



# Delegation of parenthood and language of reproduction: experts and patients on the birth of ART-children

Olga G. Isupova<sup>1</sup>

<sup>1</sup> *NRU HSE, Moscow, 109028, Russia*

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## Abstract

While understanding their positions on various ethical issues in the field of reproductive technologies, IVF patients form their own special language, not scientific, but rather vernacular, based on real experience. A group of women actively seeking procreation with modern biotechnologies remains somewhat conservative, focused on a traditional family. New concepts and terminology are particularly well-formed in their disputes over the use of reproductive donation. In general, what they articulate and advocate is consistent with concepts of bioethics that are also controversial – for some, the priority of genetic connectivity is unusually strong, while others deny its significance. The study bases on examining perceptions of reproductive donation by bioethics specialists presented in the literature and their comparison with the views of ART patients communicating on the Internet. The author uses qualitative discourse analysis and studies thematic discussions on the Probirka.ru website, which are devoted to the preferences of their participants in relation to reproductive donation, its acceptance or rejection. The study shows that patients' positions are somewhat more extreme than the views of bioethics. For example, some participants practically deny the existence of genes, while others talk about the advantage of finding a child without using one's own body. The author reveals different groups of patients, and more traditionally oriented women prefer to delegate the genetic part of parenthood to third parties and cannot refuse to bear pregnancy as they see it as a central part of female identity, while more modernized prefer to keep genetic connection if it is possible to refuse childbearing.

## Keywords

Assisted reproduction, gamete donation, bioethics, patient research, delegation of parental rights and duties

**JEL codes:** I1, J13

## Introduction: actors in the field of reproductive technologies

Assisted reproductive technologies (ART) have for the first time in human history provided the opportunity for third parties, such as sperm and egg donors and surrogate mothers, to participate in the childbirth. This paper focuses on the construction of a special language and discursive practices by participants of the discussion on problems related to procreation with the help of ART, on the new terminology, new norms and values in parenthood. Particular attention is paid to the inclusion of ART patients in this discussion, and to the formation of their own language of understanding specific aspects of their possible parenthood, including their own vocabulary of terms and concepts about the donation of sex cells and embryos, genetic connection and gestation, just as it happens among specialists in this field.

Introduction of the paper briefly describes the field of ethical discussions on ART and names the key actors affecting and forming positions in this field. Then, in the theoretical part, the author revises the ethical discussions on the different aspects of ART, potentially changing human perceptions of parenthood, focusing on birth involving third parties, i.e. surrogacy and reproductive donation. After that, the empirical part of the study presents discourse analysis of discussions on the thematic Internet forum of IVF patients. In conclusion, the author points to the limitations of the study, puts it in the context of discussions of ethics professionals and, when possible, draws conclusions about the changes observed in the norms in the field of parenthood delegation and the creation of the corresponding language.

Representatives of different areas of knowledge and practice employed in the field of reproductive technology often present their patients as people who allow themselves too strong reproductive desires, which are “not in the interests of humanity as a whole”. For some areas of psychology, any excessively strong desire or reluctance is pathological, i.e. it lies out of the “norm”, and both a complete absence of the desire for procreation and an aspiration to give birth to a child, regardless of any obstacles, fall in this category (see, e.g. about childfree intentions – Halfina et al. 2018; about the infertile and their children – Keshishian et al, 2014; Fedina 2011). Both scientists and “non-science” people often see artificial conception problematically. Studies show that, for example, for Russians, one of the significant barriers against the use of ART is perceptions about the “unnaturalness” of this technologies (Emelyanova, Vopilova 2016). Back in the 1990s, most of the fields of science studying ART treated them with hostile circumspection. Although degree of hostility diminished over time, the circumspection remained at place.

This applies primarily to representatives of religious confessions, whose attitude to artificial fertilization in general is rather negative. Members of Christian denominations believe that it is better not to go against the will of God, and among them infertility is associated with divine predestination, it is a test to come to terms with (this point of view is primarily held by Catholics, and more recently the Orthodox church too, while Protestants problematize only donation and surrogacy as “crushing” parenthood and the ancestral identity of man). Fertilization outside the body is sinful, because God does not provide for such action (see, e.g., the Message of the Pope (Dignitas Personae 2008)). In Sunni Islam, ART methods other than donor sperm, donor egg and surrogacy are allowed, even if several wives of the same man participate in the process and divide these functions between each other. In the Shia Islam, in Iran, everything except for sperm donation is allowed but strictly regulated. In the case of male infertility, embryo donation is used, even if the wife of the infertile man

is completely healthy. This is how the need to avoid legitimacy is interpreted (Gooshki and Allahbedashti 2015).

