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Deadly Language Games: Theological Reflections on Emerging Reproductive Technologies

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Abstract (198 words): This issue of *Christian Bioethics* explores theological, metaphysical, and ethical questions surrounding emerging reproductive technologies. Narratives concerning such technologies are often manipulated via “language games.” Language games involve toying with language to ensure that one’s vision of the good gains or retains political prominence. Such games are common in academic discussions of “artificial womb” technologies. Abortion proponents, for example, are already using language to dehumanize subjects within “artificial wombs.” This is unsurprising. Were relevant subjects considered *persons*, then abortion access (and other forms of “reproductive autonomy”) might be curtailed. Here, I show that abortion proponents’ language games often depend upon dubious metaphysical claims. Second, I argue that Christians should oppose dehumanizing language games since those games undermine “neighbor-love,” which Christians are commanded to show others. I also highlight how discussions of other technologies—such as medication abortion—are affected by confused (or manipulative) language. Ultimately, the language games I critique aim to preserve and expand the “rights” of the powerful to dehumanize, control, and kill vulnerable human beings. Since neighbor-love commands Christians to provide for “the least of these,” however, Christians must expose these manipulative language games, refute them, and resist the corrupt ideologies from which they flow.

Keywords: assisted reproductive technologies; ectogenesis; artificial womb technology; gestation; medication abortion

I. INTRODUCTION

This issue of *Christian Bioethics* explores theological, metaphysical, and ethical questions regarding emerging reproductive technologies. By “emerging,” I mean technologies that have been implemented recently or are on the cusp of being implemented (say, within 1-2 decades). “Reproductive technologies” pertain to procreation, gametes, embryos, fetuses, and neonates. Examples include medication abortion (e.g., methotrexate and mifepristone), Natural Procreative Technology (NaPro¹) or other technologies aimed at preventing unintended intrauterine death,² “artificial wombs,” gene editing technologies, uterine transplants, and embryoids or “synthetic embryos.”³ *Christian Bioethics* has examined some of these topics, with past issues devoted to IVF, the doctrine of double effect, germ-line gene therapy, and abortion.⁴ The speed with which new technologies are developed and normalized, however, means Christian thinkers must never “fall asleep at the wheel.” We must continually engage in ethical deliberation regarding new technologies.

In this essay, I explore how narratives surrounding emerging reproductive technologies are being controlled, especially by means of manipulative language. Recent academic discussions are saturated with “language games” which, roughly, involve toying with language to ensure that one’s vision of the good gains or retains political prominence. Relevant language games often aim to insulate and expand the “rights” of those in power, including “rights” to dehumanize, control, and kill vulnerable human beings.⁵ Insofar as Christians should defend the rights of the innocent—including human rights, which extend to “all members of the human family,” no matter their age, race, sex, or state of dependence on others—they should work to expose these language games, refute them, and resist the ideologies from which they flow.⁶

I will proceed as follows. In section 2, I describe (what I call) “contemporary programs of control” and the language games their advocates often play. In section 3, I discuss language concerning (so-called) “artificial womb” technologies. Doing so allows us to see through the language games that pervade academic discussions of these technologies. From there, I outline the other five essays within this issue of *Christian Bioethics*. The first three focus on artificial womb technologies and

¹ See Hilgers (2011).

² “Unintended intrauterine death” refers to phenomena that are commonly called “spontaneous abortion” or “miscarriage.” See Bohn (2023) and Colgrove (2023).

³ For more on synthetic embryos, see Oldak et al. (2023) and Ball (2023).

⁴ See Hinkley (2012), Boyle (1997), Messer (2012), and Delkeskamp-Hayes (2013), respectively.

⁵ The “right,” say, to kill innocent human beings intentionally is never *truly* a right. As declared by the Congregation for the Doctrine of Faith, “human law ... cannot declare to be right what would be opposed to the natural law, for this opposition suffices to give the assurance that a law is not a law at all” (1974, 21).

⁶ Regarding human rights generally: in the Universal Declaration of Human Rights (UDHR), the United Nations General Assembly recognizes “the inherent dignity and of the equal and inalienable rights of all members of the human family” which serve as “the foundation of freedom, justice, and peace in the world” (1948). This language is inclusive. Abortion advocates may respond by emphasizing language in Article 1, which says “all human beings are born free and equal in dignity and rights” as though this, *by itself*, excludes unborn humans from “the human family.” See Ross (2017, 168-9). Two problems arise. First, the language of Article 1 does not exclude the unborn. That “all born human beings have rights” says nothing about whether or not unborn human beings have rights. Second, Article 2 specifies that human rights should not be denied based on a “distinction of any kind.” To deny the unborn their rights—given their age, stage of development, or state of dependence on their mothers—is to draw the very kind of distinction forbidden by Article 2. There is a deeply unsettling irony in attempts to use declarations of human rights as the basis for excluding some humans from having fundamental rights.

the latter two focus on medication abortion. While discussing these essays, I highlight three themes that appear throughout: (i) humanity’s fascination with (illicit) control over new human life, (ii) common—and violent—reactions of those in power when their control is threatened, and (iii) the fact that seizing control over new human life undermines what Kierkegaard calls “neighbor-love.” I conclude that failure to resist programs of control means abandoning the most vulnerable human beings to the whims of violent oppressors. Since Christians have been commanded to love their neighbor, they must oppose such programs of control—and the systemic violence that results—wherever possible.

II. CONTEMPORARY PROGRAMS OF CONTROL: PREYING WITHOUT CEASING

By “contemporary programs of control” I mean current social and political ideologies, movements, and organizations that work (whether explicitly or in effect) to instrumentalize and subjugate human life itself. Both legalized slavery and the ideologies upon which it was based, for example, are paradigmatic cases of *past* programs of control (wherein some human beings were subjugated for the use and benefit of others). Whether past or present, programs of control contradict the International Theological Commission’s (ITC) statement that human beings “cannot be subordinated as a pure means or instrument either to the species or to society” (2004, 64). “Subordination,” the ITC continues, may apply “only to objects with a merely instrumental value, but not to objects which are good in themselves” (2004, 82). Human individuals are “good in themselves” at every stage of life. Hence, we cannot treat them as mere, disposable objects. Advocates of illicit control flout these prohibitions. To them, new human life is *extrinsically* good (at most); new human life does not bear God’s image but *our* image, new life is manufactured to fulfill *our* desires in the name of *our* autonomy, and so, we ought to be permitted to create and dispose of it as we see fit.⁷

Emerging reproductive technologies provide new opportunities for the powerful to manipulate human life according to their whims. As Levin and Birnbaum observe, “where precedent is scant, as in many new bioethical issues, there is more room for creativity in interpretation and novel principles are more likely to emerge” (2000, 473). “Creativity,” of course, may be used for good or for ill (and programs of control are often keen to enlist new technologies into their service). Consider, for example, the fertility industry which already produces, objectifies, commodifies, and kills human beings (often arbitrarily and in the name “reproductive autonomy”). Mainstream assisted reproductive technologies (like IVF) entrust “the life and identity of the embryo into the power of doctors and biologists and establishes the domination of technology over the origin and destiny of the human person.”⁸ These processes reduce children from “gift” to commodity. Children become mere things that can be manufactured, purchased, and destroyed as one wishes.

C.S. Lewis articulates the implication of these practices well. He observes that this kind of exertion of technological control over human life ensures that:

⁷ Here, I borrow language from Bauzon who writes, pointedly, that it is a sign of “egoism” and “narcissism” when one acts on “the desire to procure” a child by medical means (in cases where one cannot be conceive naturally) (2008, 45-6). In these cases, children become a means of satisfying one’s own desires; they are “my child, my image.”

⁸ From the Catechism of the Catholic Church; see Pope John Paul II (2016, 571).

[future generations] are, without their concurring voice, made to be what one generation, for its own reasons, may choose to prefer. From this point of view, what we call Man's power over Nature turns out to be a power exercised by some men over other men with Nature as its instrument. (Lewis, 2009, 25-6)

The exercise of power “by some men over other men,” in this case, refers to born, mature human beings who use their power to dehumanize and instrumentalize unborn human beings. Unsurprisingly, calls for the equal rights of unborn human beings are often met with resistance. As the saying goes, “when you're accustomed to privilege, equality feels like oppression.”⁹ It is only natural that those who objectify new human life will perceive equality with the unborn—the *object* of their control—to be threatening (if not absurd). Indeed, Scripture reveals that the powerful often respond badly when their control is threatened. Notably, killing of the innocent is a common practice among oppressors.¹⁰

Discussions of ethical issues and new human life—especially issues that pertain to the fertility industry—are not new. Some language games surrounding emerging reproductive technologies are new, however, especially those pertaining to “artificial womb” technologies. These games are often being played by self-described “value-neutral” (or “unbiased”) authors who aim, whether intentionally or in effect, to bolster oppressive control over new human life.¹¹ In what follows, I expose and critique these language games. To do this well, we must first discuss artificial womb technologies generally.

