



New Reproductive Technologies and Politics of Choice

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Abstract

The multidisciplinary character of the course "New Reproductive Technologies and Politics of Choice" determines its place and role in the curriculum of the second-year students at the Medical University. At this level students have some basic training in analytic philosophy and biomedical disciplines, and they have some acquaintance with new reproductive technologies and terminology used for their description. Besides, they have some knowledge and skills in ethics, political studies, law, and gender studies.

The aim of this optional course is to introduce students to some major theoretical approaches to studying of the new reproductive technologies. It helps to reveal the contradictions between the important scientific achievements and legal, moral and esthetical conditions of their implementation; to equip students with the theoretical tools necessary to realize that the politics of choice might be changing in response to newly emerging reproductive technologies; to enable students to develop their own standpoint with regard to gender context of the new reproductive technologies.

The course starts from mini-lecture constituted the aim and objectives of the course. It is followed by structured discussion on variations, changes and constraints in the choices people make about their own bodies, about their families, about if, when and how they have children. The goal is also to highlight how social inequalities – within couples- are being reinforced and occasionally challenged through these less than free choices.

Reproducing human being is a profoundly social act, articulated across nations, regions, races, sexes, cultures, and generations. Yet we tend to think mostly of the biological aspects of conceiving and birthing children when the term "reproduction" is mentioned. As it often happens, development of science leaves behind legal and formal regulations of the scientific achievements. Legal norms are far from being flawless and they always drag behind the development of society.

For example, who are the real parents in the case of surrogate motherhood? Our initial answers often reveal a lot about our most fundamental beliefs about what counts as "real." Some see biology as constituting what is most real, and for them the "real" parents are either the genetic parents or, in some cases, the birth mother. Some see relationships and love as being the most "real," and for them the "real" parents are often the nurturing parents.

The course centers on group discussions of texts from Reader. Some topics concerning the situations that students may meet in future professional practice have been discussed as case studies.

Weekly at the time of class, students have been required to submit a written, two-page response to the reading assignment.

Targeted discussion is dedicated to the problem of infertility in Ukraine". One of the reasons for observed demographic crisis in Ukraine is high percentage of infertility - every fifth-sixth couple barren. And at the same time, as precisely the problem of infertility, unlike other components of this crisis is the most amenable to correction, thanks to the success of modern reproductive medicine.

1. Introduction

Today Ukraine has entered the period of transition and adoption of EU standards that included almost all levels of social activities and organizations. The education in Ukraine as a whole also faces that problem and specially the higher education as the main motion force for the whole prosperity of the country.

With Bologna declaration signing (2005), Ukraine overtook the responsibility of alignment of university curricula with the Bologna structure and developing of the National Quality Assurance system for HE, in compliance with the European Standards and Guidelines for Quality Assurance, its full membership of the European Association for Quality Assurance in Higher Education (ENQA) and inclusion in the European Quality Assurance Register (EQAR). The essential part of this process is the further development of the mechanism for enhancement of professional communicative skills.



The professional orientation of medical students and conception of him/herself as a doctor is often taken for granted and considered a by-product of learning. During professional socialization, medical students internalize knowledge, skills, attitudes, behavioral models as well as ethical and moral values of medicine. Critical experience in analysis of new reproductive technologies may prompt an active professional orientation of medical students and enhance their communicative skills. Why is it so important?

Firstly, for some of students the choice of future profession was not self-dependent process. It was, for example, a parent's decision. *Secondly*, in Ukraine last years the process of entrance to university has been transformed. In situation when each person may apply to 15 universities at the same time a professional orientation for some of students has become marginal. Prestige to study at the medical university determines their choice. A new positive tradition of prior professional orientation is only in the process of construction. *Thirdly*, a set of problems has appeared as a result of Bologna process when it is accompanied by escalation of standardized testing. High-stakes state-mandated standardization is rapidly spreading throughout the Ukraine. In this context the risky tendency we can observe in our higher educational system. So, it was just symptomatic tendency when last year one resident stated his regret for lack of communicative skills in such a way: "There is a constant temptation for asking patients to express their complaints in form of tests". It means that communicative practice and its role in medical professional orientation are not to be underestimated.

