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Modern Families and the Messes We Make

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It almost always starts with an emotional story: an infertile couple trying desperately to conceive; a woman diagnosed with cancer, worried she may lose her fertility when she undergoes chemotherapy or radiation treatment and may need to use ‘donor’ eggs in order to have a child; a couple with a dreaded inheritable genetic disease that they do not want to pass on to their children; a sick child in need of a transplant from a ‘savior sibling.’ And now added to the list is the same-sex couple or the single-by-choice person, wanting to conceive and have children biologically related to them. And post-menopausal women, who are not truly infertile, but who can now—with modern technologies—experience the joys of motherhood.

With the birth of Louise Brown in 1978, the world’s first ‘test-tube’ baby, the solution to infertility was seemingly found in reproductive technologies. The beginnings of life moved from the womb to the laboratory, in the petri dish. Here is a glimpse of where we find ourselves today:

- A global multi-billion dollar a year fertility industry feeds reproductive tourism.
- Women old enough to be grandmothers become first time mothers.
- Litter births like Octomom.
- Pre-implantation genetic screening, which is in reality a ‘search and destroy’ mission, the modern face of eugenics.
- Grandmothers carrying their daughters’ babies (their own grandchildren) to term.
- Three-parent embryos: creating children for the first time with DNA from two women and one man.

-'New Normal' families: single-by-choice mothers and fathers, same-sex parents, and parenting partnerships between non-romantically involved couples.

Stanford law professor Hank Greely, in a talk titled “The End of Sex,” made the bold assertion that within the next fifty years the majority of babies in developed countries will be made in the lab because no one will want to leave their children’s lives to nature’s chance.

Indeed, we see a shift away from helping infertile couples have a child to helping adults produce the types of children they desire. The child is no longer a good end in and of itself, but a *consumer product* to be designed—made not begotten—and discarded if imperfect. This is a shift away from a medical model of trying to treat, heal, and restore natural fertility to the manufacturing of babies. In the United States alone we are fast approaching the million mark of frozen babies in the laboratory—so called ‘surplus’ embryos.

But the veneer is coming off, and the realities of these modern solutions to help people have a baby are being exposed.

First, there is the hard data, which continues to show how many fertility treatments fail. The most recent data we have is from 2010, and the Centers for Disease Control and Prevention annual reports show that in the U.S. 100,824 IVF cycles were performed using non-donor eggs. Only 19% of those cycles resulted in a live birth. Over 80,000 of the IVF cycles failed. These figures have not changed significantly over the last 5 years.

Of course this high failure rate only punts the problem to healthy young women who are courted with large sums of money to ‘donate’ their eggs to help make babies. The first recorded birth using donor eggs was in 1983, just 5 years after the birth of Louise Brown. What follows is scandalous. No central registry tracking egg donors and their health over their lifetime exists. (There is precedent for such a registry in the fact that we track living organ donors and organ recipients.) No long-term safety studies have been done to show how many egg donors go on to have complications with their own fertility or to develop cancers that are known risks for women taking the drugs involved. There is no tracking of the children created from donor eggs. And there seem to be no ethical qualms about paying women thousands of dollars to ‘donate’ their eggs, even though we know how coercive money can be and how it works against making truly informed choices.

However, the harms and dangers of egg donation are slowly emerging. Much of my work over the past several years has been gathering and telling the stories of women harmed. Young women, struggling financially, see an ad asking them to ‘be an angel’, ‘make a difference’ or to ‘help make dreams come true’. As one egg donor said, “Who doesn’t want to see themselves like this?” Sadly, she went on and suffered a torsioned ovary a few days after her eggs were harvested. Losing an ovary compromised her fertility. A few years later she developed breast cancer in both breasts, as a young woman with no medical history of cancer. All for a few thousand dollars to help another. My work with egg donors has brought me face to face with the recklessness of the fertility industry, their work to suppress the risks and dangers of egg donation, and their refusal to do any research that would support their claims that egg donation is safe. The truth is, egg donation is risky and in some rare cases can even lead to death.

