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Seeking Surrogacy:
The Ethics of Assisting Life's Creation

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Medicine is an ever-evolving arena. New offerings roll onto the market week by week—drugs, surgical techniques, treatment plans, specialties—all of which offer advanced care and minimally invasive procedures. Though these developments boast improved results, those results may be accompanied by a slew of “moral concerns” that impact not only the patient but the patient’s family, friends, community, and even wider populations. “Moral concerns” in science and medicine are ethical challenges that cast shadows on the decision making process. They plague patients and health care professionals and their implications tend to be far-reaching. One such advancement that is accompanied by a plethora of moral concerns is surrogacy.

Surrogacy, a type of third-party reproduction, is not a “new” concept. It commonly occurs in history, particularly alongside slavery: female slaves were forced to carry and birth babies for their masters; they were not given parental rights, but instead were used as vessels or breeders to continue a patriarchal lineage, much like the biblical story of Hagar and Abraham.¹ Modern-day surrogacy (an *assisted reproductive technology*, or ART²) is often sought by couples who are unable to have children biologically. In conjunction with technological advances, it is possible that the “intended” mother’s eggs can be harvested, joined with the “intended” father’s sperm in a laboratory setting, and then surgically placed in the uterus (*in vitro fertilization*) of a surrogate mother (sometimes called the gestational mother), who carries and gives birth to the baby. After birth, the intended parents receive the child and have all parental rights and rearing responsibilities. The gestational mother is typically paid for her time and effort, and all medical bills are covered by the intended parents. In the United States, legality concerning surrogacy varies from state to state—some places it is fully legal, some places it is illegal, and others still have no set laws, making surrogacy a private contractual agreement.

Is surrogacy ethical? Many experts and professionals have identified a number of moral concerns that are tethered to surrogacy, yet the practice is still fairly common. In fact, the American Society for Reproductive Medicine reported a 30% increase in surrogate births in the United States between 2004 and 2006, with a total of 1,059 live births in 2006, the most recent year for which data is available.³ What are the ethical considerations that accompany surrogacy? Are these considerations concerned with the act of surrogacy itself, or the consequences of the practice? In response to these questions, a variety of topics will be explored, including the commercialization of women and children, the family systems at play, one’s “right” to have a child, and theological perspectives on elements of surrogacy.

In order to examine the moral concerns surrounding the act of surrogacy itself rather than the theoretical consequences and implications of it, a hypothetical situation has been created as a sort of “controlled” experiment. The story of Mike, Liz, and Amber is illustrated below.

Mike and Liz have been married for a few years and have been trying to start a family. So far, they have been unsuccessful in their attempts, and they share their fertility frustrations with some of their church community, asking for support. One evening, after an adult bible study, Mike and Liz were getting ready to head home when they were approached by another member of the congregation. Amber is a few years older than the couple; she is married and has three children. She has also served twice as a surrogate mother for couples in the past. They all reside in Nevada, which has no laws about surrogacy except that a surrogate cannot be a family member. Amber

¹ Genesis 16:1-15.

² National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, "Assisted Reproductive Technology (ART)," Centers for Disease Control and Prevention, last modified February 7, 2017, accessed February 21, 2018, <https://www.cdc.gov/art/whatis.html>.

³ "Surrogacy," The Center for Bioethics and Culture Network, last modified 2017, accessed August 7, 2017, <http://www.cbc-network.org/issues/making-life/surrogacy/>.

talks to Mike and Liz about surrogacy, sharing with them details on the logistics and a few stories of her experiences. She offers to be their surrogate mother, and besides the medical bills, does not want any form of payment. Mike and Liz would need to go through extensive procedures, but Amber is willing to take the journey with them, and urges them to think deeply about her offer. Over the next few days, the couple has many conversations about surrogacy. Is it the right choice for them? What should they be concerned about?

This illustration is provided in hopes of examining a surrogacy “case study” where one can ethically evaluate the act of surrogacy itself, with attention to but not preoccupation with consequences and implications. Common moral concerns associated with surrogacy will be presented and evaluated in light of Mike and Liz’s situation, beginning with the most frequently cited ethical dilemma.

Commodification and Commercialization

As was mentioned previously, surrogacy has been utilized for potentially thousands of years, including in American antebellum. Sexual access was (and continues to be) a dimension of slavery, and this often resulted in surrogate motherhood, where the female slave would carry a pregnancy to term, give birth, and then hand the baby over to her owner(s).⁴ Reproductive surrogacy was not all that female slaves were used for, however. Women were also considered economic surrogates, where “her fertile body is seen as capital. In this particular contract, a female slave’s potentially reproductive future reduces her to function as security for a loan.”⁵ This is a harsh example of the commodification and commercialization that can coexist with surrogacy: women being seen as objects (womb for rent⁶) to manipulate (impregnate) for profit (money exchanged for goods and services). This also commodifies babies, turning them into products.

