

A QUESTION OF MEANING? CONTROVERSIES ABOUT THE NEW REPRODUCTIVE TECHNOLOGIES IN THE NETHERLANDS

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Synopsis – The debate about the new reproductive technologies is very controversial in the Netherlands. The views of the-political and social actors, including those in the women's movement, differ greatly. In this article I argue that the origin of the controversies is to be found in mutually excluding visions regarding the nature of the new reproductive technologies and the mode in which reproduction and the upbringing of children should take place. A series of issues which for some time have played an important part in the feminist debate, have now reached the political arena. The medical hazards, the developments of the technologies, and the unquestioned confidence in the medical/scientific world are now being regarded as problematic, to say the least. In connection with the question of who is allowed access to reproductive technologies it is also becoming problematic to defend the hegemony of the heterosexual nuclear family against other, increasingly socially more acceptable ways of life. The present debate confronts women with new questions with regard to their strategy. Is the time ripe for forming a coalition with a section of the concerned scientists? Does the issue of embryo experimentation deserve serious attention or not? How to solve the contradiction between criticizing the new reproductive technologies and claiming equal access to these techniques for all women?

Synopsis – De discussie over de kunstmatige voortplantingstechnieken is in Nederland zeer controversieel. De meningen van de politieke en maatschappelijke actoren, met inbegrip van de vrouwenbeweging, lopen sterk uit elkaar. In dit artikel beargumenteer ik dat de oorsprong van de controverses te vinden is in elkaar uitsluitende visies op het karakter van de nieuwe voortplantings-technologieën en op de vorm waarin de voortplanting en de opvoeding van kinderen dient te geschieden. Een aantal thema's dat in de feministische discussie een belangrijke rol speelt is nu ook tot de politieke sfeer doorgedrongen. De medische risico's, de verdere ontwikkeling van de technologie, het vertrouwen in de medisch/wetenschappelijke wereld worden nu op zijn minst als problematisch beschouwd. De verdediging van de hegemonie van het heterosexuele kerngezin tegenover andere, maatschappelijk steeds meer geaccepteerde, leefvormen is in verband met de toegang tot de voortplantingstechnologieën eveneens problematisch geworden. De huidige discussie stelt de vrouwen voor nieuwe vragen ten aanzien van haar strategie. Is de tijd rijp voor een coalitievorming met een deel van de kritische wetenschappers? Verdient de kwestie van experimenten op embryo's wel of geen serieuze aandacht? Hoe kan de contradictie tussen de kritiek op de NRT's en de aanspraak op gelijke toegang tot deze technieken voor alle vrouwen opgelost worden?

The rapid developments in the field of reproductive technologies and genetic diagnosis have left no western country untouched. They arouse horror and fascination, and are the subject of social controversy and political conflict.

In the Netherlands, the social and political debate about the new reproductive technologies is in full swing. The political attempts to keep the debates within manageable proportions are typical. In the public debate, broad

connections are being made between medical and ethical issues, between the "right" to reproduction and the costs of public health care. Profoundly differing opinions about this also cut right through the coalition government¹. On the one hand this government is forced to formulate policies in order to control developments, but, at the same time, it is evading bringing the basic issues up for discussion. Public consensus is a long way off. In feminist circles too, differing views

are being put forward.

The origin of the controversy is not only determined by the very nature of the new reproductive technologies themselves, but also by the characteristics of contemporary Dutch society. A slow yet steadily progressing emancipation of women has undermined the hegemony of traditional heterosexual marriage. Other types of unions such as living together unmarried, homosexual relationships, relationships in which the partners maintain total independence, as well as living single are becoming more widespread and are increasingly more accepted by society.

TECHNOLOGY AND THE SOCIAL CONTEXT

Within the traditional sociology of science the development of technology is often perceived as an autonomous, value-free process which takes place within the scientific communities. The technologies that emerge from this process supposedly take the form of neutral products or procedures which are more or less ready for application. Once a new technology has reached a stage of certain maturity, consumers and the public at large are confronted with it. Then the social problems connected with the introduction and application may arise.

