and law, also ethical and social considerations depending on the culture, believes
and religion of societies must be considered as limitations in some contexts like Iran. Materials and Methods: In this study we review the Iran law and also some Islamic resources about offering the fertility treatment to single mothers or homosexuals. Homosexuality is not accepted in Islamic contexts and is considered as a crime. Children should have a family with both mother and father, unless they lose one of them or both. In the latter situation Islamic court will hand over the custody of the child to someone else like uncle or grandfather. We concluded that according to Islam and Iran’s law, fertility treatment cannot be offered to single mothers and homosexuals mostly because of welfare of the child.

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Rasekh, Mohamad; Khodaparast, A.H.

Hågh bår shënäkhtånë pedar va madårëh bïologïc = A right to know one's biological parents


**Abstract:** Modern technology and biotechnology have provided the possibility of gamete and embryo donations to infertile couples. Consequently, one of the important questions that have arisen is that “Is there a right to know one’s biological parents?” To provide and answer this question, it is necessary, first, to determine, what one means by expressing the concept of “right”. Four meanings have been identified for the concept. They are right-claim, right-liberty, right-power and right-immunity. Right-claim and right-liberty as the strong and weak claims are applicable to the problem at hand. To choose between the two meanings requires putting forth a well-established justificatory theory of rights. Rights are to protect the very humanity of human beings. This has been a basis for two basic values of human dignity and moral agency. Not knowing one’s biological roots does not put in danger one’s humanity or the two mentioned values. Therefore, we may only defend a right-liberty of knowing one’s biological parents; a right that does not require the state and society to be active in making individuals know their biological parents. Nevertheless, the rights claim can become a strong one in exceptional cases where the lack of knowledge of one’s biological roots may endanger one’s personhood and humanity, such as in the case of Islamic sharia law in which gamete or embryo donation produces a mahram.

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**Masculinity, reproductivity and law**


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number of people undergoing fertility treatment, the absence of a legal regulatory framework concerning ART matters is likely to result in an increasing number of contradictory situations. It is against this background that the paper sets out to examine the judgements of court cases related to ART, with a particular focus on the legal determination of parental status, and to link these to aspects of the legal and socio-ethical environment within which the courts make their judgements. METHODS: The methods used were thorough investigation of all the court cases concerning ART in the public domain in Japan, including the arguments of the concerned parties and the judgements so far delivered. With the court cases as a central focal point, trends in Japan, including deliberations by government and academic societies, are reviewed, and the findings of surveys on the degree of understanding and attitudes among the people toward ART are summarized. RESULTS: In terms of the judgements to date, the central criteria used by the courts in determining parental status were the act of parturition and the consent of the husband of the concerned couple. The government and academic societies have displayed a cautious attitude toward ART, but the findings of attitude surveys among the people at large show a generally positive attitude toward ART. Attitudes toward the overwhelming importance hitherto attached to the bloodline are also seen to be changing. CONCLUSION: The main conclusion is that in the absence of a legal regulatory framework for ART, there is likely to be an increase in the contradictions between the use of outdated legal precedents and the technical development of ART. Since much of the specialist discussion necessary for the formulation of a legal framework has already been carried out, the speedy enactment of comprehensive and at the same time flexible legislation would be highly desirable, but further wide-ranging discussion involving the general public is likely to be needed first.

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as in ovum donation for postmenopausal women or postmortem artificial insemination. The objection states that conceiving children in such circumstances is harmful to them because of adverse features of these nontraditional families. A similar objection is raised when parents, through negligence or willful disregard of risks, create children with serious genetic diseases or other developmental handicaps. It is claimed that such reproduction harms the children who are created. In reply to this Harm to the Child Argument, it has been pointed out that the procreative acts that supposedly harm the child are the very acts that create the child. This reply has been developed into an argument that, in most of the types of cases under consideration, creating the child does not harm her. This reply, the No Harm Argument, has been stated in three main ways, and it is one of the most misunderstood arguments in bioethics. This paper examines the main rebuttals that have been made to the No Harm Argument and argues that none of them is successful.

