Issues in Reproductive and Genetic Engineering, Vol. 4, No. 2. pp. 93-107, 1991
Printed in the USA.

0958-6415/91 $3.00 + .00

AT ISSUE
WHOSE SURROGATE? SURROGACY, ETHICS, AND THE LAW

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> Male dominance has been enshrined in law as it has been in sex. Individual rights were won by men and for men in a world in which the public and private are deeply divided and men's rights ensure them domain in the private realm to which women have been relegated. Historically, men's rights, like their sexual freedoms, have been rights over women. Thus women's struggle for full personhood and equality must go beyond the important demand for simple access to these "rights" to include also a challenge to male dominance. (Miles, 1985, pp. 64–65)

The power of language as a medium, communicator, and message has been recognised by countless feminists. Even some who would never aspire to the appellation "feminist" have recognised the power of language. As the British jurist Glanville Williams has said:

> For lawyers language has a special interest because it is the greatest instrument of social control. Lawyers are perhaps apt to regard law as the sole, or chief, means of social control, forgetting that the law is only a special department of language and that, whereas the application of law is limited, language is all pervasive . . . (Williams, 1945, p. 71)

For feminists, the debate on surrogacy begins at the beginning: with the language that is used purportedly to describe a woman who bears a child, for a particular, prearranged purpose: to give the child to others, for those others to name the child "theirs." This woman, according to the conventional view (adopted by those who should know better), is a "surrogate mother." This woman, who has gestated a child and given birth, is not (according to this terminology) a *real* mother.

The term surrogate mother thus juxtaposes the *real* mother against the *other* mother. In accordance with this ideology, who is the "real" mother? She who then takes over the daily care of the child. One is the "surrogate mother"; one is the "mother," which is a shorthand term meaning, in this context, "real mother" or "true mother."

It can be little surprise in this world that the terms "surrogate," "real," and "true mother" are applied to women (one as against the other) who "participate" in so-called surrogacy "arrangements." This is wholly in accordance with the ideology surrounding "motherhood," "mothering," and what constitutes a "real" (or "good") mother in general. The *real* or *good* mother does not give up a child; she cares for the child from day-to-day *in person.* She is, on the one hand, the "perfect" mother. On the other, she is the ordinary, everyday mother of social expectation.

And this picture of woman as mother permeates the law. In child custody determinations, standard expectations are imposed upon women seeking custody, expectations from which men remain immune. A woman who engages in a career and looks toward childcare as a regular part of her plan for custody is at a disadvantage when seeking custody following divorce or marital separation. A man who seeks custody is not damaged in his application (indeed, his application is enhanced) if he intends to continue in his paid work career whilst providing "substitute" care: a second wife to care for the children, a mother/grandmother, sisters — any reasonable female figure to undertake the daily care of the child.

Rather than give further imprimatur to this dichotomising of the "good" versus the "nongood" mother, and the dissonant demands of "motherhood" versus "fatherhood," any new law, or proposed law, ought surely to strive toward creating or supporting a world wherein women are not set up in opposition to one another. Furthermore, no law should support the notion of "woman as receptacle" or "woman as substitute." It ought not, either, to create more potential for dissonance in the way we as women regard ourselves.

So-called surrogacy provides a perfect example of the mind-body distinction which is a creation of patriarchal philosophical discourse. It is not only a child who is "bought" — whether with money, gifts, or through emotional and psychological gratification. It is not only a uterus that is "bought" as a receptacle to house the pregnancy until the commissioned child is born. The woman's bloodstream, her oxygen system, her nutrient system, her whole physical self becomes a part of the transaction.

A woman may be persuaded, just as women who "sell" other parts of their bodies are persuaded, that her mind remains her own; she defines her mind as the centre of her autonomy, which is not for sale—or exploitation.

If she succeeds in distancing herself (her mind), thusly, from herself (her body), she engages in a centrally destructive feat: mind and body cannot be separated, are not separable. I am my body. I am myself. Myself is my body. In the very process of attempting to evade the inevitable: that one's self is being "used" by others for their own ends, the woman divides herself from herself, her mind from her body. Thus the autonomous self is dictated to by the exigencies of the moment. The autonomous self is occupied by others.

If she does not succeed in dichotomising herself in this way, the woman recognises herself as occupied territory: the commissioning parents have first call (whether by legal contract or moral understanding) not only upon the developing child, but upon the woman herself.

