The nascent technologies that derive from IVF/embryo transfer research are essential brain food for our brightest, most innovative young academicians. . . . There is need to recognize that infertility is a disease, that it denies to millions of our citizens the dignity of one of life's most fulfilling experiences: the adamant desire to bear a child.¹

These allegations from the congressional testimony of a prominent reproductive biologist epitomize the reproductive researcher's case for social support and public funding. The speaker, Gary Hodgen, has claimed publicly that he resigned his former position at the National Institutes of Health in protest over U.S. governmental policy withholding federal funding for reproductive technology research. He is now scientific director at a medical school facility deriving much of its research funding from the treatment of infertile patients. At the time of these congressional hearings in the U.S., the British government had already released the Warnock Commission Report on Human Fertilization and Embryology; the Australian Waller Commission on Reproductive Technology and announced submission of its findings; and already several Western European countries had established investigatory bodies. The time was right, some believed, to consider the need for regulation in the U.S.

Nothing came of the hearings, and reproductive research and practice in the U.S. continue to proliferate subject to virtually no controls beyond local hospital institutional review committees. Many, like Hodgen, support their own projects by recruiting affluent patients who, believing that they are being served principally for their own benefit, unwittingly subsidize reproductive research and supply the gametes needed for experimentation. Now commercial fertility clinics have begun to compete with research institutions for this patient population. The director of the in vitro fertilization (IVF) program at a prominent American university has publicly warned his colleagues of the threat to future research if such private business ventures succeed in
attracting patients away from research institutions. However, despite the conflicting aims of the commercial and academic enterprises, neither is in a position to safeguard patient interests, to protect women—presumed to possess an “adamant desire to bear a child”—from possible exploitation by overzealous researchers or profit-seeking commercial entrepreneurs.

Hodgen’s remarks unwittingly illustrate the new conditions calling for oversight: (a) the conflicting aims of reproductive research and therapy, and (b) the need for adequate numbers of infertile patients to support research programs. Commercialization harms not only research interests; it threatens the long-term interests of infertile women, as well. Unless the growth of such enterprises is soon checked, they may already have pushed development of new reproductive technologies too far in directions advantageous to their own interests, foreclosing alternative treatment options.

I intend to explain why this is the case and where the need for controls is most evident. After sketching in (I) the essential features of the present situation, I will (II) discuss two kinds of commercial enterprises which have sprung up to sell these technologies. (Here I will weigh supporting and opposing arguments.) Then moving to (III), moral and ethical issues underlying the controversy, I will identify value differences implicit in the public policy debate. The concluding section (IV) will focus on the more pressing public policy issues requiring resolution. My aim there is not to propose specific regulatory measures, but to clarify and explore the philosophical presuppositions underlying the regulatory debate.

I. THE STATE OF THE ART

Gary Hodgen represents the prevailing position of researchers and commercial interests alike. Both groups appeal to the absence of federal funding to justify their innovative therapeutic arrangements. Both presume that all treatment and experimentation is directed to the relief of suffering and the advancement of scientific knowledge; hence all parties are bound to benefit. This ideology well serves the aim of insuring a continuous flow of infertile women into reproductive clinics. Repeatedly, from both physicians and those attorneys who support their interests, infertile women are urged to fulfill their “full reproductive potential” regardless of economic, psychological, or bodily cost.