

Christian
thinking
about
surrogacy

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“Behold, children are a heritage from the LORD,
the fruit of the womb a reward.”

Psalm 127:3

Introduction

For a couple desiring a child but facing infertility, there is much sadness. The sorrow of yet another negative pregnancy test, and for some yet another miscarriage, can be isolating and heartbreaking. In the face of this grief, surrogacy, at first glance, may seem a realistically feasible and loving solution. One of the greatest challenges facing Christians today is the powerful influence of non-biblical thinking. We're saturated with a continuous barrage of persuasive worldviews. This makes it difficult to know where to stand as a Christian on controversial issues such as surrogacy.

Surrogacy is a complex controversial and emotional issue with differing opinions even amongst Christian people. Scripture itself is not explicit on this topic. The fact that surrogacy raises questions amongst both Christians and non-Christians is a clear indication that we need to think deeply about surrogacy and its moral implications. While medical science continues to develop new and innovative methods for surrogacy, the practice of surrogacy has been

around for almost all of human history. It could be argued that surrogacy is one of the first examples of ‘reproductive technology’. What is surrogacy? What are its implications, and what do Christians need to know to think wisely through this issue?

What is surrogacy?

Surrogacy literally means ‘substitute’.

Surrogacy is the practice by which a surrogate woman becomes pregnant and gives birth to a baby in order to give the child to another person or couple (the commissioning person or couple). The **surrogate mother** is the woman who carries and gives birth to the child usually with a **pre-arranged agreement to relinquish the child at birth or shortly after**. If the surrogate mother receives compensation beyond the reimbursement of medical and other reasonable expenses, the arrangement is called a **commercial surrogacy**. Otherwise, it is referred to as **altruistic surrogacy**.

What is 'social surrogacy'?

Social surrogacy, where women choose to employ a surrogate, even when there is no medical reason to do so, is on the increase. The overwhelming reason provided for wanting a surrogate is related to career, and the women seeking surrogates are employed in various capacities ranging from modelling to politics. These women either don't want to carry a baby themselves or want to put off having a baby until their career is established.

A person or couple may seek a surrogate to assist them with having a child if it is risky or impossible for the woman to carry a baby e.g. uterine absence or anomalies, a history of severe pregnancy-related illness, severe medical disorders or recurrent miscarriage. There are, of course, some who seek surrogate mothers for other reasons. For a long time, there were limited solutions for those suffering with infertility and desiring a child, with the only viable solution for infertility being adoption. The increased accessibility of abortion, and the change in attitudes to, and support for, single parents has resulted in fewer children available for adoption. In addition to this, as medical technologies have advanced, it appears that potential parents increasingly desire that their baby is a genetically similar to one or both of them.

The sperm and the egg that give rise to the embryo that the surrogate mother bears can come from a number of different sources. If the commissioning couple supply their own gametes (eggs and/or sperm), then in vitro fertilisation (IVF) techniques are used to produce embryos that are implanted into the surrogate uterus. However, if one or both of the commissioning couple is unable to produce viable gametes, then sperm, eggs or even embryos must be obtained by from a third party.

Two main types of surrogacy are therefore distinguished: **gestational surrogacy** and **traditional surrogacy**. In a traditional surrogacy, the surrogate is the baby's biological mother i.e. the resulting child is conceived from the union of her egg and the father's sperm either naturally or artificially. In gestational

surrogacy (gestational carriers), the embryo used for the pregnancy is created by IVF techniques, such that the resulting child is genetically unrelated to the surrogate.

Is surrogacy legal in Australia?

The laws forbidding or allowing both altruistic and commercial surrogacy vary from country to country. The law also differentiates between commercial or altruistic surrogacy. Surrogacy in Australia is State-regulated, which means that there is no uniform law across the country.¹ In Australia, all states have laws that regulate surrogacy except Northern Territory in which no relevant laws exist. For Australia's States where surrogacy is regulated, current State laws are guided by the following basic principles:

