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In Vitro Fertilization

In vitro fertilization is a controversial topic in bioethics, along with many other topics relating to managing reproduction, such as artificial insemination, surrogacy, abortion, and birth control. In vitro fertilization, abbreviated IVF, can be defined as “fertilization of an egg in a laboratory dish or test tube; *specifically* : fertilization by mixing sperm with eggs surgically removed from an ovary followed by uterine implantation of one or more of the resulting fertilized eggs” (*Merriam-Webster*). This procedure is one of many used by couples who cannot conceive their own children, same sex couples, couples who have certain diseases, and many others. In this paper, I use Stephen Toulmin’s article to show that in vitro fertilization is morally permissible.

The argument I have extracted from Stephen Toulmin’s article is as follows: If in vitro fertilization has the potential to provide children to those otherwise unable to do so naturally, and does no harm to those involved, then in vitro fertilization is morally permissible. In this article, Toulmin explores the possibility of greater risks to the mother and child due to the IVF procedure. He states that there is no reason to believe that babies born from in vitro fertilization have any link to deformities, and that there are no greater risks to mothers or children in IVF pregnancies than any other pregnancies. Toulmin concludes this section of his article with the following statement: “If there is no general ethical objection to procedures aimed at permitting a wife who is otherwise barren to become fertile, why should there be any special objection in this case? Married couples have a right to desire children; their physicians have a right (even a duty) to assist them in attaining that desire; so why should anyone else—particularly the state—have a right to intervene between them?” (Toulmin 10).

In vitro fertilization allows people to be able to have children genetically related to them, and even carry these children, who otherwise could not. One example is same sex couples. Same sex couples who want children have a few different options, such as adoption, surrogacy, artificial insemination, and in vitro fertilization. Lesbian couples have the option of a procedure called reciprocal in vitro fertilization, in which “one partner supplies the eggs to be used for IVF, while the other partner is the gestational carrier of the pregnancy” (*WINFertility*). This procedure is “increasingly popular with lesbian couples because both partners play an important role in conceiving the child” (*WINFertility*). Even though IVF is more accessible to lesbian couples, this procedure can also be used for same sex male partners if they have an egg donor and a surrogate, and fertilize the egg before placing it into the surrogate. In vitro fertilization can be the best option for some same sex couples who want to be genetically related to their children, and who want to carry their own children.

Another example of people who benefit from in vitro fertilization is couples who are not fertile, and, therefore, unable to conceive. Couples who want kids and are unable to conceive are almost always devastated that they will not be able to be genetically related to, and carry, their own children. In vitro fertilization gives them this opportunity that they would never have had on their own. Toulmin states that during this procedure, “once the embryo transfer is made, however, implantation and gestation are free to proceed normally” (Toulmin 10). Thus, even though the fertilization of the sperm and the egg is unnatural, as it is done outside of the body, gestation occurs normally, as it would in a natural pregnancy. In vitro fertilization, along with artificial insemination, allows unfertile couples to be able to carry, and be genetically related to, their children.

Three parent in vitro fertilization helps mothers who have certain diseases, such as mitochondrial disease, to be able to carry, and be genetically related to, their children without passing their disease on to their offspring. Three parent IVF, also referred to as mitochondria donation, is “a fertility treatment that creates an embryo using the genetic (DNA) material from three people: the parents and an egg donor” (Miller). This procedure combines genetic material from both parents with “healthy mitochondrial DNA from an egg donor” because mothers who have mitochondrial disease can pass this on to their offspring, causing “severe or deadly disease in the baby” (Miller). There are other options for couples in these situations, such as adoption and surrogacy with an egg donor. However, three parent IVF permits these mothers to be genetically related to their children and to carry their children for the nine months before their birth, allowing the mother and child to have that unique connection. This procedure lets mothers with mitochondrial disease have children in the same way that mothers without this disease do, and it alleviates the burden of knowing they could transmit their disease to their children. Being able to carry your children is something that is important to most women who want to have children. Therefore, it is important for all women to have this opportunity.

In this article, Stephen Toulmin presents many objections to this argument and rejoinders to these objections. One objection is this: “In vitro fertilization may lead to unacceptable genetic manipulations” (Toulmin 11). Toulmin replies to this objection by stating, “there is no greater reason to fear that this will happen than there already is with artificial insemination and sperm banks” (Toulmin 11). With all of the medical advancement we have made in the past and will make in the future, IVF is not the only procedure that could bring about genetic manipulations. Thus, if one is to have this objection against IVF, then they must have this objection against all other medical procedures affecting genetics.

Another objection to in vitro fertilization is that “[t]here are no protections to the unborn child” (Toulmin 11). Toulmin counters this with the fact that “[u]ntil implantation has taken place, there is no ‘unborn child’ to protect” (Toulmin 11). Once implantation has occurred, gestation continues as it would in any other pregnancy. Toulmin states, “[a]fter implantation, the embryo conceived with the help of in vitro fertilization is in no greater and no less need of protection than any other embryo” (Toulmin 11). Even though the fertilization takes place outside of the body, the rest of the pregnancy is no different than a natural pregnancy. Therefore, the unborn child in an IVF pregnancy needs no different protections than an unborn child in a natural pregnancy.

The final paragraph in Toulmin's article compares the safety of IVF to other routine procedures, saying there is no difference. IVF brings about no more or less safety issues than any other procedures that take place each and every day. He concludes with the following quote: “‘It may very well work, and it can scarcely do them much harm; so who are we to deprive them of that hope?’” (Toulmin 11). In conclusion, I have used Stephen Toulmin’s article to prove that in vitro fertilization is morally permissible.

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