It is difficult to see how any government or legislature concerned about the right of women to be human could with equanimity forge ahead — or even timidly proceed — with legislation giving imprimatur to the practice.

If it is considered inhumane to regard women's bodies (and selves) as receptacles, or able to be treated as receptacles, then supporting the practice by legislative fiat seems extraordinary indeed. It must also be recognised that to support by legislation so-called surrogacy as a legal practice is to ignore already existing laws, or to overturn them.

In vitro fertilisation (IVF) surrogacy is projected by some as the "answer" to the problem of a woman giving commissioned birth, then desiring to keep the child. Some have said that to bear a child whose origin is not genetically that of the mother (birth mother) overcomes the difficulty: not being genetically "bound" to the child, the mother will not desire to keep the child. Genetics, on this assessment, is all. Ovum is the sum total of a pregnancy. Ovum the totality of a child.

This proposition can be said, with respect, to be little short of ridiculous. An ovum is not a child. To develop into a child, the pregnant woman devotes energy, life, time, emotional effort, and psychological sustenance—food, air, and water. To say that because the ovum is not "hers" she will not sorrow at the relinquishment makes as much (or little) sense as arguing that because a child develops as a consequence of the introduction of a foreign element (sperm) into the woman's body, she will be less attached to it than if the child were born by parthenogenesis. Just as sperm doth not a child wholly make, nor doth ovum.

But whatever the case, any standard legal text book illustrates that IVF surrogacy is contrary to existing common law. IVF surrogacy cannot be undertaken without the involvement of a medical practitioner and surgical intervention. For a medical operation to be legal it must be done:

1. With the consent of the patient, and
2. For the benefit of the patient.

It is difficult to see how an IVF operation on a woman who is fertile and who has "agreed" to bear a child for another person can be "for her benefit." It is irrelevant that the doctor may see the operation as for the benefit of the commissioning parent(s). Medical intervention required for the implantation of an ovum or embryo is surgical. At common law, unless done not only with the consent of the woman upon whom the operation is performed, but also for her benefit, it amounts to grievous bodily harm, unlawful wounding, or assault *(R. v. Donovan*, 1934).

At law, the giving of "medical treatment" is contingent upon the person to whom it is given

being properly determined to be "ill" and requiring treatment. The woman entering IVF to give the child to another or others is not ill; her intact health is the very basis on which she is accepted into the IVF programme and selected by the commissioning couple.

The way in which IVF treatment generally appears to be justified by its progenitors is that it is "treatment for the infertile." If fertile women are "treated" by IVF, that the treatment is within the boundaries of the common law is questionable.

Some may assert that tissue transplantation laws (relating to kidneys or other organs), or existing reproductive technology laws, have overcome the problem. It is difficult to see how this can be so. Generally when an organ is transplanted from one person to another, one of the parties is dead. The question of benefit to them therefore does not arise. When both parties are alive, the transplant takes place to overcome a condition which is life threatening to the organ recipient. The law has come to accommodate (albeit reluctantly) the notion that one person may consent to the removal of tissue from their body by surgical means to avert the death of the other, the benefit to the former being the alleviation of trauma which would arise were the latter to die.

Infertility is not a life threatening condition. For an ordinarily healthy woman to participate in a surgical operation to be implanted with an ovum from another, it is impossible to argue her benefit on the ground of alleviating death trauma. Her consent to the surgery is insufficient. To be sufficient it must be seen, in law, as for her benefit.

The woman who submits to IVF to bear a child for another places *herself* at significant risk. At least 18 women have died whilst undergoing IVF procedure, whether by reason of anaesthetic misadventure or other causes (e.g., two in Western Australia, one in Israel, and one in Brazil; Klein and Rowland, 1990; Corea, in progress). The long-term effects of subjecting oneself to IVF have not been properly and adequately researched. This awaits more years of women being subjected to this form of experimental medicine. Yet research that has been undertaken gives the ethical medical practitioner or legislator reason for pause (Klein and Rowland, 1988).

As infertility is *not* life threatening, but chances of death or injury to health whilst undergoing IVF procedure or taking a pregnancy to term are real, the common law requirement that a medical operation be legal by reason of benefit to the patient can surely not be met when a woman undergoes the procedure as a so-called surrogate.

Medical practitioners working in this area should be aware of the legal (and ethical) requirements governing the carrying out of surgery and medical treatment generally. Reading of standard texts on criminal law and surgery may assist.