- Surrogacy must be altruistic. Commercial surrogacy is illegal. While altruistic, the commissioning parents must meet all expenses related to the surrogacy, pregnancy and birth.
- The intended parents must be unable to conceive, or carry a baby to term themselves, without risk. Infertility itself is not a qualifying factor when one or more of the intended parents has a uterus. In all States except Western Australia, gay couples are allowed to engage surrogates.
- There must be an agreement between both parties about pregnancy and birth plans. In ACT and Victoria, there is no requirement that this agreement should be in writing.
- The surrogate retains autonomy of her body and is able to make decisions about her body – even if this autonomy risks the fetus.
- When the baby is born, the birth is registered in the State of birth. The surrogate (with or without her partner) is recorded as the baby's parent on the Birth Certificate. After birth, the intended parents apply for a Parentage Order in their resident State to transfer parentage from the surrogate to the intended parents. A new Birth Certificate is then issued with the intended parents listed as the baby's parents. It is unclear if the child, when older, will have easy access to the original birth certificate.

The minimum legal age of a surrogate is 25 years except for ACT where it is 18 years. In all States except ACT, single women are allowed to engage surrogates.

Law reform in Victoria and Western Australia seems imminent, and also likely that the NT laws may be introduced in the near future.²

Many couples travel overseas to access surrogacy. At present it is estimated that only 1 in every 5 surrogate Australian babies are born in Australia (annually about 60). At least half of surrogacy arrangements in Australia are through 'existing relationships' – that is, friends and family members. International surrogacy is easily accessed by Australians in USA and Ukraine (commercial), and Canada (altruistic). Many countries have few or no laws regarding surrogacy. While also easily accessed, authorities caution accessing surrogacy from Kenya, Greece, Georgia, Mexico and Colombia. Thailand, India, Cambodia and Laos have officially closed access to surrogacy for Australians even though it can still possibly be accessed.

CASE EXAMPLE: TARA & LUKE KASPAR

Northern Territory

After spending nearly \$80,000 for IVF procedures that included 29 embryo transfers and four miscarriages over 4 years, the Kaspar's are advocating for NT laws to help support altruistic surrogacy. In May 2019, the NT government opened a discussion paper on the need for NT legislation for surrogacy.²

Estimated financial cost of surrogacy

Many variables have an impact on the cost of surrogacy. The intended parents are expected to cover the costs of the surrogacy agreement, pregnancy and birth – the principle is that the surrogate should never be out of pocket with regard to the surrogacy. The cost of surrogacy in Australia is estimated to be between \$10,000 to \$100,000, with the fertility treatment being the largest line item, and is proportional to the number of IVF cycles required and whether gametes are to be procured or not. Medical rebates are not yet available for surrogacy.

Surrogates however are able to access Medicare and public healthcare for the pregnancy, just as if they were having a child they intended to keep as their own. Medical costs that are not covered by Medicare need to be covered by the intended parents. This includes, for example, private health insurance, private healthcare and hospital fees as appropriate. It also includes medication and treatments that might be required during the pregnancy and birth.

A biblical view of fertility and children

To help a childless couple have a child may be altruistic, but how do we decide what means are morally acceptable to achieve this end? In God's plan for marriage, children, while not the only purpose of marriage, are treasured results of the union between a man and a woman. Medical science has uncoupled and separated the elements of this continuum and in doing so has challenged our concept of what is permissible. A deeper discussion on the biblical view and ethical implications of artificial reproductive technologies (ART) is available in our papers on *Facing Infertility (Artificial Reproductive Technologies)* and *Abortion*.

The Bible teaches that God created man and woman to be companions to each other in marriage (Genesis 2:24, 1:8). Children are a gift from God to these couples (Psalm 127:3, Genesis 4:1, 21:6). They are not a right, nor a commodity that should be commissioned, bought or sold. The Fall affects all aspects of human life, including our good desires to have children. This is demonstrated in the Old Testament surrogate accounts from the lives of Abraham, Sarah and Hagar (Genesis 13-16) and Jacob, Rachel and Leah (Genesis 29-30). The essential difference between these accounts and modern surrogacy is that the pregnant woman in a surrogacy arrangement has no intention of parenting the child.

For some Christian couples, infertility and childlessness will be a painful reality of life that cannot be changed without contravening God's rule over our lives. Our comfort in these situations is that God is our refuge, as Jesus said:

Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy and my burden is light. (Matthew 11:2)

It is, however, good to use medical science and medicine to help treat fertility as long as it does not contravene God's parameters. In our current age, there is a tendency to regard human creativeness and scientific progress as the 'glory of man' enabling people to have autonomy and control of their own fate. This is a failure to glorify God. As Christians we are not free to participate in human creativeness if it fails to glorify God and his rule over us and our bodies. With this in mind, our use of medical technology to enable the creation of a child should be guided by the following principles:

- the embryo, whether male or female, 'perfect' or imperfect, is a human from conception and should be treated as God's image-bearer;
- attempts to have a child should take place within the God-ordained institution of marriage;
- the relationship between a parent and a child is special and should be encouraged.

