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Optimising the Future of Reproductive Medicine: Achieving Reproductive Justice via Reproductive Technologies

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Abstract

This article highlights how the ongoing development of reproductive technologies for clinical applications in reproductive medicine could be harnessed to achieve reproductive justice. The article suggests that clinicians working in reproductive medicine, could work with and help bioethicists, social scientists, and policy makers across the globe to shape and change legislation relating to reproductive health and medicine. Changes could be optimized to facilitate greater strides towards reproductive justice.

Keywords: Reproductive justice; Reproductive rights; Reproductive technologies

Abbreviations: ARTs: Assisted Reproductive Technologies; IVF: *Invitro* Fertilisation; IVG: *Invitro* gametogenesis; GGE: Germline Genome Editing; MT: Mitochondrial Transfer; NIH: National Institutes of Health; PGT: Preimplantation Genetic Testing; US: United States; WHO: World Health Organization

Introduction

The WHO defines reproductive health as 'a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system, and to its functions and processes' [1]. It states that 'reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so'. In this context, reproductive health should include safe and legal access to contraception, abortion and, if necessary, ARTs to facilitate conception and gestation. However, access to these reproductive technologies differ across the globe, and in some countries access to and utilisation of some existing reproductive technologies, such as abortion, are prohibited. Thus, this article discusses reproductive health in relation to reproductive rights and justice.

Amnesty International, a global movement campaigning for human rights, argue that 'whoever you are, wherever you live, all the decisions you make about your own body should be yours' [2]. They extend that sexual and reproductive rights mean that people should be able to:

1. Get accurate information about sexual and reproductive matters
2. Access sexual and reproductive health services, including contraception
3. Decide if they want to have children, and how many
4. Live lives free from forms of sexual violence, forced pregnancy, forced abortion, and forced sterilization

Sadly, these basic rights are not honoured across the globe. Nonetheless, these rights can link to reproductive medicine.

The NIH state that reproductive medicine covers the morphology, physiology, biochemistry, and pathology of reproduction. This includes problems with fertility and gestation, and means that reproductive medicine, particularly due to the development of reproductive technologies, can be used to facilitate reproductive rights. Reproductive technologies are those which aid reproduction. Examples of such technologies include contraceptives, abortion, and ARTs [3].

Differences in legislation across the globe mean that access to and the utilisation of reproductive technologies, even for medical purposes, vary across countries, and in some cases even within the same country. For example, laws regarding abortion in the US differ between states [4]. Abortion can sometimes be deemed necessary to save the gestating person's life, but is still prohibited in some countries irrespective of the reason [5]. This specific matter has exacerbated the outcry for reproductive justice [6].

Reproductive justice is the combination of reproductive rights with social justice, i.e. a political movement for people – regardless of gender, sexuality, class, race, and ability (among other demographics), to secure the reproductive rights detailed above [7]. This article therefore argues that reproductive justice could be achieved if legislative changes for potential clinical applications of ARTs currently being developed, are harnessed to facilitate this goal. The need for reproductive justice to be achieved and sustained is becoming increasingly significant because of the ongoing development and continuing expansion of ARTs.

Without global reproductive justice, both existing and potential ARTs are likely to further social inequalities in reproductive health and medicine across the globe. Clinicians in the field of reproductive medicine could easily work with bioethicists, social scientists, and policy makers to shape and change legislation relating to reproductive health and medicine across the globe to facilitate reproductive justice.

Discussion

Reproductive medicine currently utilises a number of ARTs, such as IVF, gamete freezing, PGT, and MT to address issues relating to reproductive health in its subfield of conception. Further, other reproductive technologies such as abortion, uterine transplants, and surrogacy can be used to assist with addressing issues with or during gestation. Perhaps the most legally contested of these technologies is abortion. Regardless of moral obligations to or statuses of foetuses, laws relating to abortion essentially restrict bodily autonomy of the gestating person, and therefore impinge on the rights mentioned above. What a person can and cannot do with their own body, should not be restricted by legislation, particularly if this can be detrimental to their holistic health or fatal.

Legislation relating to the use of various ARTs, most of which stem from IVF technology, increasingly permit a variety of clinical applications. However, these differ across countries. The problem with such differences, is that similar to abortion, they can 'force' people to seek transnational care.[1] Accessing such care may exacerbate social inequalities and cause clinicians a range of acute issues. The latter point can be particularly prevalent if clinicians are not familiar with technologies used abroad and/or they cannot access 'patient' care notes from services accessed in other countries. Both of these possibilities could impede the care they provide, possibly more so in emergency situations.

Differences in legislation relating to permitted clinical applications of IVF, PGT, MT and surrogacy for example, indicate that people will travel to where they can access the technologies they want to benefit from [8,9]. As other reproductive technologies such as uterine transplants become more prevalent, a reasonable assumption could be made that these may encourage travel to countries where they are pioneered and therefore where people think or know they can access them. Given that legislation across the globe may take time to shape and change, in the interim, clinicians working in reproductive medicine may also want to consider travelling to pioneering countries to observe, learn about, and exchange knowledge in relation to novel reproductive technologies. This may be particularly advisable if clinicians think that citizens in countries where they work may be inclined to access them, and could also be advantageous for professional development.

Currently, there are several notable ARTs being developed which could expand reproductive choices for people with various reproductive issues further. These ARTs include GGE, IVG, and ectogenesis [10-12]. Should these potential ARTs be added to clinical reproductive options for humans in any country, in line with the arguments outlined above, the same principles are likely to apply. To enable the addition of these technologies for applications relating to reproductive medicine, laws will have to change. Thus, as policy and legislation are adapted or created to facilitate clinical applications of these potential ARTs, this could be the apt time to address matters relating to reproductive justice.

Should reproductive justice not be achieved, then social inequalities are likely to expand across the globe. Given the increase in people accessing transnational care, this is a global matter and should be focused on as such. Reproductive justice could finally be achieved if clinicians working in reproductive medicine work with bioethicists, social scientists, and policy makers across the globe to address this matter for the benefit of all.

Conclusion

This article has highlighted that ARTs continue to develop and that more could be added to reproductive choices for people in need of reproductive medicine if policy and legislation permits clinical applications of them. It also outlined that differences in legislation across the globe currently impede reproductive justice. This article argued that without reproductive justice, both existing and potential ARTs are likely to further social inequalities in reproductive health and medicine across the globe. Thus, maximising on the possible introduction of new ARTs for potential

[1]Of course, people 'choose' to access transnational care, but in most cases this can be because they cannot access or receive the care they desire in their country of residence.

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applications in reproductive medicine, clinicians could harness the opportunity to assist in shaping and changing forthcoming legislation relating to reproductive health and medicine to influence greater moves towards reproductive justice.

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