In Australia, where every committee and government has studied the question of surrogacy, the first national conference on surrogacy ("Surrogacy: In Whose Interests?," February 1991) resolved that surrogacy should not be encouraged or supported (Meggit, 1991). Resolutions declared that surrogacy should be discouraged and prohibited as contrary to public policy "because it treats children as commodities; is exploitative of women, especially those who are vulnerable or disadvantaged; and is destructive of other family members, for example, siblings of the child."

The conference went on to support existing legislation (in Victoria, Queensland, and South Australia) discouraging or prohibiting surrogacy, and called for it to be extended and strengthened to provide that surrogacy "in any form, commercial or noncommercial, should be discouraged," with various measures being provided for and implemented, including:

- the rendering of surrogacy arrangements null, void, and illegal, and unenforceable as contrary to public policy;
- the prohibition of advertising, with penal ties applying for contravention;
- prohibition of exchange of money or payment for surrogacy, with a penalty applying to any such transaction;
- prohibition of persons (including doctors, lawyers, brokers and the like) from acting to facilitate or arrange surrogacy agreements, with a penalty applying to any contravention;
- prohibition of IVF and other reproductive technology programmes from assisting surrogacy, with a penalty for any contravention;
- denial of Medicare rebates (monetary assistance from the government which extends to surgery and health treatment generally) for those involved in surrogacy;
- findings of professional misconduct for any medical practitioner knowingly involved in or assisting surrogacy (Meggitt, 1991, pp. 3–4).

The conference made clear that where a surrogacy arrangement is entered into despite such provisions, a penalty should not be imposed on the woman who agrees to act as a "surrogate," or on a couple. Further, it was emphasised that for a child born from such an arrangement, any dispute should be dealt with in the Family Court of Australia (where custody disputes in the ordinary course, between separated or divorcing parents, are heard and determined) under the *Family Law Act.*

Sometimes it is asserted that, as children will be born through surrogacy arrangements (whether or not legislation prohibits surrogacy), legislation clarifying their status and situation is essential. It is difficult to see why any such legislation is necessary. If IVF surrogacy is outlawed, there is no need for complicated (or simple) registration procedures to ensure that a child may, eventually, have access to information as to from whence the ovum and/or sperm resulting in her or his birth derived.

If informal surrogacy arrangements take place outside the medical world, the child is in no different position from she or he whose mother determines, for whatever reason (whether it be adultery or some other factor), not to disclose the child's origins. Unless one is to adopt a practice of foolproof surveillance in bedrooms, bathrooms, parked cars, and other potential sites of non-husband-wife sexual engagement, or self-insemination, no law can assist a child in this situation. To suggest that it can is to fly in the face of reason.

Laws discouraging surrogacy arrangements, outlawing advertising for so-called surrogates, and outlawing commercial arrangements between people for the purpose of commissioning another to give birth to a child to give up, provide a means whereby society is able to discourage and deter entry into "surrogacy" arrangements, and dispel the notion that such arrangements are conducive to the well-being of those involved in them, the children produced by them, and society as a whole.

Drafting and implementing legislation regulating surrogacy is contrary to the principle that surrogacy arrangements be discouraged and deterred, unless the law "regulating" surrogacy consists of a simple statement that surrogacy arrangements have no force of law or are illegal. If a regulating Act goes beyond this, it gives imprimatur to surrogacy, at least in some circumstances, that is, whatever circumstances are set out in the regulating law. A statute drawn to regulate surrogacy would presumably set down under what conditions, or take into account under what considerations, surrogacy should occur. (It is difficult to understand what is meant by "regulation of surrogacy" if this is not the intention.)

Regulation of surrogacy brings with it problems of a political nature. Who is to devise the rules governing surrogacy arrangements? If it is the legislature, and the rules are to be statute-based, then what are they to be? It appears to be generally accepted (apart from a number of brokers who prefer not to deprive themselves of potential earnings) that surrogacy can be exploitative of women in the lower socioeconomic category. Are women in this group therefore to be automatically excluded by the law? There is a debate whether exploitation can arise within families, where a family member is requested, or offers, to bear a child for her relative: some say this has a greater potential for exploitation, or an "even chance" potential for exploitation as that involving women who are financially disadvantaged. Contrarily, some assert that this is the paradigm case for "successful" surrogacy. What other standards are to be set?

