

DEBATE—continued

Ethical issues in new uses of preimplantation genetic diagnosis

Should parents be allowed to use preimplantation genetic diagnosis to choose the sexual orientation of their children?

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Extending the application of preimplantation genetic diagnosis (PGD) to screen embryos for non-medical traits such as gender, height and intelligence, raises serious moral, legal, and social issues. In this paper I consider the possibility of using PGD to select the sexual orientation of offspring. After considering five potential objections, I conclude that parents should be permitted to use PGD to choose the sexual orientation of their children.

Key words: ethics/PGD/sexual orientation

In his article 'Ethical issues in new uses of preimplantation genetic diagnosis', Robertson (2003) analyses the moral, legal, and social implications of extending the application of preimplantation genetic diagnosis (PGD). Evidently, the most challenging ethical issues are posed by the prospect of using PGD to screen embryos for non-medical traits such as gender, height and intelligence. In this paper I wish to focus on the possibility of using PGD to select the sexual orientation of offspring: If a safe and reliable genetic test were ever to become available, should parents be allowed to use PGD to choose the sexual orientation of their children?

Utilizing PGD to select the sexual orientation of offspring will presumably be subject to at least five objections. The first objection that can be raised might be as follows: PGD is a medical procedure designed to detect genetic disorders. Since homosexuality is not a disease, PGD should not be employed to ensure the birth of heterosexual children. This is a familiar objection in debates over PGD. However, as familiar as it may be, it is certainly not a persuasive one. We have already become accustomed to a medical system in which physicians often provide services that have no direct medical benefit but that do have great personal value for the individuals seeking it. Given the acceptance of breast enlargement, hair replacement, ultrasound assisted lipo-suction and other forms of cosmetic surgery, one cannot, without calling that system into question, condemn a practice merely because it uses a medical procedure for lifestyle or child-rearing choices.

A second objection could claim that a state permitting the use of PGD to ensure a heterosexual orientation in one's children would be open to the charge of discrimination against its homosexual citizens. But this claim is simply untenable. Granting its citizens a right to use PGD to ensure the birth of heterosexual children is not the same as placing them under a duty to use PGD to ensure the birth of heterosexual children.

Only a state coercing its citizens into using PGD to prevent homosexual offspring would be open to the charge of discrimination.

A third objection might assert that, even though it would not be discrimination on the part of the state, it would certainly be discrimination on the part of the prospective parents if they were to use PGD to prevent the birth of homosexual children. This argument is similarly misguided, though. Preferring a heterosexual over a homosexual child does not in itself in any way betray a negative judgement about the value of gay and lesbian individuals. Admittedly, some parents would certainly seek PGD to ensure the birth of heterosexual children because they are bigots anxiously adhering to the old cliché that homosexuality is a 'disease', a 'perversion' or a 'sin'. Still, most parents using PGD to select the sexual orientation of their offspring would probably do so simply because they wish to see their children getting married, building a family and having children of their own. And the desire to have children who share the same sexual orientation as oneself is certainly not a morally objectionable interest.

A fourth objection may be that using PGD to ensure the birth of heterosexual children will impede the cause of the Gay and Lesbian Rights Movement as it is likely to lead to a gradual decline of the homosexual population. More precisely, it could be argued that a decrease in the number of gay and lesbian persons will inevitably cause a decrease in the public support for gay and lesbian people. This is of course a factual claim for which empirical data must be marshalled. Given the burdens and expenses of the procedure, it is very unlikely that PGD will ever considerably reduce the number of homosexual individuals. More importantly, reducing the number of gays and lesbians does not necessarily imply a reduced concern for the cause of homosexual people, as is evidenced by the case of disabled persons. Although the number of people born with

disabilities has decreased, the support for people with disabilities has increased. Hence, it is far from being obvious that using PGD to ensure the birth of heterosexual offspring would inevitably worsen the situation of homosexual people.

A fifth objection might point to the fact that PGD generally implies discarding embryos. Thus, it could be argued that the desire to choose the sexual orientation of one's children does not justify the deliberate creation and destruction of human embryos. Whether or not this objection is viable entirely depends on the moral status accorded to embryos. Since this is not the place to review all the arguments for and against the 'sanctity of human life', I restrict myself to saying that I doubt that there are sound reasons for granting embryos individual rights. The purpose of individual rights is the moral and legal protection of fundamental interests. Since embryos are too rudimentary in development to have interests there is simply no basis to grant them rights. If at all, embryos might be seen as

having some 'symbolic value' preventing them from being destroyed for any purpose whatsoever. Since the desire to have children of a particular sexual orientation is a morally legitimate reason, creating and destroying embryos of the undesired sexual orientation would certainly be justified.

Since none of the potential objections stated are valid, parents should clearly be allowed to use PGD to choose the sexual orientation of their children. However, if couples are to be permitted to choose the sexual orientation of their offspring, they should not only be allowed to ensure the birth of heterosexual children but also to ensure the birth of homosexual children.

References

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