Is surrogacy morally permissible?

Most forms of surrogacy are theologically and morally problematic particularly because of concerns raised by embryo-destructive reproductive technology, commodification of children, exploitation of women, and violation of the marital covenant. Each of these creates gnarly real-world ethical conundrums with no easy answer.

Moral considerations about the technology

The paper *Facing Infertility (Artificial Reproductive Technologies)* provides detail about the technologies

available to provide artificial reproduction. It can be found on the GS&C website, gsandc.org.au.

Surrogacy will most likely involve IVF with or without the use of donor gametes, and therefore our views on IVF will frame our views on surrogacy. In this regard, there are two main issues to note: the human status of the embryo, and the source of the gametes.

Surrogacy, using IVF, often involves creating more embryos than will be carried to birth by the surrogate. On average, only a quarter of the embryos that are created during IVF procedures are transferred to the uterus to be implanted and to grow to birth. The excess embryos created are either frozen for later use, used in research or discarded. Furthermore, embryo screening during the IVF process itself seeks to destroy those embryos that may have anomalies or abnormalities. This violates the biblical understanding on the status of the human embryo. The Bible shows that human life begins at conception (Job 31:13-15; Psalms 51:5; 139:13-16; Matthew 1:20), and that life is a continuum from the uterus to adulthood. One example of this is that the same Greek word is used for the unborn and newly born baby Jesus (Luke 1:44, 2:12). This aligns with the biological perspective: what makes us human (as distinct from the rest of creation) is our genetic code, which is present at conception. Francis Collins, Head of the US Genome Project, recently admitted his own inability "scientifically, to be able to perceive a precise moment at which life begins other than the moment of conception".³



Scientifically, there is little disagreement that the fetus is human. The Bible is clear about the taking of innocent life (Exodus 20:13; Deuteronomy 5:17). For this reason, Christians should seek to support reproductive techniques in which all embryos are intended to be implanted into the mother's uterus.

Creating embryos with donor gametes is ethically problematic. Firstly, it allows people to procreate without assuming responsibility to nurture and care for their child. Secondly, it introduces additional people into the marriage, and thirdly, the procurement of gametes may be unethical. Egg donors, in particular, are procured through advertisements in popular and social media and university newspapers. The adverts are crafted to highlight altruism and sympathy for childless couples, and to appeal to students' financial needs without providing any information on risks to health and wellbeing – critical information for informed decision making. In contrast it is worth noting that, except for human gametes, the sale of human organs is almost universally banned. Potential risks of egg donation include ovarian hyperstimulation syndrome (OHSS), infertility, ovarian torsion, blood clots, renal disease, premature menopause, ovarian cysts, chronic pelvic pain, stroke, reproductive cancers, and in some cases, death. Notwithstanding these issues, the procurement of eggs for surrogacy and IVF can connect the practice to eugenics and 'designer babies', which involves the sourcing of donors who have the attributes desired in the baby.

