“Hope for sale: The ethics of commodifying and exploiting hope in assisted reproductive technology"

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Within the field of assisted reproductive medicine, the language of hope is used almost everywhere to sell the idea of helping individuals (for medical or social reasons) create families with healthy and happy babies. Messages of hope can regularly be found stencilled onto the waiting room walls, websites and promotional leaflets of fertility clinics. The promise of giving prospective parents hope is also used to help justify the development of radically new (and often risky) reproductive technologies for human use. (For what it’s worth, the first ‘3 person IVF’ baby was conceived in-vitro at a fertility clinic called ‘The New Hope Fertility Center’). When fertility patients discuss their success at having children, this is often framed as their ‘hopes coming true’; however, when fertility treatment is unsuccessful, patients sometimes express feeling harmed or as if their hopes were exploited by a clinician/clinic for financial gain.

In this talk, I am interested in discussing what happens when things go wrong in a reproductive medicine context in which hope is commodified and exploited. In particular, I focus on two questions: 1) What are the ethical reasons why the commodification and exploitation of hope is harmful in the socio-medical context of assisted reproduction? and 2) How should we avoid the potential harms associated with the commodification and exploitation of hope?

In response to the first question, I identify some of the key ethical reasons for harm, referring to the empirical literature on patient experiences using assisted reproduction. For example, some patients have claimed that their identity (i.e. sense of self) was harmed and others have reported that their trust was damaged. I then consider these ethical reasons in relation to our understanding of them in the philosophical literature (examining whether the ethical theory maps onto the evidence) and use this perspective to shed additional light on the nature of these ethical claims.

In response to the second question, some have suggested that the ethical harms that emerge from the commodification and exploitation of hope in reproductive medicine should be dealt with by simply improving informed consent and counselling, or imposing bans on some areas of reproductive medicine. Others are quite content to wheel out the principles of medical ethics and argue that this problem could be avoided if doctors were to simply follow their ethical duties. I argue that these approaches are likely inadequate, and may do more harm than good. Instead, the ethical reasons identified in response to the first question should be used to develop evidence-based ethical policy and governance to avoid the harms associated with the commodification and exploitation of hope.

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Room: 218 Paterson Hall
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All are welcome!