

*Response to "Clone Alone" by Carson Strong
and "Are There Limits to the Use of
Reproductive Cloning" by Timothy Murphy
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Equal Access to Cloning?

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Introduction

Carson Strong's article "Cloning and Infertility" has initiated a conversation in this journal about the ethical and policy issues surrounding the question of who, if anyone, should be allowed access to human reproductive cloning technology, should somatic cell nuclear transfer ever become technically feasible and safe.¹ Strong's position in that article is that infertile opposite sex couples for whom cloning is the last resort for having a genetically related child are the only people who should be granted access to such technology, primarily because this need to have a genetically related child would give such couples respectable reasons for cloning themselves. Also, every child has a basic right to a "decent minimum opportunity for development."² Thus it would be morally wrong, other things being equal, to clone a person with cystic fibrosis or spina bifida but morally permissible to clone a nearsighted person, because nearsightedness is not sufficiently disabling to violate the child's birthright. With this caveat, he concludes that protecting reproductive freedom requires that physicians be allowed to provide cloning services

only to that small subset of infertile opposite sex couples who would need it as a last resort, should human reproductive cloning ever become safe and feasible.

Responding to Strong's article, Timothy Murphy, in "Entitlement to Cloning," argues that Strong's defense of reproductive freedom and his attack on the main arguments against cloning are so successful that they would also justify access to cloning for same sex couples and fertile opposite sex couples in general.³ According to Murphy, same sex couples, all of whom are situationally infertile, do not differ in any morally important respect from infertile opposite sex couples. Gay male and lesbian couples are just as likely to have respectable reasons for wanting genetically related offspring, so they too should have access to human reproductive cloning, if it ever became safe. And they are no more likely than opposite sex couples to objectify their children, given that both types of couples would be motivated by the same respectable reasons. Murphy also tries to justify extending access to fertile opposite sex couples. This recommendation amounts to a direct challenge to Strong's main criterion, because fertile couples could not possibly need cloning as a last resort for having a genetically related child. Murphy points out that fertile couples are no more

likely than infertile couples to abuse their children. This claim is not an outright denial that a slippery slope to objectification exists, but it is consistent with cloning's not necessarily leading to objectification at all. So whereas Strong counsels caution until we know whether parents who use cloning will tend to objectify their children unduly, Murphy seems unconcerned about the potential objectification of cloned children.

In my article "May a Woman Clone Herself?" I argue for three conclusions.⁴ First, if Strong's premises are right—that being infertile and having respectable reasons for wanting to clone oneself, barring severe disabilities that would lead to a wrongful birth, are together sufficient to justify access to cloning technology—then there is no reason to restrict access to couples. Individuals, particularly women, who satisfy these conditions should also be allowed access. Second, I argue that, if reproductive cloning were safe and feasible, it would not necessarily be immoral in any way, either in itself or because of its likely social consequences. I present a thought-experiment in which Mary, a single fertility specialist, clones herself, gives birth to her cloned daughter Mariette, and raises her lovingly. Third, if cloning ever became safe, and if I am right that there is no moral reason to restrict access, then the burden of proof should shift from those who are trying to justify access to those who should justify restricting access.

Recently, both Carson Strong and Timothy Murphy have responded to my article. Strong's "Clone Alone" contains his replies to both Murphy's and my articles.⁵ And Murphy's "Are There Limits to the Use of Reproductive Cloning?" explains his objections to my article.⁶ Because this pair of articles also represents a further development of the Strong–Murphy debate, I will

first comment on what is at stake in their disagreement. Then I will reply to their objections to my article, in turn.