III. “ARTIFICIAL WOMBS” AND *ARTIFICIAL WOMBS*

Artificial womb technologies are designed to sustain the lives of very young human subjects by allowing them to develop within an apparatus that mimics an in-utero environment.¹² Language surrounding these technologies is often confused.¹³ This is concerning since—as Gordon and Washofsky note—language “implies a value orientation, a particular way of looking at the world” (2009, 321).¹⁴ How we talk about artificial womb technologies and subjects within them, therefore, is inextricably tied up with how we value them. If, for instance, we claim that artificial wombs “continue gestation”—and so, subjects within them “have not been born”—then there is

⁹ Authorship of this quote is unclear, though it is ubiquitous today. For a *tentative* look into its origin, see Quote Research (2016).

¹⁰ See, for example, the acts of Pharaoh and Herod, in Exodus 1:8-22 and Matthew 2:2-18, respectively.

¹¹ Romanis (2018) provides a prime example. The American College of Obstetricians and Gynecologists's (ACOG), “Guide to Language and Abortion” does the same. ACOG's guide is “designed to help inform language choice for those writing about reproductive health to use language that is medically appropriate, clinically accurate, and without bias” (2023,1). Yet ACOG fails, often spectacularly, by its own lights. See Snyder (2022).

¹² See Partridge et al. (2017).

¹³ “Ectogenesis” is sometimes used to refer to these technologies, but etymologically it is a poor choice. “Ecto” means “outside” and “genesis” means, “origin, creation, generation.” See Etymology Online (2023). Insofar as “ectogenesis” implies life *originates* outside of a woman's body, therefore, the term better refers to IVF (not technologies that merely sustain life). Cf. Kingma and Finn (2020, 356). “Ectogestation” is another option. “Ecto” works, since development occurs “outside” of a woman's body. “Gestation,” however, never occurs *ex utero* (or so I will argue) and so, “ectogestation” is not a great term either.

¹⁴ Segers and Romanis also acknowledge the importance of language in these discussions (2022, 2213). Their concern, however, is to control public uptake of information concerning relevant technologies (namely, to ensure that their preferred narrative is adopted widely).

conceptual space to regard those subjects as less than (legal) persons.¹⁵ Such language lends itself to regarding relevant subjects as deserving fewer rights than typical neonates. Alternatively, if we clarify that upon extraction from their mothers' bodies, gestation ceases—and so, relevant subjects “*have been born*”—then we may see (quite clearly) that they are (legal) persons.¹⁶ Thus, the rights and lives of human beings hinge on how we talk about “birth,” “gestation,” and the “human subjects” themselves. We must get the language right.

Imprecision in language (regarding artificial womb technologies) has already contributed to authors defending dubious metaphysical, moral, and legal claims. Romanis, for example, claims these technologies “prolong gestation” (2018, 752). This requires a redefinition of “gestation.” “Gestation” refers to the “the period in animals bearing live young ... from the fertilization of the egg to birth of the young” or “the carrying of young in the uterus.”¹⁷ The process occurring within artificial wombs does not involve “animals bearing” anything (nor does fetal growth occur “in the uterus”). Instead, machines sustain human subjects in a womb-like apparatus (and so, artificial wombs are wombs in name only).¹⁸ To clarify this point even further, consider *just* the physiological development that embryos and fetuses typically undergo in utero (*independently* of the relational process—the *bearing* or *carrying* of a child—that holds between mother and child during pregnancy). Call the process of fetal development “gestation*.”

Gestation, we saw, occurs when human beings are growing in utero. It refers to a fetus's developmental process *and* to the role played by the mother's body in that process. “To gestate” is something women do, it is not merely the developmental process that fetuses typically undergo.¹⁹ Failure to acknowledge that women are essential to gestation risks relegating women to a position of secondary importance in discussions of artificial womb technologies. Notably, authors in this space often insist that we should not marginalize women like this.²⁰ So, let

¹⁵ See Romanis (2019b, 119-121) and Romanis (2023, 91).

¹⁶ See Colgrove (2019) and (2020).

¹⁷ From Hine (2019) and Merriam-Webster (2023), respectively. One reviewer suggests that this definition of “gestation” may simply be outdated, since it precedes modern technology. Of course, one could argue that the meaning of our terms does (and sometimes should) change. In *this* case, such a view should not be granted without argument. There are clearly distinct phenomena in play: the process of carrying one's offspring and the growth that the offspring itself undergoes (typically in utero). The established definition of “gestation” straightforwardly maps onto the former phenomenon. If gestation is said to occur within artificial wombs, then the term must be capable of referring *exclusively* to the latter phenomenon (which is not a natural extension of the word given its etymology and established meaning). Either way, the general point remains that language concerning “gestation” is contentious. Further, in what follows, I argue there are other reasons—beyond etymology and semantics—for thinking that “gestation” should be taken to continue referring to the process of carrying or bearing one's young (rather than to the growth experienced by one's offspring in isolation).

¹⁸ The language of “artificiality” is especially instructive here. “Artificial” is an alienans adjective (others being “forged,” “putative,” and “alleged”). See Alexander (2014, 32). Alexander later explains that “*alienans* adjectives alienate the noun they modify from its normal role” (2014, 131, n.6). Accordingly, “it is invalid to split an *alienans* adjective from the noun it modifies” (Alexander, 2014, 32). To illustrate, suppose I call Jones “an alleged murderer.” One cannot infer that Jones is a murderer. By contrast, if I call Jones “a *cruel* murderer,” then one *can* infer that Jones is a murderer. This is because “cruel”—unlike “alleged”—is not an alienans adjective. So, in the case of “artificial wombs,” since “artificial” is an alienans adjective, we cannot infer that “artificial wombs” are wombs.

¹⁹ Again, this makes the most sense from an etymological standpoint. “Gestation” comes from “*gestare*” meaning “to carry” or “to bear” (Merriam-Webster, 2023). Mothers carry their young; machines do not “carry” or “bear” anything (though machines may be said to sustain the young). See also Rea, who argues that “gestation is far more active” than is sometimes supposed (2023, 1).

²⁰ See Romanis (2019, 729) and Segers and Romanis (2022, 2214). See also Verweij and Kingma (2023, 85).

gestation* refer solely to the process of growth that is typically experienced by young humans in utero. Once artificial womb technologies become available, gestation* may occur in utero or ex utero. Given the difference between gestation and gestation*, moreover, we can say—with absolute precision—that artificial womb technologies involve ecto-gestation*.

With this in mind, we should categorize artificial womb technologies as follows. Most generally, there are “perinatal life support technologies” (PLTs).²¹ Following the NHS, “perinatal” refers to “the time between conceiving a baby until the end of the first postnatal year” (2020). So, all life-sustaining technologies applied to human subjects during this stage of life will count as PLTs. That means PLTs include both standard NICU technologies—which do not involve artificial gestation—and emerging reproductive technologies (which *do* involve artificial gestation). Call the latter “artificial-gestation technologies” or “AGTs.”²² Conceptually, there are two kinds of AGTs: “transfer” and “non-transfer” AGTs, respectively.

Transfer AGTs support neonates that developed in utero for some time before being *transferred* from their mothers’ bodies to AGTs.²³ In the near future, transfer AGTs may be used for neonates born at or around the current viability line (22-24 weeks gestation).²⁴ Transfer AGTs, therefore, are an “emerging reproductive technology.” Non-transfer AGTs are designed (theoretically) to sustain subjects from conception until extraction.²⁵ Non-transfer AGTs, therefore, sustain subjects that were never gestated *at all*.²⁶ Both types of AGTs mimic an in-utero environment to facilitate the developmental process (i.e., gestation*) that typically occurs in utero. With this taxonomy in mind, we may now consider ethical and theological issues involving AGTs as discussed by other contributors to this issue of *Christian Bioethics*.

IV. A PRIMER ON AGTs FOR CHRISTIAN READERS

Blackshaw and Rodger begin the issue by outlining ethical and theological questions generated by AGTs (forthcoming). Their essay provides a great starting place for Christians who are unfamiliar with AGTs but who want to understand the moral landscape. Generally, Blackshaw and Rodger argue that transfer AGTs are morally benign, while non-transfer AGTs are more worrisome (forthcoming). Transfer AGTs, after all, are “likely to significantly decrease maternal and neonatal morbidity and mortality.” This is partly because transfer AGTs will likely be superior to current NICU technologies. As Blackshaw and Rodger note, “neonates born before 28 weeks have a high chance of suffering complications such as bronchopulmonary dysplasia” (forthcoming). Since transfer AGTs “show considerable promise in preventing such conditions in animals,” they may benefit “extremely premature neonates” in significant ways. Transfer AGTs may also lower “viability limits.” A lower viability line gives some neonates a chance at survival in cases where,

²¹ A similar phrase is used by van der Hout-van der Jagt et al. (2022).