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Abstract: The Italian parliament passed the law on assisted reproduction after a heated debate. The promulgation of this law (Law 40/2004) is the end point of a long and troubled journey that has seen many bills come and go, all of which have failed. The law consists of a whole set of regulations that will have a great impact on health and on society in general. The law is against many of the technical practices of assisted reproduction; several such practices are banned. This paper outlines ethical and medicolegal issues arising in connection with the law. The law states that no more than three embryos must be created at any one time and all the embryos created must be transferred together even if the couple does not need all the embryos. Embryo cryopreservation is also forbidden, as is assisted reproductive technology (ART), which uses a third party in any way, and the screening of embryos for genetic defects.
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**Abstract:** The deceased's prior consent to posthumous reproduction is a common requirement in many common law jurisdictions. This paper critically evaluates four arguments advanced to justify the presumption against consent. It is argued that, in situations where death is caused by sudden trauma, not only is there inadequate justification for the presumption against consent, but there are good reasons to reverse the presumption. The article concludes that the precondition of prior consent may be inappropriate in these situations.

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**Abstract:** In Australia and other countries, certain groups of women have traditionally been denied access to assisted reproductive technologies (ARTs). These typically are single heterosexual women, lesbians, poor women, and those whose ability to rear children is questioned, particularly women with certain disabilities or who are older. The arguments used to justify selection of women for ARTs are most often based on issues such as scarcity of resources, and absence of infertility (in lesbians and single women), or on social concerns: that it "goes against nature"; particular women might not make good mothers; unconventional families are not socially acceptable; or that children of older mothers might be orphaned at an early age. The social, medical, legal, and ethical reasoning that has traditionally promoted this lack of equity in access to ARTs, and whether the criteria used for client deselection are ethically appropriate in any particular case, are explored by this review. In addition, the issues of distribution and just "gatekeeping" practices associated with these sensitive medical services are examined.

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**Assisted reproduction: managing an unruly technology**  
**Abstract:** Technology is "unruly" because it operates in a social context where it is shaped by institutions, organisations and individuals in ways not envisaged when it was first developed. In the UK assisted reproductive technology has developed from strictly circumscribed beginnings as a treatment for infertility within the NHS, to a service which is more often offered by commercial clinics and purchased by clients who are not necessarily infertile. The article considers the process by which assisted reproductive technology has been created and developed, a process which is ideological rather than technical, and the social implications of its ever expanding use. In a society where the discourse around reproduction and family life, is one of choice and acceptance of diversity of life styles, the conditions are set for further "unruliness" supported by clinicians and commercial interests. The HFEA, public consultations and media coverage tend to subscribe to the way ethical issues are framed by those interested parties, an approach that favours increased liberalisation.

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**Ethics, economics and the exotic: the early career of the HFEA**  
**Abstract:** The Human Fertilisation & Embryology Authority (HFEA) is the UK's statutory regulator of licensed assisted conception treatments. The past 10 years have, inevitably, drawn it further and deeper into this area of legal, moral and political controversy. It is opportune to consider how it has fared in the new climate of public accountability and critical scrutiny, and whether reform or revision of its role, mandate or operation may be called for. Through a close analysis of its published Annual Reports, it is possible to form a picture of a development of the HFEA which has not been consistent, coherent or comfortable.

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**The Human Fertilisation and Embryology Authority: evidence based policy formation in a contested context**  
**Abstract:** This article briefly reviews the various papers contained in this volume. They were originally presented at a research work shop held at Keele University in the UK in February 2003. It is suggested that the different papers raise a series of related legal, social and ethical issues and can be collectively seen to demonstrate the fact that policy formation in relation to reproductive matters is highly contested. It is concluded that ethical policy formation in this area needs to be based on actual evidence of harm rather than assumed harm and that this therefore entails more empirical research into reproductive matters.
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**Perinatal outcome of singletons and twins after assisted conceptions: a systematic review of controlled studies**