If the rules are not set by the legislature, but by the executive through regulation, the same problems arise as to what the rules are to be; as well, there is potential for public complaint about the setting of the rules by nonpublic, nonparliamentary, or noncongressional means. This raises the "big brother" spectre: some people are by the rules "allowed" to "participate"; some are not. This is surely the meaning of "regulation" — that rules are determined as to what is, or what is not, allowed. Once the notion that "some can, some cannot" is introduced, continuing debate as to who can, who cannot is inevitable. Ultimately, any government (and the community) would suffer from this approach and would not escape complaint by delegating rule-setting to the bureaucracy.

If the rules are to be set by an independent or external committee, there is again the problem of complaint by those not coming within the rules, as well as those who simply object to the process — or example, on civil libertarian grounds: that "anyone" should have a "right to choose" what to

do with their bodies, even if it means "agreeing" to a process whereby the woman's body is "owned" for the duration of the pregnancy (and the period leading up to successful insemination). Further, is the committee to work on a case by case basis? This raises concern about lobbying, about the possibility that only those who are articulate can gain imprimatur, and about the time of the committee being spent on debating the relative claims of those seeking to enter into surrogacy arrangements. Inevitably, attacks would be directed at the composition of a committee. There would almost surely be demands for representation on it of persons who "require" surrogate services.

Whichever body is chosen to draw up the regulations for "acceptable" surrogacy arrangements — the legislature, a government department, a committee — there is a potential for appeals against a negative decision. Grounds could be made out for discrimination where individuals are refused the right to enter into surrogacy arrangements. Media channels would be utilised by those who are able to gain access, and make "good television" or "good copy". (This has already occurred in the United States and Australia [McFadden, 1988, pp. 75–76; Scutt, 1988, pp. 308–313; Whitehead, 1990, pp. 9–10; Chesler, 1990, pp. 54–57].)

Although it is to be accepted that if surrogacy arrangements are prohibited by law protests will be made by some through media channels, it is a principled position to explain that the legislature approaches surrogacy contracts as to be discouraged and deterred and that this is the community view as expressed through the legislature. It is difficult to defend a position of allowing surrogacy in some cases and not others.

Some assert that so-called "altruistic surrogacy" is in a realm different from commercial surrogacy. This brings with it insurmountable difficulties even if the reality of political, social, and economic factors is ignored. When is an arrangement "commercial"? When is it "altruistic"? To be fully altruistic, should the woman who "agrees" to allow herself to be subjected so completely to the expressed wishes of another undertake the task with no renumeration whatsoever? She has "chosen" this path; ought she not then, in her exhibition of altruism, undertake all expenditure in relation to it? If not, to what extent may she make use of money changing hands? For health insurance only? Dietary supplements? Homehelp assistance throughout the pregnancy? Homehelp in the last months of pregnancy only? Differences of opinion and permutations of "altruistic" versus "commercial" are endless.

And what does altruism mean for women in a world where the prime expectation is that women ought to be — or are — altruistic beings? That money changes hands does not mean that altruism is not involved. This is certainly the approach of peddlers of surrogacy in the United States. One surrogacy broker has made an educational video called *A Special Lady*. It is, writes Janice Raymond:

> . . . often shown to teenage girls in high schools and other contexts, encouraging them to consider "careers" as surrogates. The video promotes the idea that it takes a special kind of woman to bear babies for others, and that women who engage in surrogacy do so not mainly for the money but for the special joy it brings to the lives of those who can't have children themselves. (Raymond, 1991, p. 8)

All women — "proper" women —are expected to be altruistic. Janice Raymond points out that the cultural norm of the altruistic woman:

> . . . who is infinitely giving and eternally accessible derives from a social context in which women give and are given away, and from a moral tradition that celebrates women's duty to meet and satisfy the needs of others. The cultural expectation of altruism has fallen most heavily on pregnant women, so that one could say they are imaged as the archetypal altruists.

She quotes Beverly Harrison:

> Many philosophers and theologians although decrying gender inequality, still unconsciously assume that women's lives should express a different moral norm [from] men's, that women should exemplify moral purity and self-sacrifice, whereas men may live by the more minimal rational standards of moral obligation . . . perfection and self-sacrifice are never taken to be a day-to-day moral requirement for any moral agent except, it would seem, a pregnant woman. (Raymond, 1991, p. 8)

And, one might add, never more so than when the pregnant woman in classified by commissioning parents as a "surrogate mother.": because she fulfills, ultimately, the role of the "bad" mother — the mother who gives her child away, the "surrogate" is required to live up to the vision of altruistic woman even more rigidly than any other pregnant woman. Her original position of altruism — I wish to give myself to others, for their use — locks her into a position where, whatever her wishes, she *must* continue to give herself for others, for their use.