A few studies have come out touting the successes of egg donation. But when you get past the headlines, what you find is that these successes refer to pregnancy outcomes, not to the health of the woman who ‘donates’ her eggs. A recent issue of the *Journal of the American Medical Association* (JAMA 10/17/2013) devotes space to a new study on egg donation, but it is in the editorial where the truth is found: “data regarding outcomes on oocyte donation cycles have

an important limitation—no data on health outcome in donors.”

The practice of surrogacy is becoming more prevalent and more widely accepted as a solution to helping people have a child. *Time* magazine in 2007 listed “The 10 Best Chores to Outsource” (<http://content.time.com/time/magazine/article/0,9171,1694454,00.html>), and while you would expect to find lawn mowing or housecleaning on such a list, the number one chore to outsource —#1—was pregnancy! Factors driving the rise in the use of surrogacy include the high failure rate of many of the assisted reproductive technologies and the rise of gay parenting, which requires both donor eggs and a surrogate womb. Surrogacy—‘traditional’ or ‘gestational’—intentionally sets up a negative environment. Instead of encouraging women to bond with their child in utero, for the benefit of both mother and child, surrogacy demands that the mother not bond with her child.

Like egg donation, surrogacy is harmful to both the woman who carries the child and to the child. The health risks to the woman, who must take powerful synthetic hormones to prepare her body to accept an embryo, are real and serious. Most surrogacy contracts require that the surrogate mother already has children as proof that she is able to carry a child to term. However, no one has done any studies on these existing children who observe their mothers keeping some babies and giving others away. The message surrogacy sends to these children seems both clear and dangerous: mommy keeps some of her babies and mommy gives some of her babies away to nice people who can’t have one of their own. And often mommy is paid to do this.

Women who decide to become surrogates are often motivated by the financial gains they are offered. Even the promise of ‘just’ living expenses can be an enticement for a woman of low income with children in the home. Make no mistake: it will not be wealthy women who line up to make themselves available to gestate babies. It will, however, be wealthy individuals or couples who seek to buy such services. Surrogacy takes something as natural as a pregnant woman nurturing her unborn child and turns it into a contractual, commercialized endeavor. As such, it opens the door for all sorts of exploitation.

And what about the children? Are the kids really all right like Hollywood tells us? In all honesty, the verdict is not yet in. This is in reality an unfolding social experiment. But, again, the veneer is coming off. More and more studies are coming out on the risks to children created via assisted reproductive technologies. These risks include higher rates of cancer and of genetic and heart problems. More stories (and more research) are surfacing that mothers *and* fathers are indeed good for children. Family and kinship are real—biology matters and genetics are important.

I often tell egg donors: you didn’t help a woman have a baby; you helped a woman have *your* baby. Even Sir Elton John, who with his partner David Furnish used a woman who sold her eggs and another who rented her womb, has lamented that he is worried about his children growing up without a mother.

While modern reproductive technologies began as what seemed to be good ways to help people who struggle with infertility, from where I sit, we’ve made a real mess. The biggest losers are the poor and vulnerable women who are exploited for, as they say in India, “selling their motherhood.” And, of course, the children are losers too. One little girl, born via a traditional surrogacy arrangement for a gay couple, one day asked her mother a very poignant question: since she looked like her mommy, why is it that her mommy gave her away? In her little mind, she simply could not understand how her mother would do this. The surrogate mother’s response: “I didn’t know what to tell her.” I wouldn’t know what to tell that little girl

either. Maybe we should just stop making such messes?

Jennifer Lahl is founder and president of The Center for Bioethics and Culture Network. She made her writing and directing debut producing the documentary film [Eggsploitation](#), which has been awarded Best Documentary by the California Independent Film Festival. She is also Director, Executive Producer, and Co-Writer of [Anonymous Father's Day](#), a documentary film exploring the stories of women and men who were created by anonymous sperm donation. Her most recent film, [Breeders: A Subclass of Women?](#), explores the issue of surrogacy.