Certainly, slavery no longer exists in the United States in the same once-legal form. However, some still argue that modern-day surrogacy is “legalized slavery”⁷ in the form of economic coercion. A woman may be choosing to be a surrogate mother, but her choice is fueled by the payment she will receive for her services. For women of lower socioeconomic status, this has been referred to as “reproductive prostitution,”⁸ where the only way to make ends meet is to sell one’s body—not for sex, but for procreation. Author Avensela Jamir, whose article “Gestation, Surrogacy Market, & Women’s Right: An Ethical Discourse” centers mostly on surrogacy in India, illustrates for readers the beast that commercial surrogacy can—and has—become. It is poor women in India who “offer” themselves as surrogates in order to feed and house their families; if this practice is allowed to continue with little to no sanctioning by the government, it is not hard to imagine how entire businesses will be created in order to advertise, organize, and commercialize women’s wombs. In this situation, a woman’s status and worth will be measured by her reproductive capabilities, much as female slaves were evaluated decades before.⁹ The intersectionality of race, gender, and economic status in commercial surrogacy so obviously exploits the most vulnerable populations; Jamir elucidates this by asking the chilling question: “how much *choice*

⁴ Arensenla Jamir, “Gestation Surrogacy Market and Women’s Right: An Ethical Discourse,” *Religion and Society* 59, no. 2 (2014): 17.

⁵ Marianne Bjelland Kartzow, “Navigating the Womb: Surrogacy, Slavery, Fertility—and Biblical Discourses,” *Journal of Early Christian History* 2, no. 1 (2012): 45.

⁶ Ruth Macklin, *Surrogates and Other Mothers: The Debates Over Assisted Reproduction* (Philadelphia, PA: Temple University Press, 1996), 65.

⁷ Kartzow, “Navigating the Womb,” 42.

⁸ Macklin, *Surrogates and Other*, 59.

⁹ Jamir, “Gestation Surrogacy,” 18.

does a poor woman in India really have?”¹⁰ Again, this example lives outside of the United States, but it is not difficult to imagine how the US’s capitalistic society could also seize an opportunity such as commercial surrogacy to create an even larger profit in the healthcare industry, in turn exploiting millions of women from various socioeconomic backgrounds.

Another angle, different from but not unrelated to the commodification and commercialization argument, brings a typically liberal approach: what about a woman’s right to choose? The two arguments grow from the same framework: the belief in and fight for human dignity for all.¹¹ Those who find surrogacy to be commodifying and commercializing would say that banning the practice is what is necessary to end exploitation of women and allow human dignity to flourish. Those who believe a woman has the right and the capacity to decide how her body is to exist in the world—and, therefore, she should be allowed to be and/or seek a surrogate mother—would state that the freedom of choice is an integral part of human dignity. Jamir asks, “Is surrogacy an act of dehumanization or empowerment, exploitation or opportunity for the women, especially poor women who agree to the procedure?”¹² Supporters of surrogacy from this framework value the freedom of choice more than the actual choice itself. When considering the choice itself, one’s gaze falls to the slippery slope leading towards the free trading market system, where eventually “a human being becomes an object of barter or commercial exchange.”¹³ What is more important here: the choice, or the consequences?

In the case of Mike and Liz, the commodification and commercialization argument is null. Because Amber *offered* her service to the couple with no monetary charge outside of the medical bills associated with reproductive procedures and pregnancy, her body and the baby she carries in it is not being sold, exchanged, or in any other ways coerced economically. She is not a reproductive slave, chained to commercial surrogacy. That argument deals primarily with consequences of surrogate motherhood outside of this situation, and not the act of surrogacy itself. The second argument, freedom of choice, is not necessarily a “concern” for Mike and Liz, as they are exercising their ability to choose for themselves what is right simply by seriously considering and weighing Amber’s offer. The issues surrounding freedom of choice regarding surrogacy, namely the slippery slope of its implications for the future, are theoretical. Reality is important, and when considering the reality that Mike and Liz operate in, neither of these issues need to be considered as potential moral concerns for them.