Altruism as a basis for legal surrogacy is a minefield for legislators. It is a distinction which makes no real separation between commerce and "gift giving." And if a woman does give both her body and her child "for nothing," we ought seriously to question why any woman would so willingly enter into an arrangement that brings to her only (allegedly) a sense of having done something "good" for which the doing of it is its only reward.

If any surrogacy arrangements are recognised as detrimental, then the legislature must make an authoritative statement to this effect. Attempts at spurious distinctions between and amongst surrogacy arrangements are destined for failure. If, as a matter of public policy, the view is that surrogacy is damaging or potentially damaging to those involved in it — the child, the mother who agrees to give the child, and the commissioning parent(s) — then it is incumbent upon the legislature to make this plain.

The question then arises about what approach should be taken to make the authoritative statement an effective one. It seems contradictory for legislatures to make any such authoritative statement yet to, for example, turn a blind eye to IVF surrogacy. IVF surrogacy can be carried out only with the assistance of medical practitioners. It is unlikely that IVF could be carried out outside hospitals or clinics, or at least without some surgical process. The legislature would bring itself into disrepute in passing legislation stating that surrogacy arrangements are to be discouraged and deterred, yet remaining silent on the participation of medical practitioners in facilitating such arrangements by way of, for example, IVF. Either surrogacy is to be discouraged and deterred, or it is to be allowed. If it is allowed because doctors are not precluded from undertaking the necessary IVF operations and other procurative procedures, then it is effectively encouraged. The legislature abrogates its responsibility by allowing the medical profession to determine the limits of surrogacy.

Are surrogacy arrangements, whether by formal contracts or otherwise, to be unenforceable, or illegal and void? If they are unenforceable only, this does not alter the position from that which exists at present at common law, and those determinations made in the United States and Britain to date: it is unlikely that a court in the United States, Australia, or Britain (or any country wherein the child's "best interests" are looked to in custody and similar determinations) would uphold a surrogacy contract, at least without recourse to the principle of the "best interests of the child." (And then it is not that the *contract* is being upheld; rather general principles of law relating to custody are applied: principles that apply to husband-wife disputes over child placement upon separation or divorce.)

If the woman who gives birth to the child changes her mind about giving up the child, and is a married person, existing Australian laws generally make her husband "the father." Under Status of Children Acts and the Family Law Act, the (birth) mother's husband, had he consented to the procedure whereby she became pregnant (including IVF), is deemed to be, or is treated in law as being, the father. However, if he has not consented or there is no husband, custody and access cases are the outcome, and the unenforceability of the contract or agreement is generally irrelevant.

Making surrogacy contracts or agreements illegal and void means few people are able to circumvent the law and probably no one will be able to do so via IVF.

A disturbing feature of the surrogacy debate is that "ownership" of body parts, rather than the significance of relations, is insidiously being introduced into the law and into the national (or international) psyche. Custody battles between the commissioning father and the (birth) mother of a child sought to be acquired through surrogacy arrangements denote a conflict between a party who centres his "rights" to a child in the fact that his sperm contributed to conception. That he has no relation to the child (in the familial sense of being a part of a family group, the partner in a diad which is destined to become a triad with the birth

of the child) is considered to be irrelevant: the sperm's the thing. Thus, the very notion of surrogacy is shifting the "having" of children more firmly into a patriarchal framework. In the past, a man had right of ownership of children he sired in marriage, because it was *his* sperm that was seen as the most vital component. Throughout the 19th century, and generally into the early 20th century, women had no right to custody of the children they bore: father right, based on ownership of sperm combined with a legal marriage relationship with the woman who "incubated" the sperm so that it developed into a child, had no legal challengers. Yet at the same time, women had custody "rights" where children born out of wedlock were in question. That is, women had the "right" to eke out a modest living, or to starve by reason of having no male economic support, alongside her illegitimate child. Today, when women are better economically placed and thus can survive — often better than would be so were a husband present — together with a child born out of wedlock (often by choice), the law is changing to eliminate this possibility (Scutt, 1990). The law is also changing to eliminate the notion that relationships (living together) are relevant to child custody determinations (or "ownership" of a child). In vitro fertilisation brings with it the possibility that the woman who gives birth is not "related" to the child in a genetic sense; this, it is argued, means that she will feel no wrench when the child is given up to its commissioning parent, the father (who is "related" to the child *only* in the genetic sense). This ignores the reality of the relationship between mother and child which develops through the term of the pregnancy.