Academic humanities look at reproductive technologies primarily in terms of the concept of biopolitics and bio-power (terms introduced by Foucault (Foucault 1979 [1976])), relationships of society and the state and the bodies of individuals. Right from the moment of ART introduction and then during its spread, a quite articulate reaction to these methods had been formulated by representatives of gender and feminist studies Gena Corea (Corea 1985) and Andrea Dworkin (Dworkin 1983). Their position turned out to be negative, they perceived the technologies as a form of exploitation of the female body containing the uterus and suitable for surrogacy, and/or containing eggs, which by manipulations that are detrimental to health are extracted from the body in order to be used in the future “construction” of a child. Feminists emphasized that the technology, rather than freeing a woman from the biological burden of procreation, reinforced it. Moreover, they created new forms of exploitation of women by women, disrupting the possible unity and women’s awareness of their common group interests.

Over 40 years of fairly successful existence of ART, there have occurred some bioethical panics regarding their unforeseen and uncontrolled consequences, such as possible decrease of the «quality» of the human population, an increase in the number of malformations in newborns, or acceleration of technogenic inhuman future, etc.

The discourse of reproductive rights has recently turned out to be largely related to the right to “have no children” and to implement the birth control through abortion and contraception. At the same time, the right to have children receives quite strong support from governments that are concerned with the population ageing and aim at increasing population size by any available means. However, the governments want to spend money effectively, so there is more support for the birth of (more) children by reproductively healthy people. This support is usually provided in the form of direct payments and subsidizing assistance to families as part of family policy measures for all or only for poor families, and the funding for infertility assistance recedes into the background because it gives less “return” in the form of the number of born children. Many members of the public are protesting against methods of assisted reproduction “replacing” the natural processes of conception and childbearing, which governments are forced to fund because of the massive changes in the reproductive behaviour of the population (i.e. increase in the age of mothers at birth).

Many developed countries have included ART in free health insurance, although WHO never formulated an unequivocally positive assessment of these technologies (WHO 1990). Expansion of free access is the result of the actions of patient associations, influence of the governments, clinics and pharmaceutical companies. At the same time the interests of all these actors are different and sometimes, they even contradict each other (for example, patients are interested in gaining free access to procedures needed for the most complex health conditions, while governments limit the list of treated diagnoses and impose age barriers, and for clinics and pharmaceutical companies it is important to increase the number of attempts, no matter who pays for them).

The demographic approach to ART is somewhat more balanced, but so far the industry is not recognized as “demographically significant” in terms of its results – even in the most “favourable” countries, i.e. countries socially and financially supporting ART, the proportion of births occurred with the help of ART in total number of births does not exceed 5-7% (Sobotka 2008). This position does not take into account the great significance the birth of

children has in infertile families in terms of marital and parental relations, as well as in terms of personal psychological well-being of the involved people.

Sociology of reproduction, that has formed as a scientific branch around 2000, sees reproductive technologies most positively, since it considers them from the perspective of the needs of infertile women (and men), and conducts research on new relationships of kinship (this approach intertwines with anthropology). Among the founders of this research direction we should name Ann Saetnan and co-authors (Saetnan et al. 2000), Sarah Franklin and Helena Ragoné (Franklin and Ragoné 1998), Faye D. Ginsburg and Rayna Rapp (Ginsburg and Rapp 1995), Susan Greenhalgh (Greenhalgh 1995), Frank van Balen and Marcia Inhorn (van Balen and Inhorn 2002).

Another interesting point of view comes from the perspective of commodification, which is typical for economic sociology (Berdysheva 2012). Within this approach, reproductive technologies translate certain aspects of childbearing into the market, while from the traditional moral point of view they are immeasurable benefits, which should not have a market price. However, as Elena Berdysheva has shown, commodification does not necessarily appear to be negative for the participants of the interaction. On the contrary, very often the affirmation of the values occurring in its process, such as values of individual autonomy, democratic equality, and certainty of commitment can contribute to the well-being of the participants. An important aspect in this regard is the fragmentation of parenthood into parts and the ability to delegate some of those parts to third parties. This opportunity arose much earlier than reproductive technologies had been invented – there have long been institutions of adoption, nannies, nurses, etc. Yet, the ART has allowed for the delegation of what used to be indivisible and immeasurable. The main aim of this research is to examine how new practices and opportunities are conceptualized with regard to the delegation of parenthood and its components by ART patients in discussions on the thematic website in comparison with its conceptualization within expert community, occurring simultaneously.