*BMJ: British Medical Journal* 2004 January 31; 328(7434): 261- 264

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**Abstract:** OBJECTIVE: To compare the perinatal outcome of singleton and twin pregnancies between natural and assisted conceptions. DESIGN: Systematic review of controlled studies published 1985-2002. STUDIES REVIEWED: 25 studies were included of which 17 had matched and 8 had non-matched controls. MAIN OUTCOME MEASURES: Very preterm birth, preterm birth, very low birth weight, low birth weight, small for gestational age, caesarean section, admission to neonatal intensive care unit, and perinatal mortality. RESULTS: For singletons, studies with matched controls indicated a relative risk of 3.27 (95% confidence interval 2.03 to 5.28) for very preterm (< 32 weeks) and 2.04 (1.80 to 2.32) for preterm (< 37 weeks) birth in pregnancies after assisted conception. Relative risks were 3.00 (2.07 to 4.36) for very low birth weight (< 1500 g), 1.70 (1.50 to 1.92) for low birth weight (< 2500 g), 1.40 (1.15 to 1.71) for small for gestational age, 1.54 (1.44 to 1.66) for caesarean section, 1.27 (1.16 to 1.40) for admission to a neonatal intensive care unit, and 1.68 (1.11 to 2.55) for perinatal mortality. Results of the non-matched studies were similar. In matched studies of twin gestations, relative risks were 0.95 (0.78 to 1.15) for very preterm birth, 1.07 (1.02 to 1.13) for preterm birth, 0.89 (0.74 to 1.07) for very low birth weight, 1.03 (0.99 to 1.08) for low birth weight, 1.27 (0.97 to 1.65) for small for gestational age, 1.21 (1.11 to 1.32) for caesarean section, 1.05 (1.01 to 1.09) for admission to a neonatal intensive care unit, and 0.58 (0.44 to 0.77) for perinatal mortality. The non-matched studies mostly showed similar trends. CONCLUSIONS: Singleton pregnancies from assisted reproduction have a significantly worse perinatal outcome than non-assisted singleton pregnancies, but this is less so for twin pregnancies. In twin pregnancies, perinatal mortality is about 40% lower after assisted compared with natural conception.

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Abstract: Unlike surrogacy and cloning, reproduction via gamete donation is widely assumed to be morally unproblematic. Recently, a number of authors have argued that this assumption is mistaken: gamete donors, they claim, have parental responsibilities that they typically treat too lightly. In this paper I argue that the 'parental neglect' case against gamete donation fails. I begin by examining and rejecting the view that gamete donors have parental responsibilities; I claim that none of the current accounts of parenthood provides good reason for ascribing parenthood to gamete donors. I then argue that even if gamete donors do have parental responsibilities for 'their' children, it is not clear that they treat these responsibilities too lightly. I conclude the paper by examining the wider question of just what kind of responsibilities gamete donors might have towards the children that they have a role in creating.

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Reproductive tourism as moral pluralism in motion
Journal of Medical Ethics 2002 December; 28(6): 337-341

**Abstract:** Reproductive tourism is the travelling by candidate service recipients from one institution, jurisdiction, or country where treatment is not available to another institution, jurisdiction, or country where they can obtain the kind of medically assisted reproduction they desire. The more widespread this phenomenon, the louder the call for international measures to stop these movements. Three possible solutions are discussed: internal moral pluralism, coerced conformity, and international harmonisation. The position is defended that allowing reproductive tourism is a form of tolerance that prevents the frontal clash between the majority who imposes its view and the minority who claim to have a moral right to some medical service. Reproductive tourism is moral pluralism realised by moving across legal borders. As such, this pragmatic solution presupposes legal diversity.

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**The claim from adoption**
Bioethics 2002 August; 16(4): 353-375

**Abstract:** In this article several justifications of what I call 'the claim from adoption' are examined. The claim from adoption is that, instead of expending resources on bringing new children into the world using reproductive technology and then caring for those children, we ought to devote these resources to the adoption and care of existing destitute children. Arguments trading on the idea that resources should be directed to adoption instead of assisted reproduction because already existing people can benefit from such a use of resources whereas we cannot benefit individuals by bringing them into existence are rejected. It is then argued that a utilitarian argument proposed
by Christian Munthe that supports the claim from adoption in some situations should be rejected because the support it offers does not extend to certain situations in which it seems morally obvious that resources should be expended on adoption rather than assisted reproduction. A version of the Priority View improves upon Munthe's utilitarianism by supporting the claim from adoption in the cases in which Munthe's argument failed. Some allegedly counterintuitive implications of the Priority View are then discussed, and it is concluded that the Priority View is more plausible than utilitarianism. In a concluding section on policy issues it is argued that, even though the claim from adoption can be justified in a variety of situations, it does not follow that, in these situations, governments should direct resources away from assisted reproduction and towards adoption.