In that way, the aim of given course is to explore the process of strengthening professional orientation of second-year medical students in the framework of course "New Reproductive Technologies and Politics of Choice". If the medical profession and the healthcare of our society are to flourish, we need well-educated and moral self-trained physicians. With this articulation comes the realization that the present problems are not inevitable. This course suggests what professors and students, focused on full, deep learning of actual problems of new reproductive technologies, could accomplish.

Medical scientific knowledge is continually growing. In addition, the diseases facing a population are constantly changing, as are medical practices, cultural mores, and the health care delivery system. Thus, of necessity, medical education is always evolving to reflect changing scientific and social circumstances. And critical attitude to these changes within the given course promotes medical student's professional orientation. This active learning experience places the students at the center of learning, rather than accept students as passive listeners.

The course consists of 18 seminars (one seminar per week). It is structured in two parts. In the first part (seminars 1-5) students discuss philosophical and theoretical biomedical approaches to the new reproductive technologies.

The second part (seminars 6-18) is a complementary one in character. Each seminar examines specific legal, moral, religious aspects of the new reproductive technologies, family planning as a component of reproductive health care, gender problem on cloning and so on. Particular attention has been concentrated on ecofeminist analysis of the new reproductive technologies and surrogate motherhood in the world and in Ukraine. Consideration of all these coherent topics provides realizing of course objectives.

Multiple methods (mini-lectures, structured discussions, case-studies, weekly position papers, questionnaires, videotapes of medical students' reflection group sessions, Internet student's portfolio, and final paper) are used in data collection and analysis.

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New reproductive technologies are a social fact that is seeking to change the way students learn and conduct their professional and civic lives. Therefore, their studying could and should be a driving force within higher education reform. But in order to establish such a role, it must extend the students' professional skills and prepare them for labor market.

Many religious traditions are profoundly opposed to the development of reproductive technologies. At its deepest level, this view questions the technological society's presumption that we can control our destiny. Instead, it believes that our fates are ultimately in divine hands, and that intrusive technological procedures are hubris.



The second principal concern within religious traditions is that reproductive technologies almost always involve manipulating and destroying embryos. Embryos, many religious thinkers maintain, are persons and thus are not the proper objects of manipulation. Certainly, it is immoral to destroy them. Since in vitro fertilization almost inevitably involves such destruction of embryos, many religious thinkers believe it should be condemned.

Students are asked to find the arguments which may help to reconcile religious and scientific interpretations of human re-productivity?

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The only obstacle to the solution to the problem of infertility in Ukraine is a high monetary value of assisted reproductive technologies that are available, estimated that only 3-4% of the needy. Quality of service Ukrainian clinics, reproductive medicine, not a limitation to enhance fertility, as well as meet the highest international and European standard [1]

Reflection groups might offer medical students a possibility to share their experience of a critical analysis of discussable situations in new reproductive technologies. These situations may induce reflection on action and conscious development of professional identity. Medical students should be provided with more possibilities to elaborate on especially dilemmas concerning professionalism, communication skills, encountering birth and death, biomedical versus psychosocial aspects of medicine during the analyzed course.

Structured discussion "Morphological freedoms" is aimed to learn the questions:

- How might the politics of choice be changing in response to newly emerging reproductive technologies and how might a pro-choice sensibility inform our understanding of morphological freedoms promised by genetic, prosthetic, and cognitive modification?
- Is the body of biotechnology more a promise of empowerment, a site of struggle, a recipe for market exchange and exploitation, a text for experts to read, or a poem we read against the grain?
- Some completely new issues arise as well. For example, there have been several cases in which divorcing couples have gone to court to settle disagreements about the disposition of frozen embryos from their own eggs and sperm. Is it biological or social problem?
- Do we see in queer politics an anticipation of postbiological affiliation, or an intensification of medical subjection?

The storage and the different uses of human body and body parts have recently become a central issue in ethics and legal debates. Expanding the human life span has become a scientific project as it transformed from an object of utopian desire to mundane biotechnological bricolage. Recycling our biological building blocks and reprogramming our stem cells in place of the earlier surgical and biochemical treatment methods has made it possible to rebuild, quite literally, certain parts of our body.