## Ethical discussions of ART and Reproductive Donation

Experts in medical ethics are increasingly emphasizing that reproductive technologies have become part of everyday life of humanity, and it is useless to question the justification of their existence (Brezina and Zhao 2012; Asplund 2019, etc.). There are reasons to develop the ethical and legal concepts of individual parties in the implementation of technology, revising “primordial” ideas about the *normal* and *natural* in the field of human reproduction. Such controversial and important issues include the rising age of the motherhood, “proprietary rights” for gametes and embryos, availability of ART for single women and same-sex couples, implication of preimplantation genetic diagnosis (PGD), social egg freezing (by women in healthy fertile ages, who just want to give birth later in life), commercialization and commodification of the field, government funding of the technology, prioritization of IVF. Issues of costs, effectiveness and safety of ART gradually grow into a broader question of understanding the social significance of the birth and upbringing of children in general.

According to Kjell Asplund (Asplund 2019), ethical contradictions concerning the possible “artificial” reproduction of humans arose back in the 1930s, when the first studies, which were connected with popular at the moment eugenics, were published in this field. Even then, the main moral problems were women giving birth to children for other women and

the lack of need for men to continue the genus (Asplund 2019). After Louise Brown's birth in 1978, this controversy became even more vigorous.

Public perception of women of late reproductive and post-productive age giving children a life through ART remains largely negative, and there is still a debate on setting the upper age for childbirth, somewhere at 40–50 years old (Brezina and Zhao 2012; Asplund 2019). At the same time, the discussion on the age of the father does not exist or it is less evident – in patriarchal society fathers of any age who have an imperious resource never seemed to be a problem, and in some societies, they have always been the norm. However, prohibitions and age restrictions conflict with the principle of reproductive autonomy of parents (no one has the right to interfere in their decisions), and such actions may be considered age discrimination.

The same considerations of fairness, reproductive autonomy, non-discrimination and child well-being are applied in addressing issues of ART for single women and homosexual couples. Studies show that children brought up by single women and in homosexual couples are not, on average, different from children growing up in two-parent heterosexual families (Ilioi and Golombok 2015). However, legislation in this area varies across countries, and there are as many of them that allow ART in such a situation as those that prohibit it (Busardo et al. 2014). The principle of individual autonomy leads to adopting laws prohibiting the use of anonymous donor gametes and embryos in many European countries, since children born have the right to know their genetic parents; this conflicts with the interests of social parents and leads to the latter resorting to “reproductive tourism” to get treatment in countries where such prohibitions do not exist.

One reason for wanting to have their own biological children is the desire (of many) people for immortality (Ahmad 2011; Gholipour 2013). Nowadays, one can plan these processes better than before, for example, by freezing and storing the eggs for decades. Gametes of a recently deceased person can be used by relatives to conceive a child from him/her, even if he/she has not expressed such a desire while alive. The courts often deny relatives such a right even in the case when the deceased wanted it, if there is no special regulation of the matter in the country. Is it possible to consider the very fact that a person has frozen his gametes or embryos as consent to post-mortem reproduction? These are unresolved issues. What does «own» mean in this case? Who owns long-stored sex cells and embryos not only in the event of death, but also in a case of divorce?

As for PGD, most authors consider it unambiguously justified in case of severe genetic diseases in the embryo, but it leads to complex ethical choices with less severe, life-compatible, fetal genetics. It could also be considered discrimination, not to mention the use of PGD to select gender, which is prohibited in most countries. There is also a risk of selection by other traits, such as intelligence or appearance, which could in the future turn the child into a commodity to satisfy the interests of parents. However, the genes of most of these traits have not been clearly determined yet. Despite the obvious humanitarian component, the case when a child is born specifically to become a stem cell donor for a sick sibling, is also ambiguous.

Aspects of the sharing programme, when a woman undergoing IVF gives “extra” eggs to other patients or to clinic in exchange for discounts might be seen as commodification of the body and reproduction.