The Strong–Murphy Debate

In his most recent article, Strong challenges Murphy's claim that fertile couples should be allowed to use cloning, arguing that the reasons fertile couples would have for using cloning are too weak to justify access. If a fertile couple wanted to use cloning, it would likely be for the wrong reason, and could send society down the slippery slope to degradation of parent-child relationships generally:

... the availability of cloning to all couples, whether fertile or infertile, would mean that it would be used in some cases for the purpose of controlling offspring nondisease characteristics, and this would set a precedent for future use of techniques to design the nondisease characteristics of offspring. Once we accept the practice of permitting fertile couples to use cloning to control nondisease characteristics, we have bought into the idea that it is acceptable to design our children.⁷

Fertile couples would never need cloning as a last resort for having a genetically related child, so their only possible motivation would be to control the nondisease characteristics of their children. Strong is concerned about a slippery slope from widespread access to cloning technology, to social acceptance of designing children, and ultimately to loss of respect for the personhood of children. If fertile couples are allowed access to cloning, they could push us down the slippery slope.

Is Strong's worry about a potential slippery slope justified? After all, fertile couples seldom, if ever, seek

assisted reproduction. And even if they did use cloning in great numbers, the consequence might well be more like what happened with in vitro fertilization, when the exaggerated fears of test-tube babies vanished when people realized it was just another way to make a baby. (I am indebted to Dr. Patrick Murphy, personal communication, for this insight.) Perhaps Strong thinks some fertile couples might try to clone a child who died, on the mistaken assumption that the child could be “replaced,” in some meaningful sense of the word. There would be few such couples, hardly enough to send society down the slippery slope to designer babies. Even if Strong believes cloning by fertile couples would directly harm the resulting children through objectification, there is little reason to think that such objectification would constitute a violation of the child’s right to “a decent minimum opportunity for development.”⁸ After all, many people have children to get extra hands for the farm or to fulfill their own failed career goals, but we do not judge that these parents are violating their children’s birthright. Strong’s main criterion—that needing cloning as a last resort should be a necessary condition for access to cloning technology—is actually quite stringent, when one considers the bad reasons people might and often do have for procreating. He is setting a higher standard for access to reproductive technology than society sets up for reproducing by traditional means. Fertile couples’ use of cloning technology might not be wrong or harmful, even though it does not meet Strong’s criterion for granting access. And it seems unlikely to push society down the slippery slope he describes.

In reply to Murphy’s claim that same sex couples are situationally infertile, and so should be granted access to human reproductive cloning technol-

ogy, Strong argues that, because gay male couples cannot avoid collaborative reproduction in any case, they would have no reason to pursue human reproductive cloning technology, except for the questionable motive of “controlling nondisease characteristics of offspring.” Curiously, Strong sidesteps the possibility, raised by Murphy, that there might be gay male couples both of whose sperm might be incapable of being used to fertilize ova and for whom sperm of family members might be unavailable. Surely these couples should qualify, according to Strong’s own criteria, as couples who would need cloning as a last resort for having a genetically related child. So it is not clear why Strong appears to reject the idea of allowing at least some gay male couples access to cloning.

What is at stake in the Strong–Murphy debate is whether a couple’s needing cloning as a last resort for having a genetically related child really is a necessary and sufficient condition for justifying their access to cloning technology, should somatic cell nuclear transfer ever become safe, and barring cases in which cloning would violate the resulting child’s birthright to a “decent minimum opportunity for development.”⁹ If this need is a necessary condition, then fertile couples should not be granted access. If this need is a sufficient condition, then gay and lesbian couples who need cloning as a last resort should be entitled to access. Strong’s position appears inconsistent, because he seems to be arguing that the need to use cloning as a last resort is a sufficient condition, but he neglects to include same sex couples who have this need.

Murphy’s position that fertile couples should have access to cloning technology constitutes a denial of infertility’s being a necessary condition for access. For Murphy,

SCNT should be added to the list of defensible procreative options as soon as it can be shown to be as safe as other mechanisms of conception and/or embryogenesis—for infertile *and* infertile couples, for opposite sex *and* same sex couples. [emphasis in original]¹⁰

Murphy's is a much more libertarian position than Strong's, essentially defining reproductive freedom to extend to any safe method of procreation. So the Strong-Murphy debate involves a deep difference. Strong advocates limiting access to only a select subgroup of infertile opposite sex couples, and lesbian couples and unpartnered women, as we shall see shortly, whereas Murphy attempts to show that Strong's arguments really justify access to any couple who needs or wants to use cloning technology to reproduce.