²² I hyphenate “artificial-gestation” to emphasize that the “gestation” occurring within AGTs is *artificial* (i.e., it is gestation*, not gestation).

²³ This process is sometimes called “partial ectogenesis.” See Colgrove (2019).

²⁴ The FDA, for example, recently discussed clinical trials for transfer AGTs, as reported by Christensen (2023).

²⁵ This process is sometimes called “complete ectogenesis.” See Colgrove (2019).

²⁶ Researchers working on AGTs have called the possibility of non-transfer AGTs “nothing more than a technically and developmentally naïve ... pipe dream” (de Bie et al., 2023, 74). Assuming non-transfer AGTs are unrealistic (or very far off), many authors—including De Bie et al. (2023), Segers and Romanis (2022, 2208), and Verweij and Kingma (2023)—have argued that discussions of transfer AGTs should take priority for now.

with today’s technology, death is certain. Lowering the viability line may also allow for tighter “legal limits for abortion” (Blackshaw and Rodger, forthcoming). Hence, transfer AGTs may protect young humans from natural and intentionally caused death alike.

Abortion proponents have recognized the threat to abortion “rights” posed by transfer AGTs.²⁷ Romanis, for example, claims that “historically, technology has been politically captured to afford increased legitimacy for measures that subject pregnant people to greater control” (2020, 90). For example, “better neonatal intensive care has resulted in increased legal restrictions on abortion” (Romanis, 2020, 90). Put differently, as we become better at preserving young lives, it becomes harder to justify our wanton killing of them. For those in power, this will not do. This is why elsewhere, Romanis laments that transfer AGTs may lead to a “culture of caution,” worrying that “caution might take root amongst medical practitioners who perceive increased [neonatal] survival ex utero as cause for unease about *all* abortion provision” (2019b, 116-17). Caution threatens unrestrained control. For advocates of control over new life, therefore, steps must be taken to ensure that clinicians do not become tempted into humanizing the subjects within transfer AGTs.

Setting aside transfer AGTs, Blackshaw and Rodger argue that non-transfer AGTs may exacerbate the ongoing “commodification of children” and “pathologizing of pregnancy and childbirth” (forthcoming). When children are grown rather than gestated, the authors argue, children will be “detached from humanity, originating almost entirely from technology rather than human relationship” (Blackshaw and Rodger, forthcoming). Children, then, will be artifacts of our own making entirely—created, grown, and harvested—which, Blackshaw and Rodger claim “undermines the notion of human equality” (forthcoming). This, the authors claim, is because “when *you* create something, *you* get to decide its worth, rather than merely being thankful that it exists” (Blackshaw and Rodger, forthcoming). Here, we see the difference between Christianity (which asserts that all human life is intrinsically valuable) and values central to many contemporary programs of control (which characteristically regard human life to be only as valuable as those in power judge it to be).²⁸

Advocates of (illicit) control have recognized the potential of non-transfer AGTs to extend control over new human life. Firestone, for instance, claims that non-transfer AGTs could provide women with “liberation from the biological yoke of pregnancy” (2003, 75).²⁹ Cavaliere elaborates, locating “in nature the cause of ‘fundamental inequality’ whereby ‘half of the human race must bear and rear the children for all of them’” (2019, 80).³⁰ Non-transfer AGTs, in other words, could “liberate” women from their own physiology. Moreover, Cavaliere adds that AGTs might promote “women’s positive reproductive freedom by enabling them to beget children in the way they deem fit” (2019, 78). Benefits of non-transfer AGTs, therefore, come in two forms: they may free women

²⁷ As mentioned above (see endnote 5), there is no genuine right to abortion. Opposition to any such “right,” therefore, is not illicit control (e.g., over women’s rights). Put differently, laws that allow abortion are laws in name only. As Martin Luther King Jr. remarked—following St. Augustine and Cicero—“an unjust law is no law at all” (Bachiochi, 2021, 240). If correct, then opposition to abortion—far from being any kind of “illicit control” over others’ rights—is an appropriate response to ongoing systemic injustices.

²⁸ See Condic for a secular critique of the latter way of thinking (2013, 74-5).

²⁹ As quoted by Cavaliere (2019, 80).

³⁰ See also Smajdor (2007) and Kendal (2015) who, according to Cavaliere, emphasize the “serious toll” on women’s autonomy that is imposed upon women by their natural reproductive function (2019, 78).

from their “natural” inequalities and may also provide greater control over reproduction (e.g., to “beget” children in whatever way we wish).

The above claims by Firestone and Cavaliere seemingly suggest that female reproductive function is inherently inferior, disadvantageous, or in need of correction as compared to male reproductive function.³¹ Nature, after all, is said to have generated a “fundamental inequality” between males and females (at least with respect to reproductive capacities). In stark contrast, the ITC emphasizes that “the Bible lends no support to the notion of a natural superiority of the masculine over the feminine sex. Their differences notwithstanding, the two sexes enjoy an inherent equality” (2004, 36). This authentically feminist idea—that by nature, women are *not* unequal to men—appears in works by Celia Wolf-Devine (1989), Erika Bachiochi (2021), and Frederica Mathewes-Green (2013).³² Feminists for Life also puts the view well:

[This] is the premise of male domination throughout the millennia – that it was nature which made men superior and women inferior. Medical technology is offered as a solution to achieve equality; but the premise is wrong. Nature doesn’t provide for inequality, and it’s an insult to women to say women must change biology in order to fit into society. (Beckwith, 2007, 112)

Bachiochi adds that “early generations of women’s advocates worked not for women to imitate dissolute men” but rather, “argued for sexual integrity for both sexes” (2021, 16). The goal of early feminist movements, in other words, was not to “liberate” women from the “biological yoke of pregnancy.” Such thinking, Bachiochi argues, “denigrate[s] women” (2021, 17). True equality does not “erase” or “cancel out the differences between men and women” (Congregation for Catholic Education, 2019, 3). Instead, true equality involves reconciling differences between the sexes “within reciprocal relationships of mutual respect, interdependence, and collaboration in all realms of life” (Bachiochi, 2021, 249). This account of equality squares perfectly with “the Christian tradition” which speaks “of a reciprocity and complementarity” between the sexes (International Theological Commission, 2004, 35).³³ Hence, insofar as AGTs may be said to “liberate” women from their own physiology, they invite a clash between competing accounts of feminism and female sexuality (at the very least).

What of Cavaliere’s claim that AGTs could allow people to beget children however they “deem fit” (2019, 78)? Blackshaw and Rodger argue that when combined with access to AGTs (especially non-transfer AGTs), this kind of thinking—which may involve the perception that children are merely a product of our own desires and creation; something we may create however we “deem fit”—may exacerbate the “commodification of children” already occurring today (forthcoming). To illustrate this present trend, Bachiochi argues that abortion access “promoted a view of childbearing as one consumer choice among many” (2021, 15). Mathewes-Green adds that “having a child” now “looks like a quirky hobby” (2013, 132). If Blackshaw and Rodger are correct, then AGTs stand to exacerbate these misperceptions (forthcoming). Christianity rejects the child-as-

³¹ Cf. Beckwith who argues that claims like those set forth by Firestone and Cavaliere seemingly express “an unconscious sexism that assumes that male sexuality is the paradigm of *human* sexuality” (2007, 112).

³² See also Horner (2020), who responds to Cavaliere (2019) directly and along these same lines.

³³ To see what reciprocity and complementarity might look like in practice, see Bachiochi on “sexual asymmetry and authentic reproductive justice” (2021, 239-78).

commodity mentality and so, Christians must resist the narratives surrounding AGTs that are being advanced by advocates of illicit control. That said, non-transfer AGTs may not be all bad. As Blackshaw and Rodger note, non-transfer AGTs could be used to rescue hundreds of thousands of frozen embryos that have been “abandoned by their biological parents” (forthcoming). Christopher Gross examines this possibility at length (forthcoming).

V. AGTs CANNOT SOLVE THE FROZEN EMBRYO CRISIS

The frozen embryo crisis is straightforward: “there are well over 400,000 frozen embryos in the United States, and many of them have been abandoned by their biological parents” (Gross, forthcoming). By Catholic doctrine, these embryos are considered people; they possess profound intrinsic value. Each, however, faces the prospect of being frozen indefinitely or killed (for any number of reasons). How should those who recognize the true value of human life intervene? According to the Congregation for the Doctrine of the Faith (CDF), nothing can be done. CDF states, “the thousands of abandoned embryos represent a situation of injustice which in fact cannot be resolved” (2008, 19).