The more modern studies of technology take a different view (Bijker, Hughes, & Pinch, 1987). According to this view the development of technology should be seen as a profoundly social activity which develops through 'interactions' between the different groups involved, such as the scientists, the technicians, the providers of funds, marketing managers, etc. The interactions concern, among others, the definition of the problem that should be resolved, the ways in which it can be done most efficiently, the expected advantages, the needs of the future consumers. During this process certain social meanings are being constructed and reconstructed around the

emerging technology. The technology embodies, as it were, the views, norms, and values of the people involved in the process of its development. The process of attaching social meanings to technology continues during and after the stage of introduction. New actors, such as governments, politicians, different social groups, or consumers may become actively involved in the process. The present debate on the new reproductive techniques may be considered as part of the process outlined above.

The technique of in vitro fertilization (IVF) and embryo transfer (ET) is opening up a completely new field of scientific research and experiments resulting in the development of further new technologies. These new developments, the outcome of which is not yet predictable at all, may have a profound effect upon the organization of human reproduction and upon the very characteristics of the human species itself.

The present dispute around the new reproductive technologies is blurred in so far as these techniques are being associated with the already long accepted technique of artificial insemination (AI). Because both these technologies are used overtly within the framework of medical care, they form a threat to the still ideologically dominant mode in which reproduction and upbringing of children are supposed to take place (i.e., the heterosexual relationship). After all, these techniques (AI and IVF/ET) may also be employed as alternative methods of reproduction by non-married people. They necessitate the involvement of third parties in reproduction, such as medical specialists and donors, which invites questions concerning the rights, obligations, and responsibilities of these persons. In the long run, the commercialization of reproduction cannot be excluded, not even in the Netherlands where a purely profit oriented health-care sector does not exist. Attempts to set up a commercial IVF clinic in 1984 led to a quick response by the government and in July 1985 an emergency law came into

force which made this kind of initiative impossible (Besluit t yd elijke regeling . . . , 1985).

With the development and spreading of these technologies, which are by and large directed at the reproductive functions of *women*, the social position of women is being affected in a different manner than the position of men.

The meaning society attaches to the new reproductive technologies is of importance in various fields. Here I will discuss the controversies in connection with the character of these technologies and with the social conventions in which reproduction takes place. The way in which these controversies will be resolved in the Netherlands has not yet been settled, which leaves room for a feminist intervention.

1. THE NATURE OF THE NEW REPRODUCTIVE TECHNOLOGIES: TWO VIEWPOINTS

Scarcely any reference is made to the nature of the new reproductive technologies presently under discussion. However, the different viewpoints on these technologies are clearly identifiable in the arguments. With some simplification, one may distinguish two opposing views.

According to the first viewpoint, which I call a *restricted* one, IVF, gamete intra fallopian transfer (GIFT), and related techniques are merely medical treatments with the aim to remove the consequences of infertility (i.e., involuntary childlessness). But the IVF procedure does not restore the fertility of women. Within this perspective IVF is not much more than lending "Mother Nature" a helping hand, which anyway is already happening in other fertility treatments such as hormonal stimulation, fallopian tube operations, artificial insemination. Supporters of this view hope that further developments and applications of these technologies can be limited to remedying infertility only. The question seems to boil down to the 'responsible' behaviour of the

medical and scientific communities concerned.

The most prominent social actors interested in spreading this viewpoint regarding reproductive technologies are to be found mainly among medico-scientific researchers and practitioners. They are supported by a group of infertile women, respectively infertile couples, organized in the Dutch Association for Test-Tube Fertilization (NVRB). This association, set up in 1985, organizes about 2,200 couples hoping to have a baby by means of IVF, and operates as a pressure group. The main demands of the NVRB are: the inclusion of IVF in the health service package and the increase of the capacity of IVF clinics. After the outbreak of a jaundice infection in 1988 in the Rotterdam IVF clinic the issue of due medical caution in IVF treatment occupies a more prominent place in the activities of this group. Specialists directly involved in IVF are regularly given the floor in the association's newsletter which is sponsored by the pharmaceutical industry: Organon Nederland BV and Pharma Import/ Sereno. NVRB shares with the medical world the belief in the positive contributions of technology to the solution of human problems, in this case of the psychological distress caused by infertility. In several ways this reasoning can be also found in the positions of the various political parties.