Parental Roles & Family Systems

Another ethics point that arises in conversation about surrogacy is the delicacy of human emotion and complex family systems. Any type of reproductive technology seems to complicate the categories of “mother” and “father”, and surrogacy is no different.¹⁴ Who is the baby’s mother—the one who carries baby, or the one who rears her? Many are concerned with the intended mother’s ability to connect with her child if she is relying on another woman as a gestational mother—does this impact the mother-child relationship negatively later in life? When considering egg and sperm donation from someone other than the intended parents and gestational mother, as many as five different “parents” can be involved! Though complex, these issues and nuances do not create unsolvable problems—they just require a little extra thought and care to decipher: “parental identity is a process that involves negotiating the tensions and

¹⁰ Jamir, "Gestation Surrogacy," 21.

¹¹ *Ibid.*, 14.

¹² *Ibid.*, 16.

¹³ *Ibid.*, 12.

¹⁴ Kartzow, "Navigating the Womb," 41.

complications of surrogacy.”¹⁵ Even “typical” or “normal” births and child-rearing create parenting challenges; it is incorrect to assume surrogacy is the only complicated form of parenthood to exist. Regardless, the unique role challenges that surrogate motherhood brings forth is enough for some to discredit it all together.

Beyond role definitions, experts have asserted that biological family systems and genetic ties play a major role in the life of a human being. No matter the nature of one’s intentions and commitments, genetic history cannot be undone.¹⁶ When biological information is kept from a child, they are cut off from half or all of their genetic origins and heritage, and

“because family secrets are difficult to keep [...], delayed disclosures can produce distrust among those kept ignorant or overtly deceived. Even when a child and his or her relatives know the truth, the identity of the donor (or donors) can become an issue for all concerned. Are there other siblings and relatives out there?”¹⁷

Assisted reproduction not only blurs parental roles, but also biological bonds. Since the beginning of recorded history, humans have identified themselves by offering a family lineage and history of heritage.¹⁸ When a person does not know or understand their origin, it seems there is a psychological predisposition to search for the missing pieces and to try and find a fixed place within the generations of humankind.¹⁹ This argument deals primarily with third-party donation of sperm and eggs (among other forms of procreation/parenting), which can occur in surrogate reproduction but *does not always*. The genetic, psychological, and social tapestry of human life is too connected and too important to gloss over when contemplating assisted reproduction; in order to make an informed ethical decision about whether or not surrogacy is the right choice, these factors must be considered.

Though arguments of parental roles and family systems are seeking the emotional wellbeing of the parties involved in surrogacy and other forms of assisted reproduction, they are still based on theoretical and imagined situations. Not every family plans to use donor eggs and/or sperm. Not every family plans to keep their child’s origin a secret. Each and every family that has used reproductive technology has their own context, reasons for, and reactions to doing so—yet many arguments for and against surrogacy fail to include voices and statistics of those who have actually experienced it. One such illustration of first-hand accounts can be found in an article by Michal Raucher, titled “Whose Womb and Whose Ethics?” Raucher examines surrogate motherhood through the lens of Jewish law and Jewish ethical concerns; while he includes many of the “common” arguments against surrogacy (primarily commodification, commercialization, and family roles and systems), he also includes commentary from those who have chosen to be or to use surrogates—which tend to deny the theoretical arguments as issues within that particular family’s context.

In Raucher’s essay, one interesting testimony was shared by a woman who was a surrogate mother for a family in Israel. She explained that, despite the assumption that parental roles are the most complicated and confusing relationships involved, what was even more difficult in this experience was

¹⁵ Michal Raucher, “Whose Womb and Whose Ethics? Surrogacy in Israel and in Jewish Ethics,” *Journal of Jewish Ethics* 3, no. 1 (2017): 82.

¹⁶ Eileen E. Morrison and Beth Furlong, eds., *Health Care Ethics: Critical Issues for the 21st Century*, 3rd ed. (Burlington, MA: Joan & Bartlett Learning, 2014), 87.

¹⁷ Morrison and Furlong, *Health Care*, 87.

¹⁸ Gilbert Meilaender, *Bioethics: A Primer for Christians*, 3rd ed. (Grand Rapids, MI: Wm. B. Eerdmans Publishing, 2013), 14.

¹⁹ Morrison and Furlong, *Health Care*, 87.

the relationship between the surrogate mother and the intended mother.²⁰ Neither woman had any issues concerning who the “real” mother was, or whether or not the baby would be provided for and wholly loved after birth... but the gestational mother and intended mother grew so close during the pregnancy that they became a unified parenting body. They supported one another, bared their own bodies and souls to one another, and essentially shared life between them. After the baby was born, however, and the intended parents became the primary caregivers and interacted with the gestational mother less, the gestational mother felt an intense grief—not at the loss of the child, but at the loss of her friend.²¹ Their relationship transformed, and hardship accompanied that change. This story was not shared in hopes that people would believe that surrogacy is free of emotional complications; rather, it was presented to illustrate that *any* type of relationship involves conundrums, nuances, support, heartbreak. This is the ethic of a lived relationship—it will ebb and flow, it will not always happen the way it is expected or imagined to, and it will certainly not always happen between the same people.