"Motherhood" is not something that springs full-grown upon the birth of a child. It is a developmental process over time, arising out of the reality that a fetus is a part of a woman's body until separated upon birth. "Surrogacy" as a concept (and as some would like to see it enshrined in law), purports to divide women from our own bodies: if I am pregnant, the pregnancy is a part of me, of my body; that the sperm comes from elsewhere and is infused into a part of me does not distance that part which is in me and growing (or has the potential to grow) into a fetus and thence a child; it does not mean that the pregnancy is not intrinsic to me. In the same way, wherever the ovum derives — from my body or from another's — when it develops inside my body it is a part of me. The notion (promoted by surrogacy and in particular IVF surrogacy) that a pregnancy, because it is commissioned by someone, is not intrinsic to me is more than nonsense. It is an attempt to impose upon women a sense of disassociation from ourselves, to distance us from our bodies, ourselves.

It is incumbent upon legislatures to make plain as a matter of law and of public policy that for women, for children, and for the community as a whole, surrogacy is not positive. The damage to women and how we think of ourselves as human is real. The potential for damage goes way beyond those immediately involved to all women, and to the broader community. Legislation should make plain that third parties — doctors, brokers, lawyers, agents, and others — are precluded from acting to encourage surrogacy, or be involved in procuring, etc., for surrogacy. Legislation should provide sanctions for the involvement of such third parties, who by their very intervention promote surrogacy.

The opposing argument appears to be that this is prescriptive, lacking in an acceptance of individual liberty, and deprives women of a "right to choose" to be surrogates, to bear a child and give the child away. Dale Spender has written, in her book *For the Record:*

> None of us is free from the disposition to assume that our experience is the experience and that what we know represents the limits of the knowable. None of us has a true analysis, a correct line, a monopoly on the right meanings. And if we want to see the end of one group defining the world of another group, on the grounds that this constitutes oppression, then all of us have a responsibility to strive to extend our horizons, to encompass and validate women's experience that is different from our own. All of us have to be vigilant about what we are leaving out of our explanations, and why! (Spender, 1988, p. 202)

She goes on to point out that feminism is not, however, "value-free liberalism which 'tolerates' each and every view":

> Feminism is based on values, on values of self-identity, responsibility, autonomy, equality and the absence of dominance, coercion and oppression. Understandings which do not

> respect these values, no matter from whom they emanate, are not tolerated. (Spender, 1988, p. 203)

Some would assert that the value of autonomy is embodied in the "right" to allow one's body to be used for the purposes of procreation, by others. As Andrea Dworkin has pointed out (Corea, 1985, p. 227), legislators and others in the human breeding business "are developing a specious notion of what freedom and equality [and autonomy] are and are applying it in their proposed legislation." She notes:

> . . . the bitter fact that the only time that equality [and women's autonomy] are considered values in this society is in a situation like this where some extremely degrading transaction is being rationalised. And the only time that freedom [and autonomy] are considered important to women as such is when we're talking about the freedom [and autonomy] to prostitute oneself in one way or another. (Corea, 1985, pp. 227–228)

Andrea Dworkin observes that the "freedom [and autonomy] for women" argument is "conspicuously absent" in the speeches of establishment people when they are talking about other aspects of a woman's life:

> You never hear the freedom to choose to be a surgeon held forth with any conviction as a choice that women should have, a choice related to freedom [and autonomy]. Feminists make that argument and it is, in the common parlance, not a "sexy" argument. Nobody pays any attention to it. And the only time you hear institutional people — people who represent and are part of the establishment — discuss women's equality or women's freedom [or woman's autonomy] is in the context of equal rights to prostitution, equal rights to some form of selling of the body, selling of the self, something which is unconscionable in any circumstance, something for which there is usually *is* no analogy with men, but a specious analogy is being made. (Corea, 1985, pp. 227–228)

There is no analogy, for men, of surrogacy. The rights of women are not enhanced by equating our unique capacity for pregnancy and giving birth with the capacity men have for producing sperm. The humanity of men is also downgraded by looking to sperm production as a signifier of fatherhood. Rather, it is imperative that we ensure the development of women's rights in a way that enhances rather than diminishes the humanness of ourselves and our ability to relate to other human beings as human, not as vessels carrying the products of ova and sperm.

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