However, the assumption that further developments and applications of IVF technology can be restricted solely to the sphere of remedying infertility is difficult to maintain. The fundamental difference between IVF and other fertility stimulating techniques is that in the case of IVF, eggs and embryos are for the first time available outside the female body.

According to the *broad* viewpoint regarding reproductive technologies, IVF is therefore being considered as a basic technology and as a starting point for further scientific developments which in the long run will have far-reaching social effects. This broad vision underlies the criticism of the further development of the

new reproductive technologies.

Critical aspects 1: Experiments on embryos

As with any new technique, IVF undergoes a constant process of (supposed) improvement and perfection. Inherent in this process is the necessity for further scientific research and experiments which take place on women and embryos created from women's eggs.

The first attempts in the Netherlands to start researching human eggs and embryos date from 1985. Until now they have been unsuccessful. A team of researchers at the University of Limburg in Maastricht wanted to use human embryos which would be especially created for research into the causes of spontaneous abortions. Although the funding of the project did not encounter any problems, the academic medico-ethical committee rejected the research proposal (Bonjer, 1987; NRC Handelsblad, 1987). An 'alternative' proposal of the same team to examine human eggs with regard to genetic defects was likewise censured.

These proposals resulted in prompt political action. Parliament passed a motion demanding a prohibition on creating embryos for research purposes. And as far as is known, no embryos are being created in the Netherlands for such purposes. A question that remains to be answered is, however, whether any research is being carried out on so-called 'scrap' (i.e., 'bad') or 'surplus' embryos, as such research is not prohibited in this country.

Both the National Health Council, a very influential advisory body to the Dutch government in medical matters, and the government believe that legal supervision of such experiments is necessary (Gezondheidsraad, 1986; Minister van Justitie, 1988). According to their proposals, some types of research should be prohibited under criminal law, others would be permitted under certain conditions only. But a proposal to forbid experiments across the board is not under consideration. Under the present

circumstances it is not unthinkable that during an IVF procedure the women are excessively stimulated in order to make their ovaries produce 'surplus' eggs which can then be made into 'surplus' embryos (Uitgebreide Commissie, 1989).

In some political circles it is believed that embryo experimentation is necessary in order to improve the effectiveness of IVF technology. In addition to this, there are fears that a too strict prohibition of embryo experimentation could be labelled an illegitimate limitation of scientific freedom. Moreover, it is hoped that the utilization of new information acquired as a result of embryo research will lead to future economizing in the health sector. It is argued that a sophistication of prenatal screening for hereditary conditions and the genetic selection of embryos before placing them into womb may lead to substantial economies in the care of the handicapped. In addition, the pharmaceutical industry (which remains invisible in these debates) may benefit from the use of embryonic test material for the development of new drugs. Up to now, these considerations resulted in very restrained policies. In consultation with the medical and the scientific communities, the government expects to formulate a moral code of conduct, which will be binding to researchers and practitioners.

The Christen Democratisch Appel (CDA) is the only big political party with a clear position (Wetenschappelijk Instituut, 1988). This centre to right confessional party is the biggest of the two coalition partners in the present government, the other one being the Volkspartij voor Vrijheid en Democratie (VVD), a liberal-conservative party. Ministers of both parties, of respectively public health (CDA) and of justice (VVD) are involved in the policy-making process around the new reproductive technologies. Since, in the vision of the CDA, it is seen as morally inadmissible to create more embryos than is strictly necessary for IVF/ET, the whole issue of embryo experimentation is being avoided: no

surplus embryos, consequently no embryo research. However, during recent parliamentary proceedings the Christian Democrats (CDA) were very anxious that experiments could be carried out on 'spare' embryos after an IVF procedure, and, subsequently, that the government could do nothing to prevent this (Uitgebreide Commissie, 1989).