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**Intentional parenthood and the nuclear family**

Journal of Medical Humanities 2002 Summer; 23(2): 107-118

**Abstract:** Reproductive techniques and practices, ranging from ordinary birth-control measures and artificial insemination to embryo transfer and surrogate motherhood, have greatly enhanced our range of reproductive choices. As a consequence, they pose a number of difficult moral and legal questions with regard to the formation of a family and our conception of parenthood. A view that is becoming increasingly common is that parental rights and responsibilities should not be based on genetic relationships but should instead be seen as arising from agreements or contracts between individuals. Accordingly, a man who consents to his wife's artificial insemination by donor (AID) and not the sperm donor, is the legal father of the child; in surrogacy agreements, the "intending mother," and not the surrogate, has the right to raise the resulting child. While agreeing that biology should not form the basis for assigning legal parenthood, I argue that the theory of intentional parenthood, despite being put forward as a liberal theory, is geared toward or will have the function of protecting the nuclear family and inhibiting the formation of alternative family forms.

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Life's Greatest Miracle (2001)
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Abstract: "A remake of Lennart Nilsson's world famous film "Miracle of Life," this completely updated edition tells the inside-the-womb story of human life from conception to birth using the latest technological advances in microscopy and medical imaging" [description from http://www.shoppbs.org/product/index.jsp?productid=1402972&cp=1378003.1412584&pg=7&parentPage=family]. "From the creators of the world-famous film "Miracle of Life" comes a spectacular new look at the journey we all travel - from conception to birth. Once again, Lennart Nilsson's cameras take us into the mysterious and beautiful world of the human body, capturing incredible never-before-seen footage. Among the highlights - a new take on the old story of how egg and sperm find each other, a dramatic view of the six-day-old embryo as it escapes from its confining shell, and a unique look at the creation of blood vessels and organs like the eyes and the brain. Stunning moments like these are interwoven with the story of
a young couple preparing to welcome their first child, climaxing with an unblinking and intimate portrait of birth. Life's Greatest Miracle goes deeper. Computer animation reveals the inner workings of cells inside the embryo, as master control genes switch on and off, orchestrating each crucial step in a baby's development. One such momentous change is the cascade of chemical reactions that determine whether the embryo will be a boy or a girl. It takes countless milestones to turn an undifferentiated clump of cells into a baby. Normally, it all happens in the dark. But Nilsson brings it beautifully to light." [description from the DVD case] Written by Julia Cort, medical photography by Lennart Nilsson, and narrated by John Lithgow.

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Assisted human reproduction techniques: necessities, achievements and the need for legislation

Abstract: The purpose of this paper is to show that the current Iranian law is poor and unclear in the area of legal, Islam and ethical aspects of using ART in human reproduction. Legal literature of this area is also poor and possibly misleading. It is also shown that the proposed draft to the Parliament is also non-embracing and inefficient. To tackle this problem a new legislation is needed. To achieve this aim making a widespread and multidisciplinary study is suggested. For this purpose, it is attempted to identify the matters in question and legal and Islam gaps in light of a comparative study. It is also suggested that the legislation is to be all embracing and comprehensive covering all aspects of the required issues. For having a guideline to make legislation, the following principles are suggested: 1) The welfare and interests of any person born or to be born as a result of a treatment procedure are paramount; 2) Human life should be preserved and protected; 3) The interests of the family should be considered; 4) Infertile couples should be assisted in fulfilling their desire to have children.

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Reproductive health services and the law and ethics of conscientious objection
Abstract: Reproductive health services address contraception, sterilization and abortion, and new technologies such as gamete selection and manipulation, in vitro fertilization and surrogate motherhood. Artificial fertility control and medically assisted reproduction are opposed by conservative religions and philosophies, whose adherents may object to participation. Physicians' conscientious objection to non-lifesaving interventions in pregnancy have long been accepted. Nurses' claims are less recognized, allowing nonparticipation in abortions but not refusal of patient preparation and aftercare. Objections of others in health-related activities, such as serving meals to abortion patients and typing abortion referral letters, have been disallowed. Pharmacists may claim refusal rights over fulfilling prescriptions for emergency (post-coital) contraceptives and drugs for medical (i.e. non-surgical) abortion. This paper addresses limits to conscientious objection to participation in reproductive health services, and conditions to which rights of objection may be subject. Individuals have human rights to freedom of religious conscience, but institutions, as artificial legal persons, may not claim this right.
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Nelson, James Lindemann

**Reproductive ethics and the family**

New Zealand Bioethics Journal 2000 June; 1(1): 4-10

**Abstract:** The phrase 'reproductive ethics', as used by bioethicists, typically refers to concerns over morally appropriate employment of assisted reproductive technologies and perhaps somewhat less commonly, to issues arising from technologies that block conception or end pregnancies. I here recommend to the attention of the field a more commodious use of 'reproductive ethics', one that takes seriously how humans are brought into the world as moral and social beings, and not simply as biological individuals. As a focus for this expanded agenda, I examine prevalent disagreements over the patterns and sources of the responsibilities and prerogatives that help define family structures, both as these are reflected in assisted reproductive practices involving the purchase of gametes, and in U.S. legal controversies about whether parents, or family courts, should determine who has the right to a relationship with children.