These scientific advances invoke new questions concerning the philosophical relationship between the body and person. To what extent are we able to control and to make informed decisions on the extra-corporal or implanted elements of body? Considering these bodily changes from ethical and legal perspectives, not only body images are affected but individual expectations and even personality rights and freedoms may change [2].

In discussion "Legal and moral status of human embryo" it is emphasized that in some countries current regulations provide certain protection to human embryos different from somatic cells and gametes.

Problem for discussion is the legal and moral status of human embryos that draws a distinction between human embryos and other cells and what is the ethical reasoning that permits certain research on human embryos. In the philosophical and political discussions over the moral status of



embryos, currently there are three positions that provide a basis for different policies on embryo research:

- embryos possess the same rights as already born human beings and thus deserve full protection from the moment of conception;
- an embryo is no more than a cluster of cells which is not entitled to receive any protection;
- embryos do deserve certain respect and protection, although not to the same as already born human being [3].

Students have to express attitude to each of positions and to compare legal and moral aspects of regulations on human embryo researches in Ukraine, Russia, Hungary, USA and Japan [4, 5].

One of the principal moral issues here is that it is standard procedure during in vitro fertilization to harvest a number of eggs, to fertilize them outside of the uterus, and then to implant the pre-embryo most likely to thrive. What happens to the remaining pre-embryos? In some instances, they may be frozen in order to be used later by the couple if this attempt is unsuccessful or if they want additional children. Otherwise they are usually destroyed. Some people are opposed to in vitro fertilization primarily because it produces pre-embryos that are then discarded.

One of the more confusing issues arising out of the fact that embryos can – at least temporarily – exist outside the mother's womb is that couples, when in the process of divorcing, make competing claims for custody of the embryos. Usually such embryos are frozen, and this allows such battles to be protracted. Several issues are intertwined here.

The first of these issues is the moral status of the pre-embryo. If they have the moral status of persons, then they have a right to life. If one member of the couple wants the embryos destroyed, this would not be morally permissible if they have a right to life. If, on the other hand, they do not yet have this moral status, then destructing embryos would be morally permissible.

Second, what kind of rights and responsibilities do the genetic parents have toward the embryo as parents? Is it a relationship of ownership or of parenthood? In the case of one divorcing couple, the woman wanted possession of the embryos in order to have them implanted in herself and to bring them to term. The divorcing husband did not want to be the (genetic) father, with its accompanying responsibilities, when he and his wife were getting a divorce.

- Does the wife have the right to go ahead and have the embryos implanted?
- Does the husband have the right to have the embryos destroyed, since he no longer wants to be their father?
- What role should the courts play in settling such disputes?

Formative feedback focuses on empathy, courtesy, affect, and respectful treatment of fellow students as well as medical content issues. Students are given immediate written feedback after each session. The final grade includes narrative on strengths, weaknesses, and improvements.

Students have the opportunity to fulfill their potential by gaining recognized improving their knowledge and skills.

Upon completion of the course students should be able to demonstrate the skills to synthesize a variety of multidisciplinary approaches to the new reproductive technologies in their broadly philosophical understanding; distinguish reproducing human being as a social act, articulated across nations, regions, races, sexes, cultures, and generations. They need to identify morphological freedoms promised by genetic and cognitive modification; evaluate the politics of choice which might be changing in response to specific aspects of the newly emerging reproductive technologies. In the end of this course students could obviously recognize the role of gender context of the new reproductive technologies; contrast legal, moral, and religious reasoning of the new reproductive technologies. They should apply moral reasoning to concrete reproductive technology and defend the conclusions of that reasoning; express the ability to find and interpret information about new reproductive technologies on their own initiative; demonstrate the skills to write clearly and deeply about particular moral dilemmas towards implementation of new reproductive technologies. With that in mind, a sustainable learning new reproductive technology inspires young people to flourish - academically, creatively, and socially.

Their experience will contribute to the reform process of Ukrainian Higher Education through enhance of communicative competence and approximation to the current European standards. These aspirations coincide with the European platforms of dialogue such as the Open Method of



Coordination in the field of Education and Training, the Bologna process for Higher Education and the Copenhagen process for VET.

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