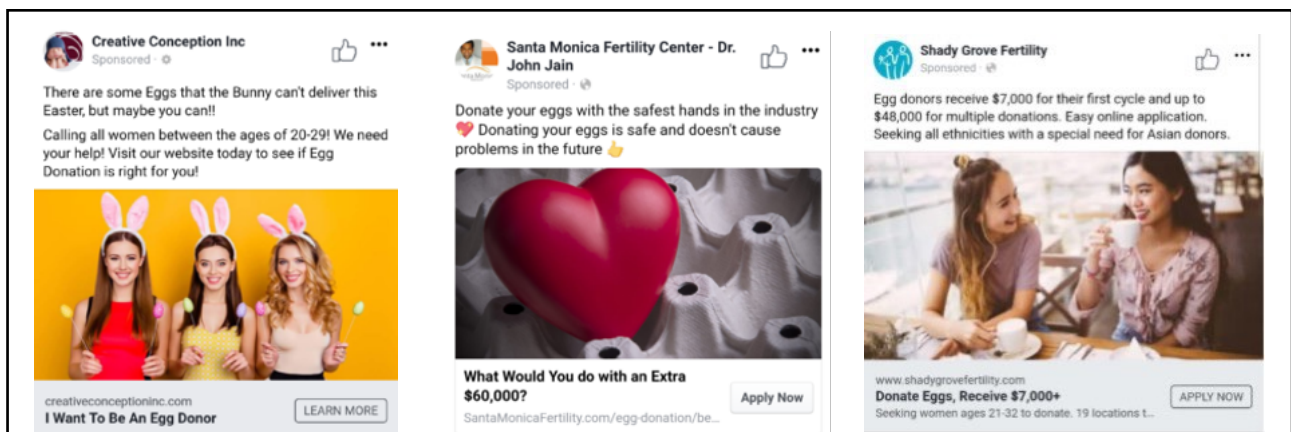
CASE EXAMPLE: INDIA

In Indian law, surrogacy is referred to under Right to Life under Article 21 of the Constitution:

The relation of the surrogated mother to the child she is carrying is nothing but womb leasing or womb for rent. After the birth of the child she has no right to keep the child because she is neither the mother (where both ova and sperm are from different persons) nor the owner of the genetic material. She is only a contractor who is willing to give the end product once the contract between her and the person is fulfilled.

(Source: Anita Rao, Surrogate Motherhood-Legal perspective as cited in Keira, K., 2010. Surrogacy Arrangements: Legal and Social Issues. Journal of Law Teachers of India. Volume 1 (Issue No.1-2). p131)

Surrogacy is possible without IVF but this is also ethically challenging. Traditional surrogacy is immoral, and more so if the mother gives up her child for financial reward. Similarly, gestational surrogacy is immoral when the embryos or gametes used in the surrogacy are "purchased" for the purpose of implantation. Commercial surrogacy is morally and legally problematic since it constitutes the sale of a child. There is also an argument to be made that it is a form of human trafficking. The general consensus is that such arrangements violate both the human dignity of the child and the gestational mother. In a study of IVF children, 45% of the children indicated that it bothered them that money was exchanged for their conception.⁴



Examples of advertisements for egg donors. Source: <https://mercatornet.com/use-and-abuse-the-exploitative-reality-of-surrogacy-and-egg-donation/24920/>



Moral considerations about the child

The UN Convention on the Rights of the Child states that a child has the right “to know and be cared for by his or her parents,” to “preserve his or her identity,” including “family relations,” and not to be separated from parents against his will. The rights of children are usually well-advocated by medical and legal bodies: “In all cases the interests of the potential child must be paramount”⁵

In reality though, for surrogacy, it is difficult to regulate the interests of the child especially when the interests of the child may conflict with that of the commissioning parents and/or the surrogate. In 2018, a landmark study published in *Fertility and Sterility* found that babies carried by gestational surrogates have increased incidence of preterm birth, low birth weight, and complications from maternal gestational diabetes and hypertension, and placenta previa, compared with the live births conceived spontaneously and carried by the same woman.⁶

Besides direct health implications, there are cases where surrogate children are denied citizenship of the country of intended parents and become the subjects of long legal cases e.g. the German couple with twin surrogate children denied citizenship⁷ or the Israeli gay couple who had to undergo DNA testing to establish parentage.⁸ There are incidences where the child given to the commissioning couple after surrogacy is not genetically related to them and then, is disowned. More recently, COVID-19 has demonstrated how vulnerable these children are, as a number of them after birth have been ‘stranded’ in the birth countries unable to be collected by the commissioning parents.

A video from a clinic in Ukraine highlights both the commercial aspect of surrogacy, as well as the uncertain fate of the children.⁹

Arguably, the biggest challenge regarding surrogacy is that it commodifies the child. Children belong to God. Gilbert Meilaender, Paul Ramsey Fellow at US Notre Dame Center for Ethics and Culture, states that, “as we remove the creation of new life further and further from the natural reality of male and female sexual union, children become our product, our project, or our possession.”¹⁰

Surrogacy uncouples the natural events of procreation so that these events are no longer viewed as points along a continuum but as discrete events that can be compartmentalised, separated from each other, viewed in isolation, and manipulated. This is perhaps where we have neglected discussion and debate and allowed science to forge ahead without caution. These events cannot be separated without profound effect on the personhood of those involved and on the society’s concept of personhood.