The Chambers-Strong Debate

In commenting on my article "May a Woman Clone Herself?" Strong agrees with me that some lesbian couples and unpartnered women should have access to cloning, but only if they need it in order to have genetically related children or if they had reasons to avoid collaborative reproduction. So his modified position is that, if cloning ever became safe and feasible, physicians should be allowed to provide cloning services to infertile opposite sex couples, lesbian couples, and unpartnered women, but only if they needed cloning as a last resort. Of course, any such cloning would be subject to the constraint that the rights of the child to a decent minimum opportunity for development would not be violated. In changing his position to approve of access for lesbian couples and unpartnered women, Strong is not concerned about a slippery slope to objectification, because none of the people with access would be trying to use cloning for the "wrong" reasons.

However, Strong disagrees with my claim that unpartnered men should be allowed access to cloning technology:

An unpartnered man can have a genetically related child by means other than cloning; it would require his sperm, a donor egg, and a woman willing to bear a child for him. Given this possibility, why would an unpartnered man want to use cloning? Again, the reason could not be to avoid collaborative reproduction because that is not possible. It seems that the reason would at least sometimes, perhaps often, be to control nondisease characteristics.¹¹

In a footnote, Strong admits that an unpartnered man whose sperm are not capable of fertilizing ova, and who had no suitable family sperm donors, would have a respectable reason to use cloning. And when discussing gay male couples, he states, "It would be possible to create a child genetically related to one member of the couple by means other than cloning, assuming individual fertility."¹² He does not address the case in which a gay male couple is composed of two infertile individuals. Surely they, too, would have a good reason for using cloning technology.

Indeed, if Strong's two criteria were applied consistently, then no group, except fertile couples, would be excluded a priori on the grounds of sex, sexual orientation, or partnership status. Any member of any such subgroup of society might find herself or himself in a situation in which she or he is not seriously disabled and in which cloning technology would represent her or his only chance of having genetically related offspring.

Yet in his conclusion, Strong states:

It seems possible to identify types of cases in which control of offspring nondisease characteristics is not a pur-

pose of cloning. These can be distinguished from cases in which creating specific nondisease characteristics is the main reason for using cloning as opposed to other methods of procreation. If we take this distinction and the objection to cloning based on the objectification of children seriously, it seems cases involving unpartnered women and lesbian couples are covered by my earlier arguments, but cases involving fertile opposite sex couples, gay couples, and unpartnered men generally are not covered.¹³

The key word here is “generally.” If Strong is saying that some gay couples and unpartnered men would be covered by his earlier arguments, then his position is consistent. But if he intends to exclude them, then his position is inconsistent, given that on his own criteria, they should qualify. It would be unfair for society to first extend access to this new technology to a relatively uncontroversial group—infertile opposite sex couples—and now lesbian couples and unpartnered women, and only later, if at all, extend it to gay male couples and unpartnered men. Consistent application of Strong’s perfectly general criteria justifying access warrants a nondiscriminatory, fair opportunity for access to assisted reproduction and provides no support for discriminating against gay male couples and unpartnered men.

In “Clone Alone,” Strong also takes issue with my methodological claim that we need to assess the permissibility of an individual’s cloning himself or herself before we can determine whether it is moral for couples to use cloning. And because men do not have the necessary ova, the example of a woman’s cloning herself becomes the most plausible.