Particularly many ethical contradictions arise in the field of surrogacy. For some people “natural” surrogacy, which is allowed in the US and banned in Russia, is ethically more problematic. The main argument in this discussion is the fact that in this case a woman is

“selling” her own genetical child. For others, on the contrary, full surrogacy is unacceptable, since it is mandatory to use IVF and hormonal stimulation, which is “unnatural”. At the same time, this child will have a genetic connection with the people who are to raise him (although not necessarily, since donor gametes can also be used in this case). The issues raised in the debate on this topic relate to the autonomy of reproductive choice and exploitation of women, human dignity, medical risks, and long-term interests of all involved parties. Issues of commercialization and inequality also arise in the context of conventional IVF, which is not affordable for everyone. Here, there is an “exploitation of the need and hope” of patients, which is part of the general medicalization of society and commercialization of medicine and perception of the human body. Another discussion point is public financing of ART and the choice of those who should be reimbursed for treatment. This debate is based on three following principles:

- the principle of human dignity, with respect to which no one should be denied medical care according to any biological and non-biological criteria;
- the principle of need and solidarity, according to which resources are given to those who have the greatest need (which is determined by assessing the severity of the problem and the effectiveness of treatment on the basis of scientific evidence that should prove the risk-cost ratio to be effective; solidarity means the priority of helping those who cannot cope with the problem by their own or in other ways; at that, many authors challenge the acuity and strength of the need in the case of infertility);
- the principle of the cost-effectiveness of the health care system with limited resources, which is contrary to the principle of human dignity and assumes that help is given primarily to those who are easier to help.

In this paper, the author pays special attention to ethical issues in the field of gametes donation as an integral part of parenthood, and to the formation of ethical positions in this area, both by experts and ART patients. In practice, according to various data, egg donation is used 5-9 times more often than surrogacy, since it is more attractive to patients for a number of reasons (Isupova et al. 2015).

The existence of gametes and embryos donation is related to the following ethical issues: what is the basis for parental rights and obligations; what are the parental rights and responsibilities, and whether it is possible for them to be transformed or delegated; whether it is necessary to put a limit on the number of children born to a single donor, what the limit should be and why; whether the donor-born children have the right to know their genetic parents, can anonymity of donors be allowed; what decisions in choosing a donor are future parents eligible to make.

If the transfer of parental responsibility is possible and easy to carry out, then, from a pragmatic point of view, it is not very important whether the gametes donors and surrogate mothers should be considered among future parents of the children. The reasoning in favor of this position is based on the view that people who became parents as a result of an “accident” (e.g., contraception did not work) are given all parental responsibilities and rights (Weinberg 2008; Nelson 1999; Fuscaldo 2006). That is, being a reason of the birth makes a person a parent, a conscious decision is not necessary. Another way of reasoning relies on a conscious decision to give gametes to create a child, the consequence of which must be part of the responsibility for that child in the future. In any case, genetic kinship is not seen as the sole basis of parenthood. The reason for responsibility comes from the possession of a specific “thing” (commodity?), that can create people, and from the following disposal of that “thing”. J. David Velleman (Velleman 2008), in contrast, emphasizes the importance of a

child being raised by genetically related people and expresses scepticism about the ease with which society separates social parenthood from biological (even though such separation always existed in the case of adoption).

Many authors emphasize that parental functions are easily transferable to other people (Bayne 2003; Fuscaldò 2006; Benatar 1999), such as in the case of adoption. Partial transfer of parental responsibilities, primarily with regard to education, has entered the lives of people with the development of social institutions long time ago. However, there is still a discussion on the ethical impropriety of delegating parenthood (Velleman 2008; Weinberg 2008). Velleman declares adoption a forced measure for the benefit of a child who cannot otherwise be provided with a decent life, but condemns deliberate creation of children whose genetic connection with parents will not be socially supported. Rivka Weinberg does not highlight the importance of genetic connection, but speaks about the impossibility of full transmission of parental functions because some of them being related to the “right” personal relationships can only be performed by certain people. In her opinion, donors are obliged to love children born of their gametes. But complete transfer of parenthood is different from its delegation – the delegate remains responsible for ensuring that the transferred functions are performed well and is not alienated from them (Brandt 2017). Respectively, donors are responsible for ensuring that the children born of them are placed “in good hands” and live in good conditions. Donors should be morally prepared to get to know children born using their biomaterial and to form relationships with them in the future (Little 1999). Additionally, donors have other types of responsibility – for example, for creating lives “that are not worth living”, i.e. passing on congenital malformations to offspring (Bayne 2003).