Psalm 127:3 says: “Don’t you see that children are God’s best gift? The fruit of the womb His generous legacy?” Children are a good gift though never really ‘ours’. We love, care and provide for them but never ‘own’ them. Surrogacy blurs this stewardship responsibility between a parent and biological child, and has separated and created multiple roles: genetic, biological, and social parenthood.¹¹

Furthermore, in surrogacy (other than a rescue surrogacy, discussed later), the very nature of the contract between the surrogate and the commissioning parent/s implies an ownership of the child's person.

From studies on adopted children, it is known that a large percentage of adopted children desire knowledge of their own biological parents. To discount the importance of genetic parents is to underestimate their crucial role in maintaining personal identities. These studies also indicate the importance of recognising the relationship between parents and children. There is much value in cultivating a society where attachments to children are far from a matter of indifference and choice but are held sacred. Medical science is increasingly uncovering the relational dynamics between a mother and her unborn child, and its impact on the child's psychological adaptation and social behaviour as she/he transitions to adulthood.¹² The case study below is an example of the problem.¹³

CASE EXAMPLE: Kathleen LaBounty

Kathleen LaBounty from Texas, discovered that she had been conceived by a sperm donor who was a medical student. She contacted every man who had attended the medical school during the years prior to her conception. Although she heard from hundreds of men, she still did not discover her father. In an [open letter](#), Kathleen describes feeling “empty and extremely cheated out of important aspects of life.” She desperately wants to find out if her “interests, appearance, life views, and personality” match those of her biological father.

Moral considerations for the surrogate mother

Although commercial surrogacy is illegal in Australia, it would be amiss to consider it unavailable to Australians. Women from neighbouring countries who have low to no income are typically recruited to be surrogates, and often exploited. In the landmark book in 2016, exploring the international surrogacy industry, Pinki Virani claimed the “worldwide onslaught on the woman's womb in the name of a child” is “reducing good men to not even realising that they are condoning reproductive

slavery”.¹⁴ Notwithstanding the issues which we discuss later, a surrogate must deal with the usual stress, anxiety, and emotional intricacies of pregnancy while at the same time suppressing any maternal bond with the child growing in her – a challenging task if she is the genetic mother, and one that disregards the natural maternal relationship.¹⁵ In many cases, there is no support for post-pregnancy care and mental wellbeing support.

There are far reaching implications of hiring/loaning a uterus on society. Surrogacy commodifies the uterus, isolates and uses a person's reproductive capacity with disregard for her whole person and dignity. It is interesting to note that, even within the feminist framework, there is disagreement on how surrogacy and IVF should be viewed. Feminists such as Renate Klein and Gena Corea are of the view that IVF is a form of female exploitation, victimisation, and male-collusion.

More recently in 2020, Yoshie Yanagihara, a Japanese feminist, makes two important claims: one, that past feminist discourse has neglected the assumption that an “essential aspect of surrogacy is the premise that a woman's reproductive function should be accessible to others”; and two, that “white surrogacy clients are exploiters, who take advantage of women of colour as surrogate mothers”.¹⁶ She supports this with a discourse on the current context of surrogacy in Asia that seems to flip this perspective—with white women regarded as easier targets for exploitation by wealthy people of colour.



A trio of surrogate mothers at a temporary home for surrogates in Anand town, about 70km south of Ahmedabad, India. Source: Mansi Thapliyal/Reuters

CASE EXAMPLE: Thailand, 2011

In February 2011, thirteen women, seven of whom were pregnant, were freed from two houses in Bangkok, and rescued from an illegal and inhuman surrogate 'Baby 101' program that advertised 'eugenics surrogate'. It emerged that the women were held against their will and forced to participate in a baby breeding program. The target customers were Taiwanese. Thai women were not used for this program as this is illegal.

