DEBATE

Gender selection

Gender selection: a crime against humanity or the exercise of a fundamental right?

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This article was previously displayed as Webtrack 50 on 22 January, 1999

This article will not discuss the technical points raised in the paper by Fugger et al. (Fugger et al., 1998), nor will it consider how semen is obtained, since by definition it is unacceptable, for example from the Vatican’s point of view. Let us suppose that all problems of safety and efficiency have also been solved.

It seems we have to consider several kinds of possible indications: (i) prevention of X-linked diseases; (ii) family balancing; and (iii) free choice.

Prevention of X-linked diseases

In the prevention of X-linked diseases, e.g. Duchenne myopathy, haemophilia, there are the following choices: (i) pre-natal diagnosis, followed by medical termination if the fetus is male or termination which is restricted to affected male fetuses; (ii) preimplantation genetic diagnosis (PGD) with either rejection of any XY offspring, or rejection of only affected male embryos; and (iii) pre-fertilization gender selection, when medically available.

For those who consider that the zygote, or pre-embryo, is already a human person, or even a potential human being, pre-fertilization gender selection, which deals only with gametes and not people, could be considered as a highly advisable option. This is in agreement with the recommendations of the FIGO Committee (1987, 1994) for the study of ethical aspects of human reproduction.

The only restriction on pre-fertilization gender selection is linked to the concept of gender discrimination. In this particular case, gender discrimination, which is usually criticised on the basis of protection of the vulnerable female sex, is on the contrary, discriminatory against the male sex.

It may also be added that the use of gender selection avoids the difficult dilemma linked with PGD, i.e. the attitude to heterozygous female embryos, since rejection of such embryos could be considered as a first step towards eugenic behaviour.

At any rate, and certainly for those who do not consider the zygote as a human being, the choice of the means employed to avoid the occurrence of sex-linked disease is a matter of free personal choice of the parents.

Family balancing

As the first point, it should be acknowledged that the criticisms usually levelled against all sorts of post-conception gender selection are not valid in the case of pre-fertilization gender selection. However, the criticisms are valid for post-natal selection, which is still in use in China (where 500 000 ‘missing girls’ per year has led to an unbalanced sex ratio); for pre-natal selection, based on the results of ultrasound examination, amniocentesis or chorionic villous biopsy; and for pre-implantation post-conceptional selection, as was previously done for X-linked diseases, and could be done for family balancing.

In pre-fertilization gender selection, the procedure concerns ‘only’ germinal cells, not individuals; and so, what are the arguments against it?

Firstly, the inconvenience of sex discrimination, usually against females. Interestingly enough, as already mentioned (Liu and Rose, 1996), although individuals belonging to Asian and Indian cultures express, for obvious ‘social’ reasons, a preference for male offspring, the reverse seems to be true for European couples.

Secondly, the main criticism concerns the concept of family balancing itself, which appears to be vague and uncertain. Is family balancing the fact of wanting a boy after five girls, or the contrary, or after four, three, two, or even one girl? Or is family balancing the desire to have a first-born child of a specific gender? Who would be responsible for the ‘correctness’ of this definition? Would it be the medical profession, an ethical committee, a law court, Society as a whole consulted by ballot, or parliament through a statutory law? There is no logical, or any ethical, means to solve this difficult problem. Certainly the worst solution would be to expect any kind of governmental decision to rule on it. If this were the case, the way would be open to regulation of highly personal reproductive choices by political measures, as is still the case in China.

It is possible to conclude that the use of the term family balancing is in fact a diplomatic precaution to make it easier to accept the principle of free choice of the child’s gender by the couple concerned.

Free choice

Again the choice of gender through post-natal murder, prenatal abortion or PGD are not to be considered here. The discussion is restricted to pre-conception gamete selection.

Two main arguments may be raised concerning this ‘slippery slope’ of gender selection. The first is the argument of principle; this selection is fundamentally discrimination, usually discrimination against the female gender. Is this true, and moreover is it reasonable? As mentioned above, the wishes of Asian and European couples may differ in this respect.
The second argument is whether respect for the ‘genetic lottery’ is a fundamental, transcendental obligation. Is trying to escape from it a crime against humanity? Or is it a right of the couples which needs to be respected? The answers to these questions are a matter of philosophy, of choice between opposing points of view, of respect for nature on one side and respect for individual freedom on the other, i.e. personal choice.

It is more useful to take a consequential approach. What are the possible consequences, let us say on a worldwide basis? One possible consequence is a global decrease in the number of females. Such an effect would only occur with the global use of this technique and of artificial insemination. This is unlikely to occur and, therefore, one might wonder what would be the influence of limited use on the world female population. If such a decrease did actually occur, some positive consequences could be expected. These could include: an increase in the influence and responsibilities of the gender which had become rare; a slowdown in the rate of growth of the world population, and reinforcement of the interbreeding of different populations due to the preferences indicated above, with beneficial consequences from both social and medical points of view.

At any rate, from a consequentialistic point of view it would seem obvious that pre-conceptional selection would be preferable to interrupting female-bearing pregnancies or to abandoning girls in the jungle or the rivers.

It must also be added that, whatever the choice of some couples, there is no proof that such behaviour will be enduring. Changes may occur, as well as adaptations of the natural sex-ratio as demonstrated last century in Paraguay, when a war which destroyed most of the male population and was followed by a spontaneous and unexplained increase in the proportion of male births.

A final comment could be made: the desire for sex selection is not new. Previously attempts were made, based on diet or on the circumstances of intercourse, timing, position, douches, etc, and those attempts were not strongly criticized. If the attempts of Fugger et al. are the subject of more violent criticism, one cannot avoid feeling that such criticism is starting only now that an efficient technique has become available (Fugger et al., 1998). Does this mean that the moral justification or lack of justification of a social and medical attitude depends more upon its efficiency than on the underlying principle?

In conclusion, the lawfulness of a medico–social attitude, e.g. pre-conception selection of gender, seems to be a matter of personal ethical choice of those concerned, i.e. the couple and the practitioner.

References