Arguments for limiting the number of babies born to the same donor are linked to the increased risk of incestuous sexual relationships in the future, complex kinship relationships and general social discomfort due to too numerous offspring (Wright 2016). Mathematical modelling has shown that the risk of genetic diseases in children born in couples coming from the same donor depends on the size of the population as a whole and is small if the birth limit from a single donor is set to 25 children, as it is, for example, for the Netherlands (De Boer et al. 1995). Some studies show that an excessive number of relatives does not necessarily interfere with creating a qualitative relationship with them (Freeman et al. 2016).

Disputes regarding the anonymity of donation relate to the absence of heritable medical information, the rights of individuals to know their roots and possible negative psychological influence on them because of the lack of such information (Ravitsky 2010). Defenders of anonymity say that the role of genetic connections is overrated (Melo-Martín 2014), and the psychological harm from ignorance of origin is not that great and, perhaps, is socially constructed.

There is also an argument about “skeletons in the closet” disrupting family solidarity in a case where a child is unaware of their ancestry from the donor, which can be a source of tension for social parents and the child as well (Landau 1998). If such information is accidentally revealed to a child in adolescence, then the situation may become even more stressful as it provokes distrust of parents and identity problems (Turner and Coyle 2000). However, these problems might be addressed by telling a child about his origins in an earlier period, at about five years of age. In general, the discussion on whether or not to tell children about their biological parents is ethically similar to that existing on adoption – the position that the child has the right to know everything gradually becomes dominant.

The next ethically important issue concerns the volume of information about the gametes’ donor disclosed to the recipient. Obviously, a complete lack of information in this case

is impossible, but is also impossible to disclose all the details. Usually, the information is similar to that given at dating sites, namely: eye and hair color, education, ethnicity, type of work, hobbies, and religious views. The choice of the donor is driven by avoidance of individuals with infectious and heritable diseases, preference for “similar” and preference for “the best”, i.e., for those whose characteristics to a maximum extent coincide with parental ones, or those who possess traits that are more valuable in the eyes of society – “beauty” and “intelligence”. In the case of similarity, it is easier to conceal the fact that there is no genetic connection between parents and the child from society and even from oneself. In addition, it might seem that the child will better fit into the family. In the case of choosing the “best” there is an expectation that the child will be more successful and more likely to become an “achievement” of the parents (Braverman and Frith 2014). The latter has to do with positive eugenics, and is therefore ethically much more problematic. However, similarity choices can be unexpectedly combined with the selection of worse or better properties, when, for example, a deaf couple deliberately chooses a deaf donor for the birth of their child (Savulescu 2002). Breeding embryos without congenital defects is often considered discriminatory. However, in the case of donation, it is sometimes forbidden to use gametes which can lead to the birth of children with severe diseases or congenital conditions – for example, such a ban exists in the UK. At the same time, the choice of donors with high IQ is often declared incompatible with “true parental virtues” – unconditional love, willingness to accept, love and raise a child with any traits (McDougall 2007; Sandel 2007).

### **Method and data: analysis of opinions and language of patients on the Internet**

The empirical data used in this study are the materials of online discussions of regular visitors to the *Probirka.ru* website (*Russian word translated as “test tube”*) dating back to 2006-2010, when the website was owned by the patients themselves (it is currently the property of Moscow company “Sweetchild”, engaged in the selection of surrogate mothers and donors). For almost 6 years (April 2003 to January 2009) the website *Probirka.ru* was an independent association of IVF patients, whose main objectives were information exchange and emotional support. The website was created by patients and for patients. The number of registered users at the end of this period mounted up to 7,000-10,000. The vast majority of them were women who, in the past or present, faced infertility problems and were trying to solve them. To process the materials the author of the study uses discourse analysis method.