While issues and complexities in roles and systems can be anticipated alongside the act of surrogacy, the consequences of such challenges are not the same for everyone, either. In fact, assisted reproduction can bring a couple closer together:

“the time and money spend, the shared stress and discomfort, and the cooperative efforts required can serve to strength the couples union, [...] it can focus two persons upon their marital relationship and their mutual contribution to parenthood. The psychological bonding can increase and transcend the stress and unpleasant procedures that intervene in their sexual and social lives.”²²

Surrogacy and all other types of reproductive technology are complex and have their challenges. How those challenges are received and dealt with is what will impact relationships and the future of the new baby. Anticipating (as much as one can) and working to be honest and transparent with the child, extended family, and wider society will help to foster support systems and positive relationships. All roles and relationships within families depend on the history of that family, and when surrogacy and assisted reproduction is a part of that, it will need to be worked with just like anything else.

These are all big questions for Mike and Liz to consider. If they decide to accept Amber’s offer, they would provide her with an embryo consisting of their own sperm and eggs, meaning outside donation will not be a part of their story. While this eliminates any strife connected to the future baby not knowing their heritage or genetic relationships, they still could experience some of the parental identity challenges that sometimes accompany surrogate motherhood. Who knows how Mike and Liz might react to these challenges? They could have a story similar to the testimony by the gestational mother in Raucher’s essay, or perhaps the challenges of assisted reproduction could bring them closer and provide a new kind of depth in their relationship.

The key word here is *could*: the couple has a chance of experiencing and being affected by these challenges, but there is no guarantee. Their future child *could* experience questions of identity and heritage because he or she had both a gestational mother and an intended mother, but again, there is no guarantee. Therefore, these challenges are not moral concerns within the act of surrogacy; rather, they are imagined complexities and potential consequences as such. Mike and Liz can (and should!) give these

²⁰ Raucher, “Whose Womb,” 76.

²¹ *Ibid.*, 77.

²² Morrison and Furlong, *Health Care*, 88.

realities pause as they consider surrogacy, but will not consider these issues as immediate ethical negatives.

“The Right to Bear Children”

The next point explored in regards to this case study is not an argument concerning surrogacy, but instead a theoretical belief: a predisposed human right to one’s own biological children. This belief is not a consequence of surrogacy, an imagined result, or a moral concern of the act itself; for many, this belief is the drive behind seeking surrogacy (and all other types of assisted reproduction). It is the core conviction that every human deserves and is owed offspring of their own DNA, and whatever lengths it takes to get those offspring are acceptable and should be sought.

Using *rights* language is complicated for a number of reasons. When people use the phrase, “*I have a right to...*”, they are often speaking of many differing sets of beliefs. There are *ideal rights*, which encompass any type of wish or longing a person has about their life or the world that they think is owed to them. There are *legal rights*, which are enforced by the law. *Positive rights*, which are a certain type of thing or social good, are rights that are always backed legally.²³ These brief definitions are only a glimpse into the complexities of *rights* language, which varies depending on social location, culture, race, religion, and many other areas of intersectionality.

The issue with describing biological offspring as a *right* is that people believe it to be a *legal* right—or at least will fight for it to be a legal right if too many doors are closed on them. What is hard to understand within this realm of belief and nuanced language is that a lack of one (assumed) right does not mean extra rights in other areas will be provided to make up for it:

“The claim that there is a violation of an individual’s right to reproduce if infertility treatments are not available to any person who can pay for them seems wrongheaded. A negative right not to be interfered with (e.g. the right to marry, which itself is not absolute) does not entail a positive right (e.g. that society is obligated to provide a spouse).”²⁴

In this case, the “infertility treatment” is surrogacy. To seek such treatments because an individual or a couple believes they have a *right* to a child with their genetic makeup already turns the child into a commodity, a product, before they are even conceived. “Biological parenthood does not confer possession of a child, nor is it aimed at the parents’ own fulfillment,” and it is not owed or required to be provided to anyone.²⁵

Where does this belief come from? There are a number of sources that tell humans they need a child, though nothing can be known for certain. Some sources say the desire is natural—humans are biologically predisposed to continue the species.²⁶ Feminist frameworks argue that this is not biological, but instead a result of heteronormative patriarchy, in which humans are conditioned to believe that (male) children are necessary to advance one’s lineage and gain power and prestige, and thus women are forced to have said children.²⁷ The “rights” language can be traced to religious assertions as well, where some leaders of the past and present have named a couple’s infertility as a result of their sinfulness, stating that God is punishing them by taking away this *right*. Perhaps it is the fear of this last example that fuels most the search for fertility treatments such as surrogacy; if one can say that having a child is their *right* and

²³ Morrison and Furlong, *Health Care*, 56.