Critical aspects 2: Experiments on women and children

Research and development of these technologies is not possible without the involvement of fairly large numbers of women who undergo IVF. It is not accidental that publications on IVF and other reproductive technologies pay hardly any attention to the potential risks involved in this treatment, both for the women and—should she be among the few for whom IVF works – for her IVF child.

The successes are triumphantly reported in the media. Hazards are only covered in case of a calamity, such as the recent jaundice outbreak in the Dijkzigt hospital (see Holmes, 1989). In the autumn of 1988 about 30 infected women received some minor damages from the insurance company of the Dijkzigt hospital (NRC Handelsblad, 1988a). The same source reported on 28 September 1988 that three of the 79 women infected with the hepatitis B virus will probably remain bearers of the virus for the rest of their lives.

The issue of medical dangers, poor chances of success, and inadequate information given to the women are an important part of the feminist critiques of the development of the reproductive technologies (see e.g. Direcks & Holmes, 1986; Kirejczyk, 1987). The medical-scientific and political world is only slowly becoming aware of these pressing problems.

In 1988 a group of Dutch medical experts wrote a letter to the Medical Inspectorate of Public Health, expressing their concern about the effects of the use of drugs in IVF and in the stimulation of ovaries (Scherphuis, 1989).

Scientists, including those affiliated with the National Institute of Public Health and Environmental Protection, the Office for the Investigation on the side effects of drugs, the research groups Pharmacy and Medical Genetics of the State University of Groningen, drew attention to a relatively high number of congenital defects in IVF children and to the connection between the use of clomiphene citrate and progestogens and the defects. They insisted on the systematic registration of IVF data on pregnancies and on congenital defects in IVF children.

A number of years after the first feminist publications which had already pointed at these dangers, Dr. Paul Peters, one of the signatories of the above mentioned letter, said he was "flabbergasted that experiments—for IVF is still not beyond that stage—were carried out which were still not recorded" (Scherphuis, 1989). Nevertheless, the National Working Party In Vitro Fertilization of the Dutch Association for Obstetrics and Gynaecology refused to cooperate in a research project on defects as proposed by Dr. Peters. (For the minister of Health, this Working Party is the representative of the physicians involved in IVF. As he said publicly, the Working Party plays an important part in the process of formulating policies regarding IVF.)

There is no excuse for the medical profession to take such a position but it is not incomprehensible. IVF and similar technologies open up new and exciting fields of research. Even medical experts who, like Professor Eylard van Hall are known for their reservations, believe in IVF. Scientific reputation and social prestige are at stake. The developments in the field of new reproductive technologies are, however, still a rather sensitive area for the general public. Therefore, the researchers and specialists would welcome a set of minimum regulations with respect to the experiments. These regulations must not restrict too much of the freedom of scientific research but,

simultaneously, they must provide this research with the stamp of public approval. The existing government policy to hand over the decision-making powers regarding experiments to the medical-ethical commissions appears to comply with the wishes of the medical profession.

Unlike many practitioners and researchers, the government is concerned about the medical risks for women and children attached to IVF and about the lack of information regarding the long-term effects (Minister van Justitie, 1988). According to the Health Minister these dangers are one of the reasons why the authorities are reluctant to increase the number of IVF clinics (Uitgebreide Commissie, 1989). In a recent parliamentary debate the small left-wing parties PPR (Politieke Partij Radiacalen) and PSP (Pacifistisch Socialistische Partij) likewise raised the issue of medical hazards.

Critical aspects 3: Is reproductive technology coercive and inhuman?

Except for feminist groups there is virtually no sympathy for the physical and psychological traumas to which women are subjected during an IVF procedure. It is taken for granted that it is the women who want IVF, therefore they should be prepared for any sacrifice. In other words, the decision is the woman's own: based on 'free choice.'