Source: <https://www.abc.net.au/news/2011-02-25/women-freed-from-inhuman-baby-ning/1956588>

Those who can argue philosophically for the benefit of commercial surrogacy for people with no income must answer the question: can there be a fair price for hiring a uterus? A typical commercial surrogate is paid \$20,000 which averages \$3.00 per hour for each hour she is pregnant (based on 266-day gestation, which equals 6,384 hours, excluding time to conception). This will be below the legal wage in most developed countries and does not consider the pain, trauma, and grief associated with surrogacy. In addition to being financially exploited, such women are rarely fully informed about the potential health risks associated with surrogacy (e.g., hormone injections) or with the emotional damage that can come from giving up a child. Many are unaware, for example, that during pregnancy, the female body is biologically, hormonally, and emotionally programmed to bond with the child. Even worse, in some cases, the surrogates are impregnated without choice.

Given this, what might happen when the surrogate mother bonds with the baby in her body and does not want to give him up? A 1997 news story about the from *The Independent* tells the story of Karen Roche, who was contracted to carry a child for a British couple, but changed her mind during the pregnancy.¹⁷

The impact on marriage and family relationships

On a broader scale, surrogacy is an issue that has the potential to affect and influence society dramatically by distorting our conceptual understanding of family. God's directive for procreation is within the context of marriage and family (Genesis 2:24). Arguably, surrogacy

CASE EXAMPLE: Karen Roche, Holland.

A Dutch couple, Mr & Mrs Peters, had been trying to have a baby for over ten years. As a last resort they commissioned a British woman, Karen Roche, to be a surrogate mother for them for 12000 pounds. However, three months into the pregnancy, Mrs Roche claimed that the Peters were not sufficiently committed to the child and that she had had an abortion.

The story reached the British press and over the ensuing months several new twists emerged. The Peters claimed that Mrs Roche had phoned them to demand extort money and had threatened them with an abortion unless they paid up. Later still it was discovered that Mrs Roche had not carried out her threat. She had made up the story about the abortion in order to deter the Peters from claiming back the child when it was born. Instead she completed the pregnancy and kept the child as her own. The Dutch couple spent several years in court to win back 'their' child.

can be viewed as a violation of marriage and family institution. The bioethicists, Scott B. Rae and Paul M. Cox argue that surrogacy violates the creation norm for marriage, family, and procreation, by introducing a third-party contributor, either in the form of a uterus donor or an embryo, sperm and/or egg donor. Evan Lenow, Associate Professor of Ethics at South Western Baptist Theological Seminary agrees with this and argues based on Augustine's exposition of the three basic goods of marriage (fidelity, procreation, and unity) that surrogacy can be considered reproductive adultery.¹⁸ There is no doubt that surrogacy draws at least one (possibly more) people into the intimate marriage relationship, and violates the bond between a husband and wife.

There are two cases of surrogacy mentioned in the Bible. The story of Abram, Sarai and Hagar in Genesis 16¹⁹ and of Jacob, Rachel, and Bilhah in Genesis 30²⁰, illustrate the potential discord and disruption that can result from surrogacy (Gen 16:12, Gen 37-46). Neither of these instances should be understood as God providing examples of right behaviour. Both

illustrate how relationships can be distorted and the potential impact when we are not patiently waiting on God. However, where children are born from surrogacy, we should bear in mind that all human life is loved and known by God however that life was conceived. God loved Hagar and Ishmael, sending an angel to guide Hagar and promising Ishmael descendants through him too numerous to count (Gen. 17).

Surrogacy introduces complexity into family relations. Depending on the surrogacy arrangement, there are potentially three mothers in gestational surrogacy – the mother carrying the baby, the mother gamete donor and the intended mother. The family is thus established through four people, including the father.²¹ Surrogacy denies the child the right to be born of a father and mother known to him and bonded to each other in marriage. There is potentially a lack of transparency for the child on his/her genetic origins thus infringing on personal dignity and a right to genetic history. Programs like *AncestryDNA*, and *23 and Me* are gaining popularity among children conceived via gamete donors indicating the importance of knowing biological heritage.

CASE EXAMPLE: A grandmother who carried a child for her daughter

Edith Jones gave birth to her granddaughter in 1991, at the age of 51, acting as a surrogate mother for her daughter Suzanne Langston, who was born without a womb.

Source: The Independent 12 June, 1997; SMH January 30, 2004

Are there circumstances when surrogacy is a viable option for Christians?