While some authors have argued that non-transfer AGTs could provide a morally licit solution to the frozen embryo crisis,³⁴ Gross sides with the CDF. Gross argues that even if non-transfer AGTs could rescue frozen embryos, such technologies are “not a morally licit answer” to the ongoing crisis, “given the widespread use and approval of IVF in our culture” (forthcoming). Even if non-transfer AGTs were used to preserve the lives of frozen embryos, doing so would carry the “potential for scandal and cooperation in evil” and so, cannot be justified. Ultimately, the problem is that non-transfer AGTs require IVF. *Donum vitae* states that IVF is illicit, given that it replaces “mutual self-giving by moving procreation outside of marriage and into laboratories, thereby turning children into commodities” and this runs “contrary to the dignity and equality that must be common to parents and children” (Gross, forthcoming). Since non-transfer AGTs extend—or encourage—a morally impermissible process, their use is also morally impermissible.³⁵ The possibility of “scandal” looms large as well, since embryo adoption (even via non-transfer AGTs) “may lead Catholics ... toward accepting IVF” (Gross, forthcoming).

To bolster Gross’s case, consider that “over 70% of Protestant Christians” apparently approve of IVF (Blackshaw and Rodger, forthcoming). Given this trend among protestants, Gross’s worry—that IVF may gain wider acceptance among Catholics—seems reasonable. Worse, that Protestants support IVF so widely likely undermines collective attempts on their part to defend the value of human life (e.g., when taking a public stance against abortion).³⁶ If Catholics follow Protestants regarding IVF, their opposition to abortion may appear hypocritical as well (and so, might be

³⁴ See Reiber (2010).

³⁵ Problems for non-transfer AGTs do not necessarily extend to transfer AGTs, however. In fact, Gross grants that it would be morally licit to use transfer AGTs to rescue fetuses who were “created through the marital act and then ... transferred out of the maternal womb,” at least where such care does not involve fetuses taking on “disproportionate risks” (Gross, forthcoming).

³⁶ Shaw, for instance, highlights claims that abortion opponents’ (positive or neutral) attitudes towards IVF undermines their anti-abortion views (2022, 41-2). For a response, see Blackshaw, Colgrove, and Rodger (2022b). Also, in fairness to protestants, one could argue their widespread support of IVF applies only to IVF itself, not to preimplantation genetic testing and certainly not to the destruction of “surplus” embryos. If so, then support for IVF may, in principle, be compatible with taking the view that human life is intrinsically valuable and ought to be protected.

dismissed quickly).³⁷ Faithful Catholics must not compromise their commitment to the profound and intrinsic value of human life. Doing so would enable ongoing, systemic violence against the innocent to continue. Thus, as Gross argues, until there is a “cultural revolution concerning the immorality of IVF”—which would allow us to rescue frozen embryos without the possibility of scandal—the frozen embryo crisis will remain a “situation of injustice which in fact cannot be resolved” (forthcoming).

VI. AGTs THREATEN THE THEOLOGICAL SIGNIFICANCE OF GESTATION AND BIRTH

So far, contributors agree that using transfer AGTs is probably morally licit. Non-transfer AGTs were viewed with greater suspicion. Matthew Lee Anderson continues this trend, assessing the theological significance of non-transfer AGTs by focusing on how “*having been born*” shapes our understanding of God and ourselves (forthcoming). As Anderson puts things, we should consider what is “valuable about gestation and birth before we decide to do away with them” (forthcoming). Ultimately, Anderson argues, “our understanding of God and ourselves might be altered if we gestate human life outside the womb” (forthcoming).³⁸ To elaborate, Anderson explores theological insights from Saint Augustine and Karl Barth on the nature of humanity’s “*whence*” (forthcoming).³⁹

For Augustine, Anderson writes, “*having been born* fuels Augustine’s theological imagination, such that its significance pervades both his soteriology and ecclesiology—and even inflects his understanding of God himself” (forthcoming). Life in utero presents Augustine with an epistemic limit—a kind of “darkness”—in terms of his understanding of himself. Contemplating this inaccessible *whence* leads Augustine to “consider his mutability” especially in contrast to “God’s immutability” (Anderson, forthcoming). Furthermore, when considering the earliest stages of life, Augustine reflects on his “near-total dependence on others” *through whom* God’s grace and mercies flow (Anderson, forthcoming). As such, Augustine’s “depiction of his early life frames the ‘natural’ as a prototype for the work of God’s grace”; God’s grace flows through one’s natural parents upon whom embryos and fetuses depend (Anderson, forthcoming). This giving—the flow of grace—occurs “beneath the conscious intentionality or decision on either side” since it was “neither his ‘mother [nor his] nurses who made any decision to fill their breasts, but [God] who through them gave [him] infant food’” (Anderson, forthcoming).

These natural, subconscious processes are contrary to processes associated with AGTs. Non-transfer AGTs, in particular, involve intentionality and conscious decision-making throughout the

³⁷ How prevalent IVF usage is among Catholics is unclear, but Best et al.—upon whose work Blackshaw and Rodger depend—found that among Protestants, assisted reproductive technologies (ART) were regarded more favorably overall, as “compared with Catholic/Orthodox” adherents (2019, 1). Furthermore, Präg and Mills found that having “a higher number of Protestants” within a country was associated with more widespread access to ART whereas “there is no relationship between the size of the Catholic population in a country and the number of ART treatments” (2017, 2308). So, even supposing that IVF use is not uncommon among Catholics (especially in certain parts of the world), there is some reason to think that IVF (or ART more generally) is typically more accepted among Protestants than Catholics.

³⁸ Anderson may disagree with the following, but as I have argued (above), we should think of “gestation” in this sentence as “gestation*.”

³⁹ For the sake of space, I will focus on Anderson’s discussion of Augustine.

entire process: human subjects are created in a lab, screened, selected, grown, and extracted or killed. Subjects of non-transfer AGTs, therefore, are more projects than persons. Hence, Anderson writes, “retrospectively considering the value of our *whence* forces us to weigh the risks and harms” that non-transfer AGTs may have on “future generations” who will be deprived of “the opportunity to share in an event that has pervasively shaped our understanding of the world” (forthcoming). In other words, subjects of non-transfer AGTs may come into the world perceived to be mere things—artifacts of human ingenuity, intention, and choice—an entirely different *whence* than their ancestors.⁴⁰ The potential for theological and anthropological damage caused by this shift in humanity’s *whence* should not be underestimated.

Tying contributors’ views together, I will now argue that if AGTs become available in a world that already shows too little regard for the value of new human life, results could be catastrophic. This is especially obvious given preemptive efforts of abortion proponents to undermine the moral (and legal) status of subjects within transfer AGTs. In section 7, I get into the weeds of recent discussions of AGTs. My intent is to show that contributors’ concerns over AGTs are vindicated given the language games being played in these academic discussions. Next, in section 8, I explain why the programs of control (from which these language games flow) are opposed to what Kierkegaard calls “neighbor-love.” Thus, Christians must oppose both these language games and, more broadly, initiatives to create a society that systematically dehumanizes subjects within AGTs.

VII. DISCUSSIONS OF THE SUBJECTS WITHIN AGTs: AN INCUBATOR FOR MANIPULATION

As noted in section 4, AGTs both threaten programs of control and promise to expand them. As a threat, AGTs may be used as justification to control others’ “reproductive freedom” or may produce a “culture of caution” in which clinicians start to humanize fetuses (and so, become increasingly hesitant to provide abortions generally) (Romanis, 2019b, 116-17). As an opportunity for expansion, AGTs—especially non-transfer AGTs—may provide incredible means of controlling new life (e.g., to beget children however we “deem fit”) (Cavaliere, 2019, 78). Those who wish to promote (illicit) control over new human life, therefore, must proceed carefully. To best control public policy, manipulating common language is a good starting place. Romanis, for instance, claims that “carefully framed political provocation ... can prevent political capture of technology” by advocates of “regressive [anti-abortion] policies” (2020, 89-90). Frame things in the right way, in other words, and one vision of the good—which enshrines the “right” to kill one’s children—can retain its place of privilege.⁴¹ So, let the language games begin.

⁴⁰ Dehumanization (and objectification) of children are made complete when people defend the “right” to kill their children. Advocates of illicit control avoid such “inflammatory” language, of course. Benign-sounding things like “the right not to be a parent” are preferred. See Ross (2017, 165). “The right not to be a parent” is ambiguous, however. If it means “the right never to become a parent” (i.e., by choosing to remain celibate), then that is unobjectionable. If it means “the right to ‘cease’ being a parent by securing the death of one’s offspring,” then nobody has such a right. On this point, see CDF (1974, 14). Many authors, like Ross (2017), Räsänen (2017), and Overall (2015), clearly have the latter in mind when talking about the “right not to be a parent.” For a critical engagement with such views, see Bohn (2022).