In this connection a short critical comment is required. Recent results of medical-sociological research in the Netherlands expose the strongly coercive nature of medical technology. Medical practitioners often regard the availability of new technologies as imperative. They feel obliged to draw the attention of their patients to new treatments. Patients are often afraid that they may later regret their decision not to use a particular technique. This anticipation of possible future frustrations makes them often believe they should take advantage of these techniques now (Tijmstra, 1987). IVF is no exception here. This is why both practitioners and clients are inclined to accept a wider range

of medical indications for the use of reproductive technologies, such as the application of IVF to fertile women with infertile partners or in so called 'unexplained infertility' cases. So, one seems to be caught in a vicious circle that is steadily widening.

A section of the women's movement in the Netherlands criticizes the increasing medical intervention in the reproductive process, stating that women are losing control over their reproduction. The disproportionate attention paid by the mass media to the 'success story' of the new reproductive technologies contributes to the revival of old images of motherhood as a "biological destiny" of women (Berkel, 1987). Women to whom reproductive technologies are being applied are increasingly seen less as human beings and more and more defined in terms of their reproductive functions. In the medical literature one often does not refer to women but to 'cycles' that are being stimulated, to eggs which are collected and fertilized, to wombs in which embryos are placed, to the foetal environment, to biochemical, initial, clinical and lasting pregnancies. Women as whole human beings do not deserve any attention in this reductionist 'medical science.'

2. THE SOCIAL MODE OF REPRODUCTION

With the help of the new reproductive technologies it is possible to completely disconnect genetic, biological, and legal parenthood for both women and men. The possibility for this disconnection with regard to paternity has long existed. Detailed legal solutions have been formulated for cases in which biological/genetic paternity was uncertain. Sometimes a man may acknowledge his paternity, in other cases he may refute it, and in the case of marriage the presumption of law is that the husband is the father of the child. So far the situation of a woman in relation to motherhood is different: a woman who gives birth in the

Netherlands is simultaneously the biological, the genetic, and the legal mother.

The new possibilities for ova and embryo donation may result in radical changes here. It is not inconceivable that a woman (a so called 'surrogate mother') could carry a fertilized egg to term without genetic material of her own after which she may hand over her child on a contractual basis to the prospective parents with whom this baby may or may not have a genetic or biological connection (usually, the sperm comes from the commissioning man in surrogacy cases).

These potential situations confront society with a number of questions: are the existing definitions of parenthood sufficient or should we perhaps acknowledge that an individual can have one, or more than two parents? And should the parents be of the opposite sexes?

First of all the question is: who will be the successful candidates for these technologies? Will that be decided on medical grounds only, and if so, which grounds will be sufficient? Or is it that the prospective parents have to comply with a number of different conditions? There are many differing opinions on these questions, but practically without exception an appeal is made to keep the "best interests of the child" in mind.

Defense of the nuclear family or recognition of social reality?

The advocates of traditional reproduction believe that prospective parents should definitely comply with more than medical conditions. The influential working party of the Association for Family and Juvenile Law is of the opinion that a child should legally have a father and a mother. This "Werkgroep Studie Problematiek Bevruchting en Afstamming van de Vereniging voor Familie- en Jeugdrecht", its full name in Dutch, is predominantly made up of a group of legal experts. In an early stage of policy development they

published a report which outlined a number of viewpoints regarding the future legal context for artificial fertilization techniques. A majority opinion is that people with other than heterosexual lifestyles may be considered for reproductive techniques in exceptional cases only. A minority believes that exceptions are out of the question (Hammerstein, van Maurik, & Robert, 1986). The conclusion is that access to the new reproductive technologies is to be restricted to heterosexual couples, married or in a de facto relationship.

In its report "Zinvol leven" (Meaningful life) the CDA shares the same opinion. A child is entitled to a father and a mother, because (Wetenschappelijk Instituut, 1988, p. 70):

the uniqueness of every person (. . .) is physically and psychologically rooted in his descent which is formed by his mother and his father.

For the sake of convenience it is forgotten that according to civil law descent may be a fiction. In Dutch law paternity is based on the presumption of law; if a child is born to a married couple the assumption is that the husband is the biological father of the child, which is obviously not always the case. During a debate in the Second Chamber of Parliament the Christian Democrats came up with another argument to support their position that only heterosexual couples should qualify for artificial reproductive technologies. The labelling of IVF and artificial insemination with donor sperm as a medical treatment for infertility is only part of the argument. The other part is implied in the statement that infertility may only be established in a heterosexual relationship (Uitge-breide Commissie, 1989).