To solve the tasks set in the study the author chose discussions related to various normative and ethical aspects of reproductive donation. They came from the topics titled *Childfree*, *Childfree’s Principle of Life*, *Adoption is the solution to the problem of infertility*, *Child for the sake of a husband*, *Who are we: childless or infertile*, *What do you understand by infertility?*, *About yourself and your thoughts about IVF*, *Donor Eggs or Surrogate Mother*, and “*Ovarian Party*” vs “*Uterus Party*”, which took place during period of time from 01.12.2005 to 25.10.2009. The discussions are currently unavailable on the website, but archived versions are at the author’s disposal and can be provided by request. The time range covers the period when the website belonged to the patients themselves, and therefore served as a platform for free discussion (now the discussions are being moderated by the owners in a direction more appropriate to their interests). Units of analysis (statements) were selected through the search for contrasts, contradictions, expression of the most different positions, sometimes

becoming a source of conflicts, and discussions of negative cases (behaviour or relationship with which the “speaker” disagrees, and possible discussion of the reasons for such disagreement). The author did not compare statements with similar discussions on other platforms, because, unlike the topic of surrogacy, more “visible” to others, reproductive donation (especially of eggs) is hardly discussed, perhaps due to the fact that it is little known to the general public or appears to be less significant to the society.

The research was carried out by discourse analysis of open data on the Internet; the quotes are anonymized. The author sees no need to obtain the consent of the participants to use the texts of their statements on the Internet, since there is no danger of disclosure of personal information (we know nothing about the authors and can’t match them with real people). According to the advice of ethics boards, there is no need to obtain consent to use text in the public domain (similar to a situation in a “public park” where everyone is free to observe (Svenningsson 2004)). In addition, the study was carried out without intervention (Kitchin 2008), that is, basing on the information already available on the Internet without direct interaction with the subjects under study (analysis of published texts).

The language of discussion was also the subject of research, and it was studied from the point of view of meanings and values formation in the development of new medical influences – as in the *valuation studies* approach, which involves the evaluation of new practices, created by actors in the process of a collective act of production of social order, which is desirable in this context (Dussauge et al. 2015).

## Donor eggs and surrogacy – genes and bodily experience

What is more important about motherhood – genetic bonding or bodily experience? Reflection of expert bioethical discussions can be found in the disputes of patients on the forum. It is extremely rare in reality for a woman to have a choice between the use of a donor egg and the services of a surrogate mother, since it depends on the diagnosis, on the cause of infertility. However, while discussing the reproductive technologies, women somehow reflect on the different possibilities that exist in this new medical field.

The existence of reproductive technologies has brought humankind as a whole and infertile people in particular face to face with the question of what motherhood is first and foremost – the process of bearing a child or a genetic relation? What is easier and generally more acceptable in terms of identity and personal ethical boundaries, to delegate to a third party the “work” of the uterus or “product of activity” of the ovaries? On the contrary, what part of this process should be kept to oneself? Is it possible to delegate everything?

The position of patients in this regard varies greatly but is very consistent within groups. One group some insists that the genetic relationship is of great importance (Wellman 2008):

*“What difference does it make why I want a genetically native child? Call it whatever you want: self-fulfillment, female instinct, selfishness or foolishness. I don’t care. That’s what I want. Yes, I want to see my eyes, nose or lips in my child. The kindness and love I showed as a child. My vile temper in the teens. My tightness in my youth and impressionability at a more mature age. I want to see in the child the smart mind of my husband, and even his nasty sharp language.”*

*“Only someone who understands the little human from the inside can help him best... I instinctively feel that this will happen more often with a genetically native [child]...”*

Others argue that a specific female connection with a child is based on pregnancy (which, with no personal experience, is imagined speculatively, being influenced by positive media imprints), so this stage cannot be avoided if there is a need for “real” motherhood, while the genes might be (as proponents of exaggerating the meaning of genetic connection, for example, (Melo-Martín 2014)); some of them go as far as to claim that genes are a speculative construct, in the existence of which you are free to not believe:

*“I have infertility associated with the inability to bear and give birth.”*

*“To be with your child from the beginning to the end, feel his pushes, to experience all the difficulties and pleasures of pregnancy together with the husband... I am sure that the connection with the child after that will only be stronger, even if he is from a donor egg.”*