⁴¹ Cf. Horn, who writes, “as conservative bioethicists and doctrinal legal scholars direct discourse on artificial womb technologies in the interest of anti-abortion sentiment, it is important ... that feminist scholars engage to redirect this discussion” and later, “the energy of feminist legal scholars should be turned toward another strategy that would protect abortion rights against technological challenges: fighting for full decriminalization and free, safe, local, informed access” (2020, 9-10).

First, for programs of control to thrive, subjects within AGTs must *not* be thought of as persons. Were they considered persons, then (a) AGTs might disrupt abortion access and (b) AGTs could not be used to maximize “reproductive autonomy.” To prevent humanization of subjects within AGTs, a preemptive and linguistic attack is underway. The attack is disguised, however, behind a declaration of neutrality. Readers are instructed to use language that is “value-neutral and without specific legal boundaries attached to it” to allow for “fuller and more comprehensive investigation of the potential ethico-legal issues arising from (partial) gestation outside of the body” (Romanis 2023, 91). *Nonneutral* language (e.g., calling subjects in AGTs “neonates” or worse, “babies”) would contaminate our inquiry. So, we are told, we need a new, sterile vocabulary when discussing AGTs.

In this new vocabulary, what should we call the subjects within AGTs? They are not “fetuses,” since that term refers only to individuals growing *in utero*.⁴² “Neonate” does not apply either, since, according to Kingma and Finn, subjects within transfer AGTs will only have completed “birth-by-location” (i.e., they have been removed from their mothers’ uteruses) (2020, 360). They have not completed “birth-by-physiology” though, since they still *function like* fetuses (Romanis, 2019a, 727). So, neither “fetus” nor “neonate” refers to subjects within AGTs. Whatever term we use for them should pick out humans that are “born-by-location,” but not yet “born-by-physiology.” Three options have been proposed: “fetonate,” “gestateling,” and “perinate.”⁴³ I will consider each.

De Bie et al. introduce “fetonate” meaning “neonates kept in a fetal physiological state” (2022, 2). So, fetonates are a kind of neonate, similarly to how “preemie” denotes a kind of neonate today. This seems reasonable. The problem is that it threatens control. Were “fetonates” widely considered to be a kind of neonate (i.e., *persons*), then it would be harder to objectify, commodify, and dispose of them. That is something for which advocates of illicit control will not stand. On cue, Romanis rejects “fetonate” (2023, 90). “Fetonate,” Romanis argues, is “oxymoronic” since fetuses are “part of a pregnant” woman while neonates are “a separate entity” (2023, 90). “Fetonate,” therefore, refers to something that is both part of its mother’s body and not (at the same time).⁴⁴ Moreover, we are told, “fetonate” does not “clarify for putative parents what their product of reproduction is” (Romanis, 2023, 90-1). As such, “a unique term is needed to describe the subject ... to ensure public/putative parents’ understanding of the technology and how the entity within it” (allegedly) differs from neonates (Romanis, 2023, 90).

The “unique term” Romanis proposes is “gestateling” (2023, 90-1). “Gestateling” refers to human subjects “gestating ex utero” (Romanis, 2018, 751). Here, we have a truly sterile term: it will not contaminate discussions of AGTs with value-laden connotations as “neonate” would. Since “gestateling” is not value-laden, it better emphasizes “to putative parents the uniqueness of the state of their product of reproduction” (Romanis, 2023, 90). That is, “gestateling” helps people

⁴² As Romanis correctly notes, “most medical definitions of the fetus imply it is located inside a human gestator” (2018, 753). Werner and Mercurio note, however, that “research teams” working on AGTs “use the term fetus” (2022, 2). Despite this use, many commenters in the space—including Romanis (2018) and Colgrove (2019)—agree that “fetus” is not a fitting term.

⁴³ See de Bie et al. (2022), Romanis (2018), and van der Hout-van der Jagt et al. (2022), respectively.

⁴⁴ Curiously, if I am correct that “gestation” refers to a process that occurs in utero (as I argued above), Romanis fails to notice the oxymoronic nature of her own common phrase for AGTs: “ex utero gestation” (Romanis, 2018, 751).

understand that subjects in AGTs are different than neonates. At least two problems arise for Romanis’s project.

First, the proposal is not remotely “value-neutral.” Claims to value-neutrality—coupled with phrases like “putative parents” and “product of reproduction”—are untenable. “Putative parents”—referring to adults whose offspring reside within AGTs—suggests they are not *yet* parents (as though the parental relationship begins some time post-conception). This is a substantial (nonneutral) position on parenthood.⁴⁵ Further, that any child is *adequately* described merely as a “product of reproduction” is contentious. This wording suggests that children are an *it*, not a *them* (as though they are mere things with extrinsic value alone). In this way, Romanis’s language commodifies, objectifies, and dehumanizes.⁴⁶ When challenged by Colgrove (2019) on this matter, Romanis claims—without defense—that moral status “is subjectively attributed rather than innate” (2019a, 728-9). Again, such a claim is deeply contentious. As such, despite her call for value-neutrality, Romanis’s language and metaethical assumptions cannot reasonably be regarded as “value-neutral.”

Second, the need for a third term (e.g., “gestateling”) is supposedly grounded by important “metaphysical” differences between fetuses, neonates, and subjects of AGTs (Romanis, 2023, 90). If subjects within AGTs are a new, unique kind of human being, then giving them a new name makes sense. Alternatively, if these subjects are *not* unique, then invention of a third term is unwarranted. So, why think that subjects within AGTs are unique? A pattern emerges in the literature. Authors begin by documenting some physiological differences between subjects in AGTs and other human beings (e.g., neonates in the NICU). Next, authors assert (typically without much defense) that these physiological differences ground some important metaphysical difference(s).⁴⁷ Romanis’s defense of this “metaphysical” distinction is just a list of physiological differences between neonates and subjects within AGTs (2018, 752). Nothing explains *why* the list has metaphysical import.⁴⁸ By analogy, consider humans who are connected to dialysis machines or on cardiopulmonary bypass. They function differently than most others and are reliant on technology in a unique way. Should we conclude that these individuals possess a new, distinct metaphysical status? Are they “dialysislings” or “bypasslings?” No. So, even though AGTs work differently than standard NICU technologies, that is no clear reason to regard subjects within them as metaphysically unique.

Kingma and Finn expand on Romanis’s view, drawing a distinction between “birth-by-location” and “birth-by-physiology” (2020, 360). Neonates in the NICU satisfy both types of “birth” (and so, are *fully* born). Subjects within transfer AGTs, however, have only been “born-by-location.” Kingma and Finn then list numerous physiological differences between subjects within AGTs and neonates in the NICU (2020, 359). Again, we never hear why these physiological differences have *metaphysical* import. Instead, after listing physiological differences, the authors assert that “our analysis so far illuminates in what way birth is more than just a morally relevant change of location from within the gestator’s physical body to outside it” (Kingma and Finn, 2020, 359). Their

⁴⁵ See Kaczor for a rebuttal (2018, 635).

⁴⁶ Cf. Kaczor who also argues that Romanis’s language “lends itself to dehumanizing the human being in question” (2022, 177).

⁴⁷ See, especially, Romanis (2018) and Kingma and Finn (2020).

⁴⁸ Cf. critiques by Rodger, Blackshaw, and Colgrove (2020) and Wozniak and Fernandes (2021).

analysis does no such thing. As explained by Rodger, Blackshaw, and Colgrove, two processes are in play (2020, 2-4). First, there is *birth* (i.e., birth-by-location) which is well-defined as involving mere extraction or expulsion from the mother's body. Second, there are the *physiological adjustments* that one must undergo to survive (long-term) ex utero, at least without aid of AGTs. Kingma and Finn do nothing to show that the latter (physiological adjustments) are required for birth. If anything, Kingma and Finn make the classic mistake of assuming that since birth and relevant physiological changes *usually* go together, there must be a necessary connection between them.⁴⁹ Transfer AGTs, however, split that connection, showing that birth can occur without a need for physiology to change so significantly (at least not immediately).⁵⁰ Ultimately, defenders of the "unique" status of subjects within AGTs provide nothing of substance to defend the claim that subjects within AGTs are metaphysically unique. They provide lists of physiological differences and then plainly assert that these differences have metaphysical import.⁵¹ This makes for little more than an impressive house of cards.