A somewhat more balanced view is to be found in the Recommendation on Artificial Reproduction of the Health Council (Gezondheidsraad, 1986). The interests of the child are defined as how to best avoid an educational environment

that involves serious risks to the psychological and social development of the child. It is the view of this advisory board that the nature of such an environment has not been scientifically established. Therefore, it concludes that lesbian couples and single women also should be eligible to use these technologies, provided they accept a 'father figure' in the child's life. This condition is obviously an infringement into the ways lesbian and single women want to live their lives!

The Council of Juvenile Policies reached a conclusion that is radically opposed to that of the Health Council. In its advice the former also agrees that it is in the best interest of the child to grow up in a balanced environment (Raad voor het Jeugdbeleid, 1988). After a detailed discussion of all available scientific views in this field, including the feminist one (!) the Council concludes that there are (Raad voor het Jeugdbeleid, 1988, p. 78):

no valid arguments to exclude *a priori* any type of parenthood from the possibility to beget a child by means of artificial techniques.

But prospective parents should meet additional conditions, such as having a lawful motive, and they should meet the standards for legal parenthood, while at least one of the petitioners would be accountable for the legal and practical care of the child.

The ideas of the Council for Juvenile Policies are generally on the same wavelength as those of the conventional and the feminist wings of the women's movement in the Netherlands. Apart from the deep differences of opinion regarding the impact of the new reproductive technologies on women, there is mutual agreement within this movement concerning one thing: if these technologies were to be introduced at large, no discrimination based on life-style would be acceptable.

Political divisions and the apparent reticence of the government

The dispute over the authorized modes of procreation has yet to be settled. The ministerial note suggests that the authorities will attempt to restrict the use of the new technologies as much as possible to conventional, matrimonial, or marriage-like heterosexual types of cohabitation. It is said to be in the interest of the child to have the best possible identifiable relation to a mother and a father. But the document admits reluctantly that 'a ban on the use of artificial fertilization techniques' can probably not be upheld 'to other than the "traditional heterosexual relationships' (Minister van Justitie, 1988, pp. 19, 20). This was undoubtedly the government's interpretation as became clear during the parliamentary debate of the ministerial note. The government clearly expressed its preference for heterosexual relationships in connection with artificial fertilization techniques. The only reason why no ban on these techniques is proposed for single and lesbian women is simply that such a ban could not be enforced.

The opportunistic attitude of the government with regard to these techniques is a reflection of the contending positions within the ruling coalition. Whereas the Christian Democrats still regard the family as the mainstay of society, its liberal-right coalition partner (VVD) is anxious that the state could interfere too much in the privacy of the individual citizen with all these regulations and prohibitions. It is interesting to see that all the big parties are trying to evade the issue of discrimination and equality while discussing traditional and nontraditional ways of life. Because this issue is socially very tricky, the political controversy is all about the meaning of the artificial reproductive technologies. The CDA and the small right-wing parties consider all artificial reproductive technologies as no more than infertility therapies, which, as such, should be restricted to married or unmarried heterosexual couples. But for the PvdA (Partij van de Arbeid, a social-democratic party and also the biggest opposition party in the present parliament),

the VVD and the small left-wing parties (i.e., a parliamentary majority), these techniques are also acceptable as *alternative* reproductive technologies. In other words, women who chose not to live in a heterosexual relationship would be able to use them too.

In addition to the still unresolved conflict about who is to qualify as a candidate for these technologies, there are clear signs that the new reproductive technologies are being used as an opportunity to restrict women's rights to the advantage of men's rights. Today in the Netherlands an unmarried man may only recognize a child as his own with the written consent of the child's mother. The government wants to alter this. If a man agrees that his unmarried partner is inseminated with his sperm by means of artificial insemination, IVF or GIFT, the mother can no longer refuse to consent to a recognition of his paternity (Minister van Justitie, 1988, p. 38).