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Grisham, Julie

**Cold Fusion for Eggs [news brief]**


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Cammack, V.; Etmanski, A.

**A Good Life: A Holistic Approach to Planning Families [abstract no. 163]**


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In Parliament. 10 Minute Rule Bills: Human Fertilisation and Embryology (Amendment)

Bulletin of Medical Ethics 2000 June; (159): 2

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Marazzi, A.; Rubinstein, M.; Polak de Fried, E.

**P-244. Reproductive Technologies: The Emotional Impact on the Reproductive Medicine Staff Members**


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Pennings, G.; Heurckmans, N.; Sabbe, K.; Rigo, A.; Ponjaert- Kristoffersen, I.; Guldix, E.; Devroey, P.; Stuy, J.

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P-189. The Attitude of Iranian Law to Assisted Reproduction: Present Situation and Future Prospects
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BMJ: British Medical Journal 2000 May 27; 320(7247): 1425
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China weak on "one-child" [letter]
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Ashley, Benedict M.

**Designer babies or gifts of God?**

NaProEthics Forum 2000 May; 5(3): 2-3

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**ETICA Y SALUD REPRODUCTIVA [ETHICS AND REPRODUCTIVE HEALTH, edited by Gloria Careaga Perez, Juan Guillermo Figueroa, and Maria Consuelo Mejia [book review]**

Reproductive Health Matters 2000 May; 8(15): 192

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Fraser, Lynn R.

**In Appreciation of Professor R. G. Edwards, Founding Editor of the Human Reproduction Journals**

Human Reproduction 2000 May; 15(5): iii

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EcuFilm

**Abstract:** These two tapes contain four unedited 45-minute segments from the April 25, 2000 teleconference, "Does God Care How We Make Babies? Ethical Concerns about Reproductive Choices, Cloning, and Abortion." Issues addressed are: implications of sperm and egg donation, and in vitro fertilization; concerns surrounding cloning and creating designer children; dilemmas related to abortion as a moral choice; and a framework for ethical decision-making. The conference was sponsored by the Iliff School of Theology and United Methodist Communications in cooperation with the Women's Division, United Methodist General Board of Global Ministries and the United Methodist Publishing House. The conference was also sponsored in part by a directed contribution grant from the Colorado Trust. Participants are: M. Garlinda Burton, editor of Interpreter Magazine and teleconference moderator; Sally B. Geis, sociologist and co-editor with Donald E. Messer of The Befuddled Stork: Helping Persons of Faith Debate Beginning-of-Life Issues; Donald E. Messer, president and Henry White Warren Professor of Practical Theology at Iliff School of Theology; J. Philip Wogaman, senior pastor, Foundry United Methodist Church, Washington, DC; Fredrick R. Abrams, M.D., director of the Clinical Ethics Consultation Group and associate clinical professor of obstetrics and gynecology at the University of Colorado Health Sciences Center; Marilyn E. Coors, a fellow in ethics and human medical genetics at the University of Colorado Health Sciences Center; Ruth L. Fuller, M.D., associate professor of psychiatry at the University of Colorado Health Sciences Center; Sidney Callahan, author and columnist for Health Progress, the official journal of the Catholic Health Association; Ronald Cole-Turner, H. Parker Sharp Professor of Theology and Ethics, Pittsburgh; Theological Seminary and author of Human Cloning: Religious Responses; Rebekah L. Miles, Associate Professor of Ethics, Perkins School of Theology; and Sondra Ely Wheeler, Martha Ashby Carr Associate Professor of Christian Ethics at Wesley Theological Seminary, Washington, DC and author of Stewards of Life: Bioethics and Pastoral Care.

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Journal of Gender, Race, and Justice 2000 Spring; 3(2): 401-425
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