Returning to questions about language, if "fetonate" and "gestateling" are out, that leaves "perinate." Defenders of "perinate"—van der Hout-van der Jagt et al.—begin with an uncritical acceptance of the birth-by-location and birth-by-physiology distinction (2022, 3). They then regard "*perinate*" as a subcategory of the "gestateling" given that "the infant" within a transfer AGT is a human subject that exists "around" (*peri*) "birth" (*natus*) (van der Hout-van der Jagt et al., 2022, 3). By naïvely accepting the claim that birth-by-physiology is metaphysically relevant to birth—while endorsing Romanis's "gestateling" to boot—"perinate" faces the same problems as "gestateling." Thus, "perinate" should be dismissed as well.⁵²

Inquiry into the language surrounding AGTs began with a call for value-neutrality. Proposals considered here were not value-neutral. Instead, we found language games. These games involved an invention (largely out of thin air) of four things: (a) a new, sterile vocabulary (with terms like "perinate" and "gestateling"), (b) a third category of human being (neither "fetus" nor "neonate"),

⁴⁹ Cf. Rodger, Blackshaw, and Colgrove (2020, 3, n.16).

⁵⁰ Perhaps Kingma's metaphysics can come to the rescue here. For Kingma, fetuses are parts of their mothers' bodies (2019). Call this "the parthood view." Assuming that subjects in AGTs have not yet been "fully born," Kingma and Finn could try to invoke the parthood view to argue that those subjects are mere "detached" body parts (2020, 360). If this is an implication of the parthood view, however, then it is more *reductio* than revelation. Fortunately for Kingma's metaphysics, the "detached body part" view is not actually implied by the parthood view. Even if fetuses are part of their mothers' bodies prior to birth-by-location, that does not imply that they remain parts of their mothers until birth-by-physiology is complete. Another argument is needed for that view. Lastly, Kingma's metaphysics has bigger concerns than those involving AGTs. Rose Hershenov, for instance, reveals that Kingma's parthood view relies upon *serious* misrepresentations of basic biological facts (MS).

⁵¹ Kingma does the same thing elsewhere: she observes that "fosters" (fetuses) function quite differently from "babies," lists these physiological differences, but never explains *why* those physiological differences are metaphysically relevant to birth (2018, 176, n. 27).

⁵² The case for "perinate" is also very sloppy. van der Hout-van der Jagt et al. use "infant" to refer to subjects within AGTs, despite "infant" being synonymous with "neonate" (2022, 3). Recall, these "infants" are *not* neonates (they are "gestatelings"). Infancy only comes later—if at all—once "birth-by-physiology" is complete. Second, we saw that "perinatal," as defined by the NHS, refers to the time from conception to one-year post-birth (2020). The authors use the term differently, since "perinate" (for them) picks out subjects in AGTs that have recently undergone "(extreme) preterm birth" (van der Hout-van der Jagt et al., 2022, 3). So, there is potential for confusion there. Third, the authors say that relevant "infants"—which are not *really* infants—have undergone "preterm birth" (van der Hout-van der Jagt et al., 2022, 3). The whole "gestateling" story, however, *insists* that subjects in AGTs have *not* been born. So, in addition to uncritically accepting others' (contentious) ideas, the authors often struggle to apply them coherently.

(c) one physiologically interesting but metaphysically irrelevant distinction (birth-by-location/birth-by-physiology), and (d) novel definitions of common terms (like “gestation” and “birth”). Manipulating language, in these cases, strikes me as a mere attempt to preserve or expand control over new human life. After all, Romanis and Horn claim that “responsible literature should begin ethical assessments of the future implications of ectogenic technology from a place of affirming contemporary (and future) abortion as essential healthcare” (2020, 185). Readers should not take seriously authors who describe their language (or metaphysics) as “value-neutral” when those same authors *require* that a pro-abortion (non-neutral) perspective be built into it. As Wozniak and Fernandes observe, rather pointedly, this kind of scholarship on AGTs is “suspect since it begins with a conclusion (a woman’s right to abortion should not be altered) and creates a new category of gestating in order to validate the conclusion” (2021, 4). Indeed, what the authors considered here reveal is that in many academic discussions of AGTs, the pro-abortion tail wags the metaphysical dog.

VIII. AGTs AND A SYSTEMIC FAILURE OF NEIGHBOR-LOVE

Christians have special reasons to oppose both the language games outlined above and the programs of control from which they flow. As the International Theological Commission affirms, human life is a gift of inestimable value, made in the image of God, and is oriented towards eternity with Him (2004, 24). These words likely ring hollow when the Christians who utter them turn around and join programs of control in the name of things like “reproductive autonomy.” One cannot effectively bear witness that God is the one, true ruler over human life while, at the same time, seizing control over—and objectifying—new human life. This seems especially true when one’s pursuit of reproductive autonomy involves the killing of human beings (as typically occurs in cases of IVF). In these cases, to use Bauzon’s phrase, “the desire to procure” a child by medical means is regarded (at least in effect) as more valuable than human life itself (2008, 45-6). By comparison, consider McMahan’s comments concerning abortion opponents’ widespread failure to adopt frozen embryos: “whatever people may profess on their bumper stickers, very few really believe that embryos have the same moral status as older children and adults” (2007, 176). How people act, in other words, may undermine their (perceived) credibility or their commitment to their claims. This is not always fair, of course, but in the present case, Christians who (in effect) regard their own procreative goals as more valuable than human life itself (e.g., when using IVF in a way that involves the destruction of embryos) should not be surprised when their claims about the intrinsic and profound value of human life are not taken seriously.⁵³ Those who believe that all human beings are created in the image of God should strive to act accordingly.

Kierkegaard’s account of “neighbor-love” is especially insightful on these points. For Kierkegaard, neighbor-love is *commanded* and “demands a strict commitment to equality in which people must recognize their ‘kinship with the entire human race’” (Evans, 2004, 214). Evans explains that this kind of equality means “loving without distinctions” which, in turn, means that “I cannot limit my loving concern to my family, friends, neighbors, or even my fellow citizens” and “I am never allowed to say that what happens to other human beings is of no moral concern to me” (2004, 211-12). Importantly, it is recognition of God’s image in other human beings that grounds neighbor-love. So, failure to love even *one* human being as one’s neighbor entails failure to love *every* human being as one’s neighbor. Evans’ emphasizes this point explicitly:

⁵³ For a critical discussion of these kinds of arguments, see Blackshaw, Colgrove, and Rodger (2022a).

If I love the one individual rightly as my neighbor, I must love the person by virtue of being a human being God created. If that motive is really operative in me, then I will not refuse love to others who are equally human beings created by God. If I make a distinction by loving the one person and not the other, clearly the ground of the love for the first person is not that characteristic all humans share, the quality that is the ground of neighbor-love. (2004, 199)⁵⁴

Separating human beings (as though some bear God's image and some do not) is precisely the kind of "discrimination which dehumanizes other people by excluding them from the arena of moral concern" (Evans, 2004, 212).⁵⁵ Neighbor-love requires the opposite. As such, Christians should consider two questions. First, what would neighbor-love towards subjects within AGTs look like? Second, do extremely young human beings *really* fall within the scope of neighbor-love? That is, why think that humans bear God's image from conception onward? I will address each question in turn.

VIII.I. Neighbor-Love and Subjects within AGTs

First, what would neighbor-love look like when directed towards subjects within AGTs? For Kierkegaard, "a crucial test as to whether a person's love of the neighbor is genuine is how the

⁵⁴ One reviewer challenges Kierkegaard's "all or nothing" approach to neighbor-love. Consider someone who identifies 258 and 16 as even, while mistakenly identifying 404 as odd. One explanation is that the person does not really grasp the concept of even numbers. Another explanation is that the person misread "404" as, say, "409." In the latter case, his failure to identify 404 as even does not imply that he fails to grasp the concept of even numbers; he just made a reading error. Returning to neighbor-love, it seems to me that Kierkegaard's "all or nothing" claim is correct with respect to the first kind of error. If some agent, *A*, looks at a fellow human being—recognizing her as such—and yet, fails to love her in virtue of her having been made in God's image, then the correct "motive" is not "really operative" for *A* in the relationships where *A* purports to love others. Some other feature(s) of the people *A* claims to love must be what grounds *A*'s love in those cases, and so, in those cases, *A* expresses another kind of love, not genuine neighbor-love. The latter type of error—where one simply misreads the situation—is what may pose a problem for Kierkegaard. The challenge goes like this: we can express genuine neighbor-love towards some individuals in virtue of our recognition that they are created in the image of God, even if we mistakenly fail to identify *other* individuals as human beings. With this possibility in mind, we might qualify Kierkegaard's view: failure to love even one human being as one's neighbor—where the agent has correctly *recognized* the individual as human—entails failure to love every human being as one's neighbor. Kierkegaard could then argue two things. First, that failure to recognize human beings as human beings remains a *grave* offense against God and others (indeed, it remains a failure of neighbor-love towards those human beings who are not correctly recognized as such). Second, supposing the agent is expressing genuine neighbor-love towards some others, then *were* the agent's misperception of the relevant individual, *S*, corrected, then the agent would (immediately) exhibit neighbor-love towards *S*, in virtue of *S*'s having been created in God's image. After all, in the number case, were the agent's misperception corrected—suppose he is told, "no, that's 404, not 409"—then assuming he really grasps the concept of even numbers, he will quickly recognize 404 as even. His response to correction, in other words, will reveal whether he really grasps the concept of even numbers. In the present context, this discussion of neighbor-love matters for Christians who (in my view, mistakenly) do not regard embryos and fetuses as "human" in some critical way (e.g., by distinguishing between biological members of the species and "human persons," for instance). I will return to this kind of distinction (and why I think it is problematic for Christians) in section 8.2.