Many Christian bioethicists propose that ‘rescue surrogacy’ may at times be morally acceptable. In this situation, a woman volunteers to adopt and thereby save an IVF-created embryo that has been created and is destined for destruction. While concerns such as the violation of the marital bond are still applicable and should be taken into account, the rescue of an innocent child may be a morally justifiable overriding consideration. This form of surrogacy is less about the desire to have a child and more about caring for children that have no other person to

care for them – akin to first century Christians rescuing unwanted Roman babies from the Tiber River.

Why is adoption viewed different from surrogacy?

The Bible views adoption very positively. In the Old and New Testament, orphans were among some of the most vulnerable in society. Adoption seeks the interests and wellbeing of the vulnerable child. While in society today adoption is a legal process, it is more than that. It is the promise of relationship which is an unconditional gift. The Apostle Paul describes Christians as having been adopted into God’s family, a privilege made available by the new covenant to all who have faith in Christ.

Adoption is a powerful metaphor throughout the Bible and often epitomises God’s relationship with his people. In Romans, Paul writes: “For all who are led by the Spirit of God are sons of God. For you did not receive the spirit of slavery to fall back into fear, but you have received the Spirit of adoption as sons, by whom we cry, “Abba! Father! The Spirit himself bears witness with our spirit that we are children of God, and if children, then heirs—heirs of God and fellow heirs with Christ, provided we suffer with him in order that we may also be glorified with him.” (Romans 8:14-17). John affirms this: “But to all who did receive him, who believed in his name, he gave the right to become children of God, who were born, not of blood nor of the will of the flesh nor of the will of man, but of God.” (John 1:12)

Some of the most recognisable adoption relations in the Old Testament are Pharaoh’s daughter and Moses, and Joseph and Jesus. Others include Esther and Mordecai (Esther), Jacob and Ephraim and Manasseh (Genesis 48), Abram and Eliezar (Genesis 15), and Eli and Samuel (1 Samuel 1). But it is in the New Testament that we see the word adoption used in relation to the redemption. In Galatians, Paul says: “But when the fullness of time had come, God sent forth his Son, born of woman, born under the law, to redeem those who were under the law, so that we might receive adoption as sons.” (Galatians 4:4)

Is there a connection between ‘designer babies’ and surrogacy?

‘Designer babies’ is a pop-culture term for the practice of genetically selecting gametes or embryos based on desired physical traits, and more recently, of altering the genetic profile of embryos to potentially eliminate disease in the intended child.

For a long time, ‘designer babies’ was a term used for selecting gametes and embryos most likely to result in a child with the desired physical attributes such as eye and hair colour. In its most basic form, it refers to procuring gametes from people with proven-intelligence or physical attributes desired in an intended child. As IVF technology advanced, screening and identifying embryos for specific genetic disabilities and/or disease has become established practice. Conceptually, this is not dissimilar to parallel contexts in established prenatal care, for example screening using amniocentesis and abortion for Trisomy 21. In Australia, genetic counselling and embryo screening is available. It is usually limited to screening for potential disability and disease. Data on the impact of genetical counselling on embryo destruction is not easily available. With regard to embryo screening, the process itself increases risks to the embryo and means that each IVF cycle requires a larger number of embryos than IVF without embryo screening.

More recently though, the term ‘designer babies’ has been used to describe the rapidly advancing technology that has the potential to alter the genetic make-up of an embryo before implantation. For a

long time, there has been a moratorium on manipulating and experimenting with human embryo genetic profiles. Francis Collins, Director of the US National Institutes of Health, has articulated that germline manipulation “has been viewed almost universally as a line that should not be crossed.” This moratorium though was broken in 2019 by a researcher in China. Aside from the ethical and moral issues that this process raises, there are significant concerns for the safety of the human gene pool, the inability for future generations (those most impacted) to consent to a pre-emptive change in their DNA through germline intervention. This technology highlights the concerns raised earlier regarding commodification of the child, as well as the humanity and personhood of those with disabilities, and the possibility of a revival of eugenic attitudes. More information on this can be found in the GS&C resource paper, *Abortion*. Related to this discussion, is the increasing practice of human enhancement and its moral and ethical quagmire that includes discussions around distributive justice.

Notwithstanding these, there is an additional real concern for Christians. The concept and process of genetically screening and altering embryos potentially adds to, and promotes, a paradigm of genetic reductionism of human beings, that is, reducing human beings to merely genetic composition (I am my genes). This challenges the Christian view of humans created as complex physical and spiritual beings created in the image of the living God.