²⁴ *Ibid.*, 84.

²⁵ Meilaender, *Bioethics: A Primer*, 13.

²⁶ *Ibid.*, 13.

²⁷ Macklin, *Surrogates and Other*, 36.

thus they must have this right fulfilled by any means possible, they need not confront that infertility might actually be their *fault*.

To be certain, religion does not affirm that having a child (or not having a child) has anything to do with one's *rights* or *faults*. Instead, Christian scripture asserts that a child is instead a gift from God.²⁸ The very nature of a gift is that it is given, not *earned* or *owed*. When religious leaders and believers place blame on an individual or couple for experiencing infertility, they are misunderstanding (or completely ignoring) the concept of a gift from God. Of course, many other non-religious sources can explain why some humans are able to reproduce while others are not. Regardless of the number of explanations, the credibility of the sources, and how widely they are believed, infertility is still a painful, heartbreaking, life-changing experience. One cannot be sure which is worse: being punished by God resulting in infertility, or believing that God simply didn't give the gift of children to *you*. The pain of either is a heavy weight to carry.

In the case study of Mike and Liz, readers do not know enough about the couples' beliefs to understand if they think having a baby is their right. Hopefully their involvement in a church community means they understand children to be a gift from God, rather than the lack of children to be a form of punishment. A truly supportive community would create an ethic of love and opportunity, asserting the belief that all types of child-parent relationships are acts of God, regardless of whose genetics they are made of, or by whom the child is carried. Even if the couple does believe they have a right to a child, does that ethically impact their decision to pursue surrogacy? It certainly does not impact the act of surrogacy itself, but instead the motivation for it.

Theological Considerations

In addition to "rights" language, surrogacy prompts other theological considerations that must be accounted for. Many Christians from a variety of denominational backgrounds oppose surrogacy and other reproductive technologies on the basis that they are "unnatural" and therefore unethical. Opposing assisted reproduction (as well as contraception) stems from the belief that God intended life to begin a certain way, and that any type of obstruction or assistance in that process cannot be condoned: "modern science may be overstepping its bounds in creating such artificial divisions between sex, conception, and childbirth, which God has created to function as components of a *single natural continuum*."²⁹ The assertion that "God's plan" for human life includes only "natural" reproduction free from "artificial divisions" means many reproductive technologies are condemned, including but not limited to condoms, contraceptive pills, intrauterine devices (IUDs), in vitro fertilization (IVF), pre-implantation genetic diagnosis (PGD), sterilization, abortion, gamete donation, and gestational surrogacy.³⁰

While these issues have not come up directly for Mike and Liz, they still deserve attention, especially since Amber is an acquaintance of the couple from their church. When one takes a closer look, it is discovered that these theological arguments are, unsurprisingly, complex. From one angle, those in opposition appear to have a problem with life beginning in "unnatural" or "artificial" ways, like with surrogacy: *God didn't say anything about using advanced methods and technologies to have a child in*

²⁸ Psalm 127:3 (NRSV)

²⁹ "Perspectives on Surrogate Motherhood," Focus on the Family, last modified 2010, accessed February 21, 2018, <https://www.focusonthefamily.com/family-q-and-a/parenting/perspectives-on-surrogate-motherhood>. (emphasis mine)

³⁰ Brian Patrick Green, "The Catholic Church and Technological Progress: Past, Present, and Future," *Religions* 8, no. 106 (2017): 6.

*Biblical times, so why are they sought? Humanity must deal with “bad things”, like infertility, just as it does with “good things”, like children, because they are all a part of the Lord’s will.*³¹

Another angle to the argument asserts that the “artificial” methods and technologies used to have children aren’t the problem at all. The issues that can arise as a consequence of the technologies—such as the discarding of extra embryos in the IVF process, or the potential exploitation of women’s bodies and commercialization of babies that arises with surrogacy—are the main concerns. Technology and medical advances are supported in general, but when they bring undesirable consequences, they can’t be morally supported. Tackling these two distinct yet interwoven theological issues first requires peeling the angles presented here apart from one another, beginning with the idea of the will and intentions of God.