The development of a common position in patients seems to be impossible. There is no consensus on what part of biological parenthood can legitimately be delegated. Those who insist on the importance of pregnancy generally dominate in number, and even those who talk about the importance of their genes often plan to mimic pregnancy when the child is born by the surrogate mother, since they are afraid to show society that their children have been brought to life through methods that are often condemned. Those who care about genes are outnumbered, but they articulate their position more vividly. However, it seems that now it is easier to delegate, or donate genes (gametes), and pregnancy is broadly seen as the basis of motherhood (although we should note that the majority of the website users might be seen as traditionalists in family matters – the majority of users are married women or women engaged in strong relationships, who stick to “family values”, and often display a negative attitude to homosexual parenthood; as a result, the latter do not discuss issues of ART here). The metaphors used in discussions of delegation of parenthood come from historically known (and therefore also seemingly traditional) forms of division of parenthood with third parties (a nanny, nurse, surrogate mother). But here, egg donation has an advantage – much of the history of mankind nothing was known about genes, only about sperm and the uterus. Some thinkers – for example, Aristotle in some of his works (Aristotle 1940) – even claimed that “a woman has no seed.” Therefore, for many patients it is easier to accept egg donation as something “non-existent”, “invisible” and “unimportant”. It is just as if it does not exist, and then the pregnancy is similar to natural, while surrogacy requires separating part of the *maternal job* (more important and central to female parenthood than a genetic link) and passing it on to another person. That is, “excuses” are formulated through practices, which were previously available mostly to elites, and which are therefore more controversial ethically. The language and terminology created by patients support precisely these meanings and exactly such a binding of new values to existing ones (“nanny for pregnancy”, “genes – who has ever seen them?”, “genes are important to men, for women taking care of the baby is the priority”).

## **Conclusion: language of ethical discussion on ART and reproductive donation**

Patients of IVF clinics, conceptualizing their positions on various ethical issues in the field of application of reproductive technologies, shape their special values, terminology, and language. It is based on real-life experiences and enables finding words to define concepts and actions in this area committed by this group of people.

The limitations of the study are related to the nature of the sample under review, which consists of ART patients communicating in their specialized forum under conditions of quasi-anonymity in 2005–2009; things could have changed since then. However, the process of rule-setting and the creation of new terminology corresponding to the new norms is not so fast, and little has changed in the field of reproductive technologies from the perspective of medical manipulation involving third parties. So, on the one hand, opinions of patients continue to be subjective in their own way, because they experience new technologies of procreation in their personal biographies, and on the other hand, revolutionary changes that would require the creation of new norms and, accordingly, new terms, have not yet appeared.

The group of ART patients communicating on the *Probirka.ru* website in some aspects remains very traditional, most of the participants are adherents of a traditional family, consisting of a wife and husband with their children. Their desire for childbirth, or procreation, makes them quite proactive about language formation as well. New concepts, including ethical ones, are especially well formed in their disputes among themselves regarding the application of reproductive donation and surrogacy as parts of parenthood that can now be delegated to third parties. In general, what they formulate and protect is consistent with the concepts of bioethicists, who also argue on the significance of genetic linkage (Velleman 2008; Melo-Martin 2014). While the majority of the population sees reproductive technologies as “unnatural” (Emelyanova and Vopilova 2016), at the “forefront” of human proactive behaviour there is a reinterpretation of ethical principles in the field of procreation and parenthood. Within this process shapes an understanding of which functions can be transferred to other people and which cannot (this is also in the focus of reflection experts in bioethics, see e.g. (Bayne 2003; Fuscaldo 2006; Benatar 1999; Velleman 2008; Weinberg 2008; Brandt 2017)). In practice, the genetic component of procreation is delegated more often, which confirms the position of those who speak about the reassessment of the significance of genetic connections at the quantitative level (Melo-Martin 2014), and those for whom genes are more important remain a minority (Velleman 2008). However, most of the history of patriarchal societies female genes were invisible and considered less important than male’s, to the point that sometimes their existence was denied altogether, which might explain the described disposition. Pregnancy is perceived as part of motherhood, a job of a mother, that has often been the main quality of female identity in traditional cultures. Therefore, it is much more difficult to delegate and commodify pregnancy – for many women it produces a conflict with the central aspects of their identity, their understanding of their place in the world. Thus, discussions about donation and surrogacy, the conceptualization created by patients and the terminology of proactive language lead us to a clearer awareness of values and meanings of parenthood and its components in human society, its gender characteristics. All of this may discourage greater use of reproductive technologies by people to whom they are shown and, accordingly, the increase in the demographic significance of ART.

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## Information about the author

- Olga Isupova, PhD in Sociology, Associate Professor at the Department of Demography, National Research University Higher School of Economics. E-mail: oisupova@hse.ru