Towards a genuine alternative reproduction?

The possibility that the new reproductive technologies may be used as a truly alternative way of reproduction, (i.e., not in situations of infertility), is also part of the controversy. The background to this lies in the technical possibilities. From a technical point of view it is possible to separate the moment of fertilization from the moment of the onset of pregnancy. It is already possible to freeze an embryo which much later can be thawed and then placed into the womb. If the chance of implantation could be increased significantly, (at present, the success rate is almost nil) the planning of a pregnancy would be perfectly controllable. Once the freezing of eggs is possible it may lead to the development of totally new contraceptive practices. Eggs could be taken from young women, frozen and stored until the "owner" chooses the moment of fertilization with sperm selected by herself. Then she might have the embryo implanted in herself or possibly in a so called 'surrogate' mother.

Frozen embryos, sperm, and eggs may also be used by others (not necessarily heterosexual couples) than those from whom they originate. In this case too a 'surrogate' mother may be involved. There are plenty of possibilities for the commercial mediation and/or exploitation of these unorthodox methods of reproduction. With the development of the artificial womb, human reproduction could be completely separated from the female body and take place under the supervision of a (non)governmental agency.

Are these developments to be welcomed?

The Dutch feminists give, sometimes indirectly, many answers to this question² (Beijer, 1987). Some are definitely not ill-disposed to certain developments. Although they strongly disapprove of the control over the female reproductive functions by other persons than women themselves, they also reason that the new reproductive technologies may help to increase the freedom of choice of women. Not only infertile women may benefit from these technologies. In their view, the new reproductive technologies provide technological means for making a distinction between biological and social parenthood, thereby undermining the current social practice. As a consequence, these technologies may contribute to the growth of truly autonomous motherhood (i.e., achieved without the direct involvement of men) (Zipper, 1987).

Other feminists, either organized in the Society of Rhea (the Dutch section of the FINRRAGE) or independent, point at the real and potential dangers which the new reproductive technologies constitute for women. The issues of health hazards and of experimenting on women play prominent role in their arguments. Attempts are made to examine the implications of these technologies for women worldwide. Some stress that present medical practice and imminent legislation is attempting to restrict the application of reproductive technologies to traditional heterosexual ways of life

(Holtrust, 1987). In their view, the new reproductive technologies contribute to a greater control of women rather than to an increase of reproductive autonomy.

The far-reaching social consequences resulting from the introduction of new reproductive techniques are not explicitly explored in the official recommendations to the government. But the proposed regulations and the role assigned to government and other bodies articulate that they want to prevent developments leading to a broad distribution of the new reproductive technologies. At present, however, the debate is focused on the rare phenomenon of surrogate motherhood and its moral and social acceptability.

On the one hand, the Health Council deems medical grounds indispensable for the utilization of IVF (Gezondheidsraad, 1986). But it remains to be decided where the line is to be drawn between medical and social grounds. Medical grounds also should be required for the involvement of a 'surrogate' mother, in which case a distinctly regulating task is being assigned to the government to determine the form in which 'surrogate' motherhood is acceptable. This is all done to prevent unwanted commercialization.

On the other hand, the government regards 'surrogate' motherhood, on whatever grounds, socially undesirable, but it acknowledges its impotence to prohibit 'surrogate' motherhood which is also possible without the help of a physician. Hence its intention to prohibit under criminal law all forms of professional and commercial brokerage in cases of 'surrogate' motherhood (Minister van Justitie, 1988, p. 57). Moreover, the document also says:

a medical practitioner or institution is not permitted to use artificial fertilization techniques if a surrogate mother will carry the future baby to term. (p. 58)

This statement belongs to the realm of wishful thinking rather than of law since an effective control to enforce this

regulation will be very difficult.