“God’s Plan”

“God’s plan,” “the Lord’s will”: the phrases themselves are ambiguous by nature, but when used in an argument, they are typically cited by those who seek a way to make sense of something that has happened to them—or to another person. In the context of assisted reproductive technologies, “God’s plan” is often used to limit, stop, and/or berate an action, behavior, or choice based on what they believe God intended for the world, as supported by Biblical scripture. Speaking of God’s intentions for the start of human life in this way backs up the assumption that life must be created in one way (the “natural” way), and therefore any deviation from that natural path is *wrong*. When life cannot be created the “right” or “natural” way—a couple struggles with infertility, or a single person wishes to have a child on their own—these phrases jump in to offer a reason why: fertility just wasn’t part of God’s plan.

Why aren’t reproductive technologies a part of “the Lord’s will”? As cited earlier, they are seen as artificial and unnatural, and never supported explicitly by the Bible. The arguments that hinge on the intentions and plans of God return again and again to the Bible—but unfortunately have little to offer in way of direct Biblical support, except for broad generalizations about “God’s grand design.”³² Certainly, this isn’t surprising: scripture, especially the Hebrew chapters, was written long before any sort of modern medical advance was dreamt about. If particular verses or passages are cited, they’re usually about God creating men and women in God’s image (Genesis 1:27), a man and woman uniting in marriage (Genesis 2:24), human life being knit together in a mother’s womb (Psalm 139:13-16), that God, not man, is the sole creator of all in this wondrous world (Isaiah 45:9-12), and that humans should not “put asunder” these creations of God (Mark 10:9). Nowhere in these verses (or in any other verses) is reproductive technology as modernity understands it mentioned positively or negatively. Instead, these verses are interpreted in such a way to exclude anything other than what they are saying. For example, in Genesis 2:24, only men and women are uniting in marriage—therefore, that is only what marriage can be. If humans should not “put asunder” God’s creation, as Jesus says in Mark 10:9, then they have no business meddling in the affairs of the creation of human life.³³ At first glance, it seems these interpretations of verses *are* Biblical, in a Divine Command Theory sort-of-way: *if God said it, I believe it, and that settles*

³¹ The Village Church, "Should Christians Use Contraceptive Methods and Reproductive Technologies?," Resources, last modified February 7, 2013, accessed February 21, 2018, <https://www.tvcreources.net/resource-library/articles/should-christians-use-contraceptive-methods-and-reproductive-technologies>.

³² Scott B. Rae, "Reproductive Technologies," Christian Research Institute, last modified April 14, 2009, accessed February 21, 2018, <http://www.equip.org/article/reproductive-technologies/>.

³³ "Bible Verses on Human Enhancement," *Human Enhancement and Biopolitics* (blog), entry posted July 13, 2008, accessed February 22, 2018, <https://hplusbiopolitics.wordpress.com/2008/07/13/bible-verses-on-human-enhancement/>.

it.³⁴ But in Mark 10:9, Jesus was talking about divorce, not a child-bearing technique or medical practice. If that were the case, humans probably shouldn't even be stitching up wounds, treating the flu, or heading to the doctor for their annual physical. If a person gets sick, wouldn't that also just be a part of God's plan? The interpretations and applications of these verses tend to take on a life of their own, as their prescribers reach deep into scripture and pull out anything they can find to support their cause.

Most people who participate in this scriptural grab-bag in regards to reproductive technologies do recognize that they miss direct and explicit scriptural support. In its place, an author will state something like, "The Bible never clearly defends this notion; it simply assumes it."³⁵ In this example, the author is describing "the concept that only husband and wife will be parents of children,"³⁶ and thus third-party reproductive technologies are not what God intended and Biblically unacceptable. In light of verses like Genesis 1:27 and 2:24 mentioned above, this seems correct. Unfortunately, however, broad generalizations and assumptions very rarely hold water against the diversity and variety of scripture. If there is a verse or passage to refute an issue, there is probably one that could support it, too—especially something without explicit scriptural support, like reproductive technologies. What about the way God loved and provided for Hagar, the slave girl that Abraham used as a surrogate in order to have a descendant?³⁷ Or King David, "a man after God's own heart,"³⁸ and his multiple wives?³⁹ The generalization that God wants humanity to be happy is just *assumed* by the Bible, even if it's never directly stated, right?

