As technologies for assisted reproduction multiply, demands for help having children come from an increasingly wide array of prospective parents: infertile heterosexual couples, single women, gay and lesbian couples, women who prefer to have children at an advanced age, individuals who wish to conceive with donated gametes from a dead loved one’s body, etc. In this small book, Mary Warnock (past Chair of the UK Committee of Enquiry into Human Fertilisation and Embryology) explores the moral force of such demands. Leaving aside the question of who would pay for such services, she focuses on whether individuals have a right to have children (or to put it more accurately, whether they have a right to assistance in attempting to have children). Warnock quickly offers a negative answer, via a brief refutation of the idea that we have rights to anything that is not guaranteed by law. Using this legal positivist view, she claims that while we may speak of moral or professional duties of individuals and of physicians, and make arguments regarding why we deserve a legal right when one does not yet exist, calling our needs or desires rights outside the context of existing law is confusing and groundless.

Warnock does, however, recognize that we might try to argue that the ability to have children is a basic need. If such needs are not met, then a strong moral case can be made for introducing the right in law. Yet she rejects this path, because calling procreation a basic need ignores the many individuals who quite happily forgo having children. Access to water is a basic need; access to in vitro fertilization is not. While she recognizes and sympathizes with the strength of the desire in some people, she argues that it is merely a relative need. Such individuals may suffer ‘insatiable curiosity’ (p. 41) to see what their genetic progeny will be like, and have concerns about adoption. Their unfulfilled desires will be more difficult to bear as others around them become parents. Still, though their need is morally compelling, it is not basic.

Despite this negative response to the question of whether a right to have children exists, Warnock argues that medical professionals have a duty of compassion to offer help to couples who desire such assistance. Of course, one problem here is that some doctors may not feel comfortable providing services to patients they deem unsuitable parents. After considering several potentially contentious cases (a blind couple, a couple with a history of child abuse, a woman well beyond her normal reproductive years), Warnock concludes that explicit criteria for inclusion cannot be set up in advance. Instead, she adopts a general standard that ‘the good of the child is paramount’ (p. 45). She interprets this standard with some flexibility, noting that, for instance, the couple with a history of child abuse may have altered their behaviour and thus deserve another chance. She leaves it to clinical judgment for doctors to decide whether treatment is suitable.

Leaving this decision up to individual doctors, however, does nothing to address their moral biases or to ensure their compassion. Homophobic doctors may well refuse treatment to gays and lesbians. To convince them, Warnock argues that children brought into the world through normal sexual reproduction may fail to have ‘suitable’ parents (whether because of their age, maturity, sexual orientation, economic position, etc.). If these children do not flourish, protective services can remove
them and take over their care. The same safety net will serve if children of assisted reproduction are harmed. Thus, Warnock recommends that in the absence of information about how such children will fare, we ought to be permissive with assisted reproduction.

This argument is not persuasive. Doctors who are conservative about child welfare may reach the opposite conclusion. Warnock’s discussion and framing of the debate allows this result. ‘I think genuine acceptance of homosexuals is still quite a long way off, and as long as the belief that they are sinners, or in some way seriously less than human, persists, even below the level of consciousness, then I think homosexuals who not only “come out”, but go even further and bring up children with a partner of the same sex, may be giving those children a hard time. But children are resilient, and adapt amazingly well to what outsiders may think of as bizarre or damaging circumstances. There is no evidence that these children will be permanently damaged’ (p. 67). One wonders why Warnock does not cite relevant studies showing that such children flourish. The data are widely available (e.g., M. Allen and N. Burrell, ‘Comparing the Impact of Homosexual and Heterosexual Parents on Children: Meta-Analysis of Existing Research’, Journal of Homosexuality 32 [1996], pp. 19-35; J. Stacey and T.J. Biblarz, '(How) Does the Sexual Orientation of Parents Matter?', American Sociological Review 66 [2001], pp. 159-83). Warnock’s only answer to this worry is to suggest that doctors who turn away patients ought to ‘openly declare’ their reasons for doing so (p. 54), making it easier for future patients to identify doctors (un)sympathetic to their wishes to reproduce.

An interim conclusion reiterates that while there is no right to assisted reproduction, compassion demands that individuals seeking such assistance ought to be treated. Strangely, though, a further claim is made that ‘[i]f resources are scarce, it is right that the infertile should have priority over the others; they, after all, plainly have “something wrong with them”. In any case, it seems wrong that limited resources should be used for those who seek assistance just for their own convenience, or to set up their own preferred single-sex families’ (pp. 85-86). This claim is not considered, much less justified, in the preceding pages. Who counts as ‘infertile’? What justifies the preference for heterosexual infertile couples in this case? If the claim is that homosexual couples can find a donor on their own and attempt to create a family through sexual reproduction outside the partnership, surely the same is true for the infertile heterosexual couple. This unwarranted conclusion suggests a persisting if subconscious bias against the non-standard prospective parent.

The final chapters look at surrogacy and the prospects of human reproductive cloning. Warnock alters her earlier position against surrogacy (from the Committee of Enquiry into Human Fertilisation and Embryology), and now claims that regulating surrogacy contracts will allow proper study of this mode of reproduction. Thus, she continues her current permissive line of reasoning that allows assisted reproduction with a wait-and-see attitude toward the welfare of the children produced. Surprisingly, she does not discuss potential harms to women employed in surrogacy contracts, although her initial position was that such contracts would be ‘extraordinarily exploitative’ to women (p. 89) if they allowed for profit-making, and in the current discussion she acknowledges that covering ‘expenses only’ for pregnancy can be difficult to define and often ‘pretty substantial’ (p. 91).

Regarding human reproductive cloning, Warnock suggests that the common fear leading to negative views of cloning is that someone will harness the technology for