The women's movement is not in agreement either over the desirability of 'surrogate' motherhood. On the one hand, critics point to the potential exploitation of poor women who may consider 'surrogate' motherhood as a source of income, at the loss of their autonomy, etc. On the other hand, other women emphasize that 'surrogate' motherhood is not necessarily connected with the new reproductive technologies and that there are in fact no reasons to reject, even on a commercial basis, 'surrogate' motherhood, as long as these women are not being exploited. It is being stressed that women are active subjects perfectly capable to decide what is in their best interest. By and large no judgement is given about the need for official regulations. The absence of a strong rejection of surrogacy within the Dutch women's movement can perhaps be explained by the fact that so far in the Netherlands no serious attempts have been made to undermine the legal motherhood of women giving birth or to give legal recognition to surrogacy contracts.

Feminist strategies and future developments

The course of both the public and the political debate indicates that an agreement of how to solve the problems resulting from the unrestricted development of the new reproductive technologies is a long way off. However, in some areas clear lines are beginning to emerge.

It seems very unlikely that in the short run IVF as a fertility technology will disappear from the arsenal of medical procedures. But the continuing feminist criticism of the health hazards for women in connection with the use of these technologies is beginning to pay off. The medical scientific bastion is beginning to show its first cracks (Wagner & St. Clair, 1989). In time to come more public interest in the negative aspects of IVF is expected, including serious attention to the long-term effects of these technologies

for both women and children. This is why the possibility of a coalition with the concerned section of involved scientists should deserve a prominent place on the feminist agenda. In the process of coalition building a part of the scientific audience could become more sensitive to the feminist arguments and the issue of health hazards would gain a more prominent place on the scientific, public, and political agendas. Though there are no guarantees that this strategy will be successful, one should not discard it too easily. The problem is too serious to not take a chance, especially when one considers that, in contrast with the issue of abortion, resistance to the new reproductive technologies in this country cannot, until now, count on the active mass support of the women's movement.

In all probability the unrestricted development of IVF centres will not be permitted in the Netherlands. The possibility to do research on gametes and embryos will be made subject to certain provisos, without, however, limiting substantially the experimental passions of scientists. That the responsibility for assessing the social relevance of these experiments is in the hands of the medical/ethical commissions of the hospitals guarantees so little, that a parliamentary majority urged the government to set up a multi-party state commission. Such a commission would serve as an advisory board to the government and its mandate would be to monitor all developments in the field of reproductive technology and genetic engineering of human beings, animals, and plants. Subsequently, it would provide the government with unsolicited recommendations or recommendations on request.

For feminists an active intervention in this controversy is very complicated since the feminist debate in the Netherlands remains totally silent about embryo experimentation. This silence is all the more striking if one seriously accepts the feminist argument that IVF and its related technologies cannot be understood in a

restricted sense. It is also a dangerous silence in view of the large degree of confidence the government has in the "responsible behaviour" of scientists.

Another matter of concern, the lack of political decisiveness of the women's movement in this country, has been mentioned before. There is an incongruity between the argumentation, on which the critical attitude towards these technologies is based and the perceived need to resist any attempt to divide women. On the one hand the reasoning goes that the new reproductive technologies involve too many hazards for the health, well-being, and social position of women to be acceptable. On the other hand, these objections are put aside and the principle of equality is put in the centre when the issue of free access to the new reproductive technologies is raised.

From influential and authoritative institutions such as the political parties, some advisory councils and the government, attempts are being undertaken to control and to accommodate the new technologies within the existing social, political, and legal framework. It seems very likely that this accommodation, if successful, will result in very negative effects for women. It will depend upon the strength of the Dutch women's movement and other critical movements whether such accommodation will be possible in the long term. are being undertaken to control and to accommodate the new technologies within the existing social, political, and legal framework. It seems very likely that this accommodation, if successful, will result in very negative effects for women. It will depend upon the strength of the Dutch women's movement and other critical movements whether such accommodation will be possible in the long term.

ENDNOTES

1. The article was written before May 1989, when this government resigned due to a split over an environmental programme.

2. Most Dutch feminists taking part in the debates about the new reproductive technologies

underline that they are speaking for themselves only. The debate is often carried out during public meetings, workshops, etc. Within the women's networks or organizations, to which these feminists may belong, the debate is in progress. Consequently, one cannot speak in terms of the position taken by one or another feminist group on the issue of the new reproductive technologies.

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