To talk about God's intention, plan, or will means running into multiple theological issues that cannot be constrained by simply tossing a Bible verse at them. From humanity's perspective, God changes God's mind in scripture all the time.⁴⁰ Readers and believers can only guess what God's intentions might be, since the circumstances of human life are ever-evolving. What were God's plans for Adam's reproductive capabilities, before Eve was created?⁴¹ How could anyone truly know what God's beliefs about the increasing use of reproductive technologies are, beings that the Bible never mentions them? This sort of scriptural warfare, where opposing opinions lob verses and passages at one another without engaging in real conversation and deliberation together, can provide only blanket statements and generalizations on either side of the argument. While turning to scripture is helpful in order to seek faithful responses to real-world conundrums, the Bible alone won't ever provide a clear-cut, explicit, definitive answer that is not left up for interpretation for something like surrogacy.

Technology

Many in opposition of surrogacy and other assisted reproductive technologies are less concerned with the "natural" intentions of God in the act of creating human life, and instead are focused on the morality of the *consequences* of helping introduce new life into the world. They are wary of technology—specifically of the repercussions that uninformed or frivolous use of technologies begets, such as terminating pregnancies. For example, in the IVF process (which is used in modern surrogacy), "extra"

³⁴ Steve Wilkens, *Beyond Bumper Sticker Ethics: An Introduction to Theories of Right and Wrong*, 2nd ed. (Downers Grove, IL: Intervarsity Press, 2011), 197.

³⁵ Rae, "Reproductive Technologies."

³⁶ Rae, "Reproductive Technologies."

³⁷ Genesis 16 (NRSV).

³⁸ Acts 13:22 (NRSV)

³⁹ 1 Samuel 25:43 (NRSV).

⁴⁰ See: Exodus 32:14 (NRSV), Jonah 4:2 (NRSV), Amos 7:3-6 (NRSV), Jeremiah 18:8 (NRSV), 2 Samuel 24:16 (NRSV)

⁴¹ Bruce Feiler, *The First Love Story: Adam, Eve, and Us* (New York City, NY: Penguin Press, 2017), 116.

embryos are fertilized and placed into a woman's uterus in order to increase the probability that one or two will implant and begin to grow and develop into a baby. When multiple embryos successfully implant, some couples choose to terminate the extra embryos so they don't end up with quadruplets, quintuplets, or more (multiple pregnancies, even when it is "just" twins, increases the risk of complications in pregnancy).⁴² The termination of these embryos is often viewed as abortion, which many find unbiblical and unethical. Another example is prenatal screening, which happens while a baby is in utero, which is performed to monitor the baby's development. In the unfortunate event that an abnormality is found, depending on its severity, sometimes termination of the pregnancy is offered as a "treatment" option, especially if the baby's quality of life or life span is expected to be low after birth. Because these technological advances can lead into profound moral questions and choices, many people swear off technological advances from the get-go, in hopes that refusing the procedure would mean fewer moral conundrums at a later date on a personal and global scale.

Technology in and of itself, however, has historically been initiated and continually supported by religious groups and institutions. The Catholic Church in particular has had a huge impact on a variety of technological advances, including civil and mechanical engineering, agriculture, medicine, and many others, though depictions of important advancements were characterized by religious groups long before the creation of the Catholic Church. All of these creators, however, used scripture and theology to support their developments, overtly connecting holiness and technological progress.⁴³ Some of the same Biblical examples used to stamp innovative technology as "unnatural" can also be used to support the advancement of those same technologies and therefore the human mind. As cited above, Isaiah 45:9-12, a verse about God's wondrous creation, can be interpreted to mean God *alone* is an innovator and humans should keep their hands off—or, it can be understood to mean that God, who creates all things, also creates the abilities of humanity to imagine and bring forward incredibly complex ideas and technology.

Despite the support and advancement of technology by religious institutions, problems still crop up when these advanced technologies facilitate what some interpret to be *bad moral actions*.⁴⁴ This was described repeatedly while considering Liz and Mike's option of surrogacy. Employing a certain technology has no moral prescription, but the consequences of such an action might be reprehensible. As a response to this, the Catholic Church, which is historically known to be pro-technology, has set a sort of "litmus test" to gauge the morality of certain technology: is it good, or is it bad? Good technology facilitates only good outcomes. Bad technology, like assisted reproductive techniques, has consequences that are questionable at best.⁴⁵ Simply put, the Catholic Church is anti-bad-technology, regardless of the circumstances of the situation in which it is being used.