⁵⁵ Cf. the Congregation for the Doctrine of the Faith (CDF), which writes, "the first right of the human person is his life. ... It does not belong to society, nor does it belong to public authority in any form to recognize this right for some and not for others: all discrimination is evil, whether it be founded on race, sex, color or religion. ... Any discrimination based on various stages of life is no more justified than any other discrimination" (1974, 11-12).

person treats concrete individuals, particularly those who are *not in a position to reciprocate goodness shown to them*” (Evans, 2004, 219, emphasis added). Christians’ treatment of human beings within AGTs (or in utero, for that matter) provides an excellent test of their love since the latter cannot voluntarily reciprocate any “goodness shown to them.” As Anderson emphasizes, human beings at the earliest stages of life depend for their very lives on the grace and mercies of others (forthcoming). Whether human beings exist in utero or ex utero, if we regard them as “beyond the pale of [our] concern” and so, deny their value—the “inner glory” they possess, as bearers of God’s image—then we fail *universally* with respect to neighbor-love. That is, if Kierkegaard is correct, then we cannot regard subjects within AGTs as “beyond our concern” and then claim to love *anyone* as God has commanded. Obedience to God’s command requires recognition that all human beings bear God’s image and a commitment to helping them “in concrete and costly ways” (Evans, 2004, 218).⁵⁶ Programs of control—which dehumanize, objectify, and destroy young human beings—could hardly be more opposed to neighbor-love. Hence, given that neighbor-love is commanded, Christians are obligated to oppose such programs.

VIII.II. On Whether *Imago Dei* Begins at Conception

Next, some Christians may object that neighbor-love extends only to human *persons* (not human *organisms*) and that personhood begins after conception.⁵⁷ Does this change Christians’ obligations to subjects within AGTs? Regarding *transfer* AGTs, no. In the foreseeable future, transfer AGTs will be applied only to subjects at (or near) the current viability line (22-24 weeks) (De Bie et al., 2023). If the objector accepts that today’s neonates fall within the scope of neighbor-love (which is relatively uncontroversial), then subjects in transfer AGTs fall within the scope of neighbor-love in the same way.⁵⁸ Non-transfer AGTs are more complicated. To the Catholic *faithful*, since human beings bear the image of God from conception onward, all subjects within non-transfer AGTs fall within the scope of neighbor-love. Denying these individuals their dignity, right to life, or other basic protections is untenable (International Theological Commission, 1974, 11, 14, 21). My dispute, then, is with non-Catholic (and non-*faithful* Catholic) Christians who deny that human subjects bear God’s image from conception onward.

Separating human beings into two classes—image bearers versus non-image bearers (or neighbors versus non-neighbors)—conflicts with the radical inclusion we see emphasized throughout Christ’s ministry. Neighbor-love requires that we see God’s image in others, no matter how lowly or vile they are to us (Luke 6:27-28). As such, even if the view in question—namely, that human beings are only worthy of our moral concern when they function in a certain way or have certain

⁵⁶ Were Christians to act on this command, we would have a clear response to Horn’s question of “who will care for” subjects within AGTs should abortion access be restricted (2020, 9).

⁵⁷ In doing so, the objector must reject CDF’s claim that “the human embryo has ... from the very beginning, the dignity proper to a person” (2008, 5-6). They must also contend with the fact that “Christianity [has] condemned infanticide and abortion from its very beginning,” as highlighted by Cherry (2011, 35). On the latter point, see also CDF (1974, 6) and Blackshaw and Rodger (forthcoming).

⁵⁸ The objector could push back in two ways. First, by denying that today’s neonates fall within the scope of neighbor-love. Second, by insisting that subjects within AGTs are relevantly different from today’s neonates (such that the latter fall within the scope of neighbor-love, but the former do not). The first view strikes me as absurd, but what I say in the next paragraph is relevant in response. The second claim ultimately amounts to ableism or ageism (Colgrove, 2022, 552). Either way—arguing that neonates are not our “neighbors” or that ableism/ageism is compatible with the nondiscrimination that is characteristic of neighbor-love—the implausibility of our objector’s view is staggering.

physiological features—is logically consistent with Scripture, this view does not cohere well with Christ’s message of inclusion and concern for “the least of these” (Matthew 25:40-45).⁵⁹ To bolster my case, recall that when Christ commanded His followers to love their neighbors, one lawyer—who wished “to justify himself”—responded, “and who is my neighbor?” (Luke 10:29). This question carries an implicature of exclusion. Loving one’s neighbors is relatively easy if “neighbor” picks out a highly restricted subset of human beings.⁶⁰ As “neighbor” becomes more inclusive, however, obeying Christ’s command becomes more difficult.

Christ responds to the lawyer with the Parable of the Good Samaritan (Luke 10:30-37). This parable rejects any attempt to restrict one’s neighbor to those for whom one already has natural affections or attachments. Humans do not need to be commanded to love people whom they find lovely. Such affection comes naturally. These natural loves—“romantic love, friendship love, parental love, or patriotic love”—ensure that we will promote the good of those whom we find agreeable (Evans, 2014). Neighbor-love, by comparison, calls us to far more: we must love even those we naturally despise.⁶¹ This includes those who are unwanted or inconvenient.⁶² As Bock remarks, “the lawyer’s question about identifying his neighbor is really an attempt to say there is such a person as a ‘non-neighbor.’ Jesus refuses to turn people into a subspecies or into things that can be ignored” (1996, 139). Attempts to exclude subjects in AGTs from the scope of neighbor-love follow the lawyer’s pattern of thinking (a pattern that Christ Himself rejected). Thus, any attempt to restrict the scope of “neighbor” to just *some* (not all) human beings should be viewed with great suspicion (if not rejected outright). After all, incorrectly narrowing the scope of neighbor-love is a *far* greater offense than incorrectly broadening it. The former violates the second greatest commandment, but the latter carries no penalty at all. From a prudential standpoint, therefore, we have another reason to avoid claiming that some human beings fall outside neighbor-love’s scope.

⁵⁹ A Bayesian argument applies here. Given Christ’s teachings on the wide scope of neighbor-love, the probability that very young humans are included within the scope of neighbor-love is (much) higher than the probability that very young humans are excluded from the scope of neighbor-love. Were young humans excluded from the scope of Christ’s commands to love others, in other words, that would be *much* more surprising than discovering that these humans are included within the scope of those commands.

⁶⁰ As Bock observes, the lawyer here is trying to “soften the demand” of Christ’s command by defining “and thus restrict[ing] who one’s neighbor is” (1996, 137-8).

⁶¹ Cf. Jerome, who writes, “Some think that their neighbor is their brother, family, relative or their kinsman” (Just and Oden, 2003, 179). The Parable here, however, shows that “everyone is our neighbor.” Further, “if, on the contrary, we understand our fellow human beings to be only our brother and relatives, is it then permissible to do evil to strangers? God forbid such a belief! We are neighbors, all people to all people, for we have one Father” (Just and Oden, 2003, 179).

⁶² On this note, abortion advocates sometimes defend the “need” for abortion by appealing to serious social and economic repercussions associated with unwanted pregnancy. Foster et al., for example, emphasize that “laws that impose a gestational limit for abortion or otherwise restrict access to abortion will result in worsened economic outcomes for women” and so, abortion access must be protected (2018, 413). In these cases, the child is construed as the enemy: unwanted, a liability, an inconvenience, a burden. Christians, however, have been commanded to love their enemy. Moreover, Christians are commanded to feed the hungry, not kill people before they can become hungry. As the CDF declares, it is critical to meet the material needs that often drive women to seek abortion: “one can never approve of abortion; but it is above all necessary to combat its causes” (1974, 26). Christians are called, in other words, to show vulnerable women, children, and young families genuine neighbor-love by meeting their concrete material needs however possible. What Christians *cannot* accept is lessening life’s burdens via snuffing life out.

