

Opening the Debate?: A Response to the Wiklers

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NORMA AND DANIEL WIKLER HAVE DONE US ALL A wonderful service in unmasking the medicalization of artificial insemination (AI). With great effectiveness, they have shown how, in the name of the social control of reproduction, doctors came to be the gatekeepers of AI and why that role is neither justifiable now nor, for that matter, was it even in the past. They conclude by pointing out that the medicalization has possibly spared us “a troubling examination of our own values regarding reproductive freedom, the meaning of parenthood, and the interests of children.” Those issues, they say, “deserve a public debate.” They are right.

I want to ask how that public debate might be shaped. I want also to ask, moreover, whether there is even more to be learned for that debate from the story they tell than their insightful article reveals.

1. What, for a start, should the public debate be about? The most obvious issue is whether, and in what ways, there should be some social control of reproduction. I am not certain what the general public response might be, but I suspect the most immediate, spontaneous response among those who would think of themselves as liberals would be to reject the idea of such control. Have we not come through a long period, beginning with the *Griswold* decision in 1965, and underlined by *Roe v. Wade* in 1973, whose powerful drift has been to privatize reproductive decisions, to take them out of the public arena altogether?

Yet there have always been countercurrents in that drift, rarely faced in any direct way. Two familiar examples may be mentioned. First, government subsidy has been sought both to facilitate private choice (at least, the choice not to procreate) and, more subtly, to influence some of the choices that people make. The prevention of teenage pregnancy, chosen or not, has been a widespread societal goal, for instance. Second, from time to time, anxiety has emerged about excessive population growth and what can be done to discourage it. The social pressures against large families, shaped by both economic and moral restraints, are not insignificant in our society. These pressures may be perfectly good and appropriate, but they belie any supposed reproductive privacy.

The most general problem underscored by both of these realities is a recognition that private acts, and especially reproductive acts, have social consequences and an aggregate impact. We may ideologically want to declare such choices to be private. That hardly stops them from affecting our public life. Why not more openly admit it? Why not more candidly recognize that there are many aspects and consequences of procreation that we may want to subject to social controls of some kind? These controls need not be wholly legal either. Social persuasion and cultural legitimation can affect conduct as much, and possibly more, than the law. What are some of the values we would like to see reflected in private procreative choices? Surely the long-standing notion of “responsible parenthood” would be one of them. What should that mean these days?

2. How broad and open should the public debate be? I would hope we could talk about everything, not simply assuming that some topics are off limits, as if already dealt with once and for all. I am not certain just where the Wiklers stand on this point, but they arrive at two conclusions that might not help the openness of the debate and that they might want to think about in their future work. They say, for instance, that “artificial insemination is now accepted in all but the most conservative quarters” (p. 25), and then go on to point to some of the advantages of that acceptance.

Could some of us, perhaps, be allowed to reopen that issue, to put it on the public table for reconsideration—and do so without having to bear (in my circles, anyway) the pejorative label “conservative” for doing so? The Wiklers imply that the quick medicalization of AI short circuited public debate on the substance of the issue, and yet they seem to welcome its social legitimation, as long as doctors do not pro-

vide it. Nevertheless, it would seem to me that, if we are serious about public debate, those happy with the general acceptance of AI have a dilemma on their hands. It may have been obtained in undesirable ways. Should its legitimacy now be threatened by having a debate we should have had long ago? Yet I think that is the price of seriousness about the value of public debate.

I am, in any case, amazed that AI slipped so easily into the mainstream of our society. There are a number of reasons why even liberals might want to reconsider it, quite apart from the fact that the issue never got properly debated in the first place. The most important is that it is a pungent and troubling symbol of the way we have allowed, even encouraged, male procreational irresponsibility. Men walk out on women and their children all the time; and we have come, in general, to deplore that kind of childish, but destructive, irresponsibility.

But what is AI other than an organized and sanctioned way of allowing men to be biological fathers and still bear no responsibility for their children? The first principle of any moral system is that individuals should be responsible for those actions affecting the lives of others. Yet we have created a blanket exemption from that principle for males who donate sperm. Peter Pan never had it so good. Feminists in particular should take note. Women have forever been the victims of irresponsible men: used by them as prostitutes, rape objects, and the forced single parents of children abandoned by their fathers. There is another irony in the original legitimation of AI: it was done in the name of the family, to allow a couple to have a child they could not otherwise have had. Yet what an odd way of creating a family: find a man who wants to give sperm, or can be induced with money to do so, but who also most resolutely does not want the very child of which he is, biologically, now and forever the father.

3. What can we learn from the medicalization of AI? We surely learn that the best way to get something new established in society is to bring it under the protective, legitimating wing of an already accepted idea or institution. AI came to be accepted because it was quickly medicalized. It was taken to be a health matter and a medical matter, not a more general moral or social matter. It was sanctioned and controlled, that is, by a church far more powerful than any known ecclesiastical body: the American medical establishment.

If we take AI out of that establishment, however, can we make certain it does not fall into the hands of other establishments of great power? The Wiklers note the real and potential hazards of commercial-

ized sperm banks. Business—the legitimating force of commerce—is surely one other establishment about which wariness is in order.

The establishment I want to call attention to is just as potent, however, even if less formally organized. It is the establishment of those who share, to use the Wiklers' phrasing, "the widely accepted view that the decision to have a child is an individual's to make" (p. 33). I consider myself part of that group, at least by the minimal entrance standard of an acceptance of *Griswold* and *Roe*. Yet the question remains of how to persuade individuals to think imaginatively and responsibly about their procreative decisions once they have the right to make them. I have already suggested that the institution of AI is a prime example of one unimaginative and hazardous direction; that social and technological achievement was accepted both because of the supposed transcendent force of a desire to procreate and the gold-seal sanction of organized medicine.

Our societal hazard now is that, in the name of individual procreative freedom—sanctioned by the courts and enlightened people—public debate will be over before it has barely begun. Will those who support the idea of public debate have the nerve to reopen the question of AI? Will they have the courage to resist those who think it is no business of the public at all whether lesbians and single women choose to have children? Will they stand up to those who think it wrong to argue in public about "the meaning of parenthood," something it will be said should be left in a pluralistic society to private interpretation? Will we all really be willing to have a public debate? I hope so, and I thank the Wiklers for urging it.

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