While this seems like an easy scale on which to gauge technological advances, still so many ambiguities are present. Who decides what makes a consequence "bad"? The considerations for reproductive technology amp up in complexity in the face of this question, prompting individuals with wonderings like, *what is the value of human life? Or, when does life actually begin*—conception, implantation, first heartbeat, birth? To examine these questions from a theological perspective, it is important to note that many different religions and even dominations within the same religion have different stances, based on religious scripture, principles, and doctrines that are often shared denominationally. Even beyond denominational guidance, many individuals who support or oppose

⁴² National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, "Assisted Reproductive," Centers for Disease Control and Prevention.

⁴³ Green, "The Catholic," 4.

⁴⁴ *Ibid.*, 1.

⁴⁵ *Ibid.*, 6.

certain assisted reproductive technologies, like contraceptives or abortion, believe their stance comes from their religious institution, even when that institution has not asserted a definitive position on the matter. For example, the Evangelical Lutheran Church in America, in a social statement entitled “Abortion,” asserts that “abortion ought to be an option only of last resort.”⁴⁶ Though strongly discouraging the practice, the ELCA still leaves room for circumstances in which abortion needs to be considered—and leaves those circumstances up to the interpretation of its constituents. Members are free to decide for themselves what is *right* or *wrong*, a typically ever-changing thought process that considers religious beliefs, personal experiences, and other existential reflections. This is reflected in the case of Mike and Liz, where ambiguity surrounding reproductive technologies also resides. Does Amber’s offer of being the potential gestational mother reflect the beliefs of the wider church body? Since Mike and Liz are seriously considering her offer, does their consideration also confirm beliefs about their church? Or are all three of them including a variety of beliefs as they think through the process, including *or* rejecting what their church says? Like most moral considerations, every action or consequence means something different for every person—whether they rely heavily on Biblical interpretation, or their religious leaders, or their doctors’ opinions—which makes taking a stance difficult indeed.

Conclusion

In the pursuit of moral concerns for the *act* of surrogacy, implications, motivations, and consequences were not to be considered as ethically definitive for Mike and Liz’s case study. Commodification and commercialization as they were described earlier are both consequences of surrogacy within a particular context. Because Amber offered to be a surrogate mother for no monetary compensation, this issue is not a concern for the couple. Evaluating the interpersonal and family systems implications that surrogacy brings is highly important for the couple to do, but all positive and negative results that are experienced on a family systems level are theoretical and not always guaranteed. Therefore, this is again an issue of consequences and imagination and not concerned with the act of surrogacy itself. Similarly, the couple’s motivation for seeking surrogacy—whether they believe a child is their *right* or not—is a product of a certain framework and/or belief system, not the act of surrogacy.

With all these issues considered, Mike and Liz’s situation has no moral concerns associated with the act of surrogacy. The theological considerations raised, however, provide an additional perspective on the beliefs and assumptions deeply embedded in an issue that shine new light on the decisions people have to make concerning reproductive technology. The motivations and consequences for surrogacy and other assisted reproductive technologies become spiritual and theological issues simply by their very nature: it is difficult to separate the start of new life with one’s own beliefs about the universe and its creation. It is important to recognize that ethical perspectives based on motivations and consequences often yield different results than those that are primarily concerned with the acts themselves.⁴⁷ When exploring an issue, it is helpful to differentiate between the action itself and the motivations or consequences, but it would be irresponsible (and unrealistic!) to assert that those consequences shouldn’t be considered in a conversation about ethics.

For any person looking to explore and evaluate the moral concerns associated with bioethical issues and actions, the story of Mike and Liz can provide an additional helpful direction: specific situations, such as case studies, offer the details necessary to truly evaluate an issue. Ethicists (and

⁴⁶ Evangelical Lutheran Church in America, “A Social Statement on Abortion,” Evangelical Lutheran Church in America, last modified 1991, accessed February 21, 2018, <http://www.elca.org/Faith/Faith-and-Society/Social-Statements/Abortion>.

⁴⁷ Macklin, *Surrogates and Other*, 39.

especially lawmakers, judges, and theologians!) need to respond to the individuals actually facing these problems, rather than just the issues raised in one's imagination.⁴⁸ Whether or not surrogacy is part of "God's plan" or completely against it, or if the technology commonly used in the medical field *ought to* be commonly used, are thoughtful pieces of an argument, but can't be the end-all of the conversation. If there is one Biblical and theological idea that can be agreed upon, it is the understanding of God's love for humanity, and how God calls humanity to love one another. In the face of choices with ambiguous ethical connotations, one must remember that compassion and respect are the first tools people can employ to start the difficult conversations of moral distress and deliberation. In the end, the most important factor embedded in the act of surrogacy itself is that it gifts the world a new, vulnerable life: a baby who needs attention, protection, and love, regardless of how it was created.

⁴⁸ Raucher, "Whose Womb," 82.

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