In sum, AGTs provide a new battlefield for those who affirm human rights/equality and those who deny these things. Blackshaw and Rodger give an overview of that battlefield (forthcoming). Gross articulates how AGTs might contribute to further dehumanization of children (forthcoming). Anderson explains how AGTs might damage our theological understanding of God and ourselves (forthcoming). Moreover, I have shown that those who reject human rights (whether explicitly or in effect) have already begun laying groundwork for an expansion of dehumanizing ideologies. This groundwork takes form in language games, which aim to diminish the (apparent) value of neonates within AGTs. I argued that although these language games are politically expedient, they are philosophically hollow. My hope is that Christian thinkers will continue to expose these games for what they are: empty rhetoric that targets the innocent with lethal intent.

IX. BEYOND AGTs: ECTOPIC PREGNANCY IS WIDELY MISUNDERSTOOD

Discussions of emerging reproductive technologies go well beyond AGTs. Debates over treatment of ectopic pregnancies are another point of interest. Post-*Dobbs*, these debates are especially pressing. Colgrove, for example, argues that following *Dobbs*, academics must not “purposefully (or carelessly) perpetuate misunderstandings of the law in ways that risk serious harm (or death) to patients who experience ectopic pregnancies” (2023, 201). Cara Buskmiller tackles these misunderstandings, aiming “to settle the issue about whether methotrexate and salpingostomy are acceptable [as treatment for ectopic pregnancy] within a Catholic worldview” (forthcoming). Specifically, Buskmiller defends three claims: methotrexate use is morally impermissible, salpingostomy (of a certain kind) is the best treatment for ectopic pregnancy, and while salpingectomy is morally permissible, it harms women unnecessarily (forthcoming). If so, then salpingectomy “should not hold the pride of place that it does in Catholic bioethical literature, as the gold standard agreed-upon treatment” (Buskmiller, forthcoming). Salpingostomy—when performed ethically—deserves that place (Buskmiller, forthcoming).

Buskmiller’s essay reveals potential common ground between abortion proponents and opponents. Generally, both agree that ectopic pregnancy should be treated even if that means causing an embryo’s death. Disputes center on which methods of treatment are morally licit. As Buskmiller observes, not all interventions for ectopic pregnancy require intentional killing (i.e., abortion) (forthcoming).⁶³ Hence, understanding available interventions—by clarifying which interventions are abortive and which are not—could promote bipartisan agreement. Both abortion proponents and opponents may hesitate to seek common ground, however. Abortion opponents may fear that doing so will make them appear to be “endorsing abortion” in some cases.⁶⁴ Abortion proponents may prefer to engage in “scaremongering” regarding the consequences of anti-abortion laws (Waters and Buss, 2022). That is, if one aims to preserve a “right” to kill, then it makes sense to claim that restrictions on this “right” will lead to horrifying consequences (like clinicians’ inability to treat ectopic pregnancy). For both parties in this debate, however, by refusing to build on *available* common ground—where parties agree that *some* form of treatment for ectopic pregnancy is permissible—they risk prioritizing their political agendas over the health, well-being, and lives of women. Both parties, therefore, have much to gain from Buskmiller’s essay and both should

⁶³ In fact, if Saad (2022) is right, then abortion (a kind of intentional killing) is literally *never* medically necessary, whether in cases of ectopic pregnancy or not.

⁶⁴ Buskmiller is sensitive to this concern, noting that endorsing salpingostomy (even only conditionally) “sounds ethically terrifying” given that the intervention may be misconstrued as being abortive in nature (forthcoming).

reflect on their own (explicit and implicit) priorities when it comes to public policy and the treatment of ectopic pregnancy.

X. ABORTION PILLS KILL: AN ADJECTIVAL ACCOUNT OF KILLING AND LETTING DIE

Medication abortion (e.g., methotrexate and mifepristone) is the final reproductive technology considered here. Buskmiller regards methotrexate use as morally impermissible since it acts by halting “cell reproduction” within the trophoblast (where the trophoblast, is a vital embryonic organ) (forthcoming). This means that—contra Kaczor (2009)—“methotrexate acts more like ... physician-assisted suicide” than mere withdrawal of life-sustaining care (Buskmiller, forthcoming). Hence, using it is not permitted under Catholic doctrine. David Hershenov continues this discussion by inquiring into the nature of medication abortion more generally (forthcoming). He does this primarily through the lens of the “killing and letting die” distinction.

Hershenov begins by arguing that the killing and letting die distinction is widely misunderstood. Contrary to common views, “letting die and killing aren’t to be distinguished by differences between acts and omissions, moral and immoral motives, intentional or unintentional deaths, and causing or not causing a pathology” (Hershenov, forthcoming). Rather, Hershenov argues, we should define “killing and letting die in non-moral terms” and then, qualify “them as permissible, unjust, intentional, foreseeable, and so on” (forthcoming). This is an *adjectival* approach to killing and letting die, since we first define an event (a killing or a letting die) and then attribute adjectives (moral, immoral, intentional, unintentional, etc.) to that event. Hershenov then argues that abortion pills (including methotrexate and mifepristone) both work by damaging the embryo’s body (and so, both pills kill).⁶⁵ Should one accept Catholic doctrine—which prohibits the killing of innocent human beings⁶⁶—then it is always impermissible to use methotrexate and mifepristone to terminate pregnancy.

Hershenov’s discussion reveals how language surrounding medication abortion is subject to manipulation. Descriptions of certain interventions as “detachment” abortions—as though they merely “let embryos die”—may suggest that these interventions are less wrong than procedures that directly kill.⁶⁷ Hershenov reveals this misperception, showing that—in actuality—medication abortions and other so-called “detachment” abortions kill their victims. Even if there *were* some intervention that merely “lets embryos die,” Hershenov shows that this fact (by itself) does not say anything about its permissibility or impermissibility. Even if an intervention merely “let embryos die,” therefore, this gives us no real reason to think that the intervention is morally permissible.

Buskmiller and Hershenov each help us to avoid causing unnecessary harm to women and children alike. Failure to understand ectopic pregnancy—and failure to understand which treatments are morally licit—may expose women to unnecessary risk of serious injury or death. Hence, clarity on these issues is critical. Further, when manipulative (or confused) language makes some abortions

⁶⁵ On this point, Hershenov’s claim contradicts Buskmiller’s claim that mifepristone “*does* purely disconnect embryos” rather than damage their bodies (Buskmiller, forthcoming). Hershenov anticipates this response, but I will not rehearse it here (forthcoming).

⁶⁶ See Pope John Paul II (2016, 544).

⁶⁷ Hershenov cites McMahan as an example, where McMahan uses the phrase “merely extractive abortions” to refer to cases of mere “detachment” or “letting die” (1993, 268).

(e.g., medication abortions) seem relatively benign, this obviously risks serious harm to embryos, not to mention harms associated with failing to inform patients as to the true nature of interventions. If Hershenov is correct, then patients who opt for medication abortion have not been properly informed when they are led to believe that the intervention merely “detaches” the embryo rather than kills him or her. If Hershenov is correct, then medication abortion kills (and so, our language should not obscure this fact). Finally, insofar as neighbor-love means meeting the material needs of every human being (insofar as is possible), Christians should strive to protect the lives of women who experience ectopic pregnancy and the lives of children (whether before or after birth) wherever possible.

XI. CONCLUSION

Discussions of AGTs and other emerging reproductive technologies are saturated with manipulative language games. These games, I have argued, often aim to insulate (or expand) illicit control over new human life (e.g., by dehumanizing young human beings or by making deadly procedures seem benign). If Christians align themselves with the programs of control from which these language games flow, then they risk disobeying the commandment to love one’s neighbor. This is because programs of control often entail systemic failures of neighbor-love (usually towards the most vulnerable human beings among us). If Christians remain silent on these matters, then it will be no surprise when emerging reproductive technologies (like transfer AGTs) are integrated into everyday practices in ways that exacerbate today’s widespread failure of neighbor-love. Faithful Christians, therefore, must speak out against dehumanizing language games and disrupt the foundation for further oppression that many academics have begun to build. Granted, if Christians do this, serious resistance is expected. People in power often respond badly when their control is threatened. Conflict is unavoidable, however, since some social movements endorse an inverted morality. Like Milton’s Satan, some individuals declare (in effect): “Evil, be thou my Good” (2005, 108). When, *by these standards*, people judge Christianity to be morally objectionable, a Kierkegaardian response is warranted: “it is just as you say, and the amazing thing is that you think that it is an objection” (Kierkegaard, 2013, 52).

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