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Endnotes

- ¹ ACT, Parentage Act 2004; NSW, Surrogacy Act 2010; QLD, Surrogacy Act 2010; SA, Surrogacy Act 2019; TAS, Surrogacy Act 2012; VIC, Assisted Reproductive Treatment Act 2008; WA, Surrogacy Act 2008; NT, no relevant law
- ² Northern Territory is under increasing pressure to introduce surrogacy law. <https://www.abc.net.au/news/2020-02-11/northern-territory-surrogacy-legislation-families-still-waiting/11949678>
- ³ Scientific American February 1998, p20
- ⁴ Institute for American Values Report 2010: “My Daddy’s Name Is Donor: A New Study of Young Adults Conceived Through Sperm Donation.”
- ⁵ [Seen And Heard: Priority For Children In The Legal Process \(ALRC Report 84\)](#) / [16. Children’s Involvement In Family Law Proceedings](#) / The Best Interests Principle
- ⁶ Woo, Irene et al. 2018. “Perinatal outcomes after natural conception versus in vitro fertilization (IVF) in gestational surrogates: a model to evaluate IVF treatment versus maternal effects.” *Fertility and Sterility*, Volume 108, Issue 6, 993 - 998
- ⁷ <https://www.smh.com.au/world/babies-left-in-limbo-as-india-struggles-with-demand-for-surrogacy-20100430-tzbl.html>
- ⁸ <https://www.loc.gov/law/foreign-news/article/israel-gay-couple-recognized-as-parents-without-genetic-testing/>
- ⁹ https://www.youtube.com/watch?v=xPdRx_L96C0
- ¹⁰ Gilbert Meilaender, *The Freedom of a Christian* (Grand Rapids MI: Brazos, 2006) 2
- ¹¹ Mark E Lones. 2016. “A Christian ethical perspective on surrogacy.” *Bioethics in Faith and Practice* 2(1)
- ¹² “Measuring the Ghost in the Nursery: A summary of the main findings of the Anna Freud Centre - UCL Parent-Child study.” *Bulletin of the Anna Freud Centre* 1991;14 See also McNamara J., Townshead ML., Herbert JS. 2019. A systemic review of maternal wellbeing and its relationship with maternal fetal attachment and early postpartum bonding. *PLoS One* 2019. 14(7)
- ¹³ <https://www.dcnetwork.org/story/child-stranger-kathleen-labounty-young-woman-conceived-through-anonymous-sperm-donation-1980s>
- ¹⁴ Pinki Virani. 2016. *Politics of the Womb: The Perils of IVF, Surrogacy and Modified Babies*. Penguin Publishers.
- ¹⁵ Ahmari Tehran, H., Tashi, S., Mehran, N., Eskandari, N., & Dadkhah Tehrani, T. (2014). Emotional experiences in surrogate mothers: A qualitative study. *Iranian journal of reproductive medicine*, 12(7), 471–480.
- ¹⁶ Yanagihara, Y. Reconstructing feminist perspectives of women’s bodies using a globalized view: The changing surrogacy market in Japan. *Bioethics*. 2020; 34: 570– 577. <https://doi.org/10.1111/bioe.12758>
- ¹⁷ <https://www.independent.co.uk/news/surrogate-mother-lied-about-abortion-1261519.html>
- ¹⁸ Evan Lenow. 2016. “Is it Adultery? The Use of Third-Party Gametes in Assisted Reproductive Technology.” *Southwestern Journal of Theology*: 59 (1); 41-57. Lenow uses Augustine’s exposition on the three purposes of marriage found in “On the Good of Marriage” and “The Literal Meaning of Genesis” as the basis to examine whether third party gamete donation by a spouse, can be considered adultery. He concludes that the use of donated gametes: compromises fidelity by the introduction of a third person into the marriage; violates procreation in the context of the God-designed marriage context; and violates the unity of marriage, making it akin to an open marriage.
- ¹⁹ Gen 16:2: “The Lord has kept me from having children. Go, sleep with my slave; perhaps I can build a family through her”
- ²⁰ Gen 30:3: Here is Bilhah, my servant. Sleep with her so that she can bear children for me and I too can build a family through her”
- ²¹ Dennis P. Hollinger, *The Meaning of Sex: Christian Ethics and the Moral Life* (Grand Rapids: Baker, 2009), 204