Strong gives three reasons for thinking that this methodological individualism with respect to the morality of couples’ actions is mistaken:

First, one would have to show that all the objections to cloning I mentioned above can be overcome in the context of a woman cloning herself without assistance before one could conclude that such cloning is ethically permissible. One would have to argue that the lack of genetic uniqueness would not harm or wrong the child. One would have to argue that the particular parent-child relationship would not assume a seriously undesirable form. And one would have to argue that a woman’s cloning herself would not lead to future abuses.¹⁴

The story of Mary and Mariette demonstrates exactly what Strong is asking for—namely, that Mary’s cloning herself avoids all of these alleged problems. The example demonstrates in detail that it is at least possible for a woman’s cloning herself to be morally innocuous. Mariette is not harmed or wronged by her lack of genetic uniqueness, and her relationship with her mother is loving and constructive. No future abuses appear to be in the offing. So I fail to see the force of the first of Strong’s reasons.

Strong continues:

Second, the idea of women cloning themselves also raises public policy issues; an obvious one is whether we should permit women to clone themselves, whether they do it by themselves or with help. Again, in terms of how straightforward it is to defend, women cloning themselves seems to be on a par with use of cloning by infertile couples because they both raise public policy issues.¹⁵

Strong must be referring to the sole mention of public policy in “May a Woman Clone Herself?”, which states:

Much of the public debate so far over the morality of human cloning has focused on the conflict between the freedom of scientists to experiment and

the restraining hand of government. There are good reasons for this focus on what a researcher may or may not do. First of all, cloning technology is still in the research phase. Second, one sense of the word "cloning" refers only to the creation of genetically identical embryos by embryo splitting, which normally takes place in a laboratory. Finally, some public policy questions arise from this research, quite apart from the morality of implanting such an embryo and carrying it to term, such as whether to allow stem-cell research for the purpose of growing replacement organs.¹⁶

In this passage I explain why so little attention has so far been paid to the morality of the process of human reproductive cloning itself, given that the focus of attention has, quite understandably, been on the public policy issues surrounding laboratory research. It is difficult to see how this explanation could be interpreted as implying that human reproductive cloning, whether of individuals or couples, does not *also* raise public policy issues. Clearly, human reproductive cloning does raise policy issues. Indeed, my purpose in calling attention to the morality of the procedure itself is to provide a moral analysis of cloning as an action, including its likely consequences, in order to develop good public policy regarding it.

Strong's third reason for questioning my giving logical priority to the case of a woman cloning herself challenges the relevance to the cloning issue of the following passage from Judith Jarvis Thomson's "A Defense of Abortion," which I quoted in my article:

Suppose you find yourself trapped in a tiny house with a growing child. I mean a very tiny house, and a rapidly growing child—you are already up against the wall of the house and in a few minutes you'll be crushed to death. The child, on the other hand,

won't be crushed to death; if nothing is done to stop him from growing he'll be hurt, but in the end he'll simply burst open the house and walk out a free man. Now I could well understand it if a bystander were to say, "There's nothing we can do for you. We cannot choose between your life and his, we cannot intervene." But it cannot be concluded that you too can do nothing, that you cannot attack it to save your life. However innocent the child may be, you do not have to wait passively while it crushes you to death. (p. 52)¹⁷

Thomson's intended analogy to a woman with an ectopic pregnancy is apparent. Such a woman is at great risk of dying if she does not get an abortion. Nevertheless it may be very wrong for a doctor who has taken the Hippocratic Oath to give her an abortion. Thomson's methodological point is that we may not infer what she may do from what others may or may not do to help her. Even if it would be immoral for a doctor to perform an abortion, a woman might have a right to defend herself from an innocent threat, a growing baby, to save her life. Thomson's point is that the morality of a woman's having an abortion has to be determined on its own merits, independently of the rightness or wrongness of the doctor's helping her.

In "May a Woman Clone Herself?" I argued that Thomson's example of the tiny house supports the general principle that we cannot infer what a patient may do from what the doctor may do to help the patient. I provided another noncloning example, the case of suicide by a terminally ill patient. We cannot infer the rightness or wrongness of the patient's committing suicide from the rightness or wrongness of a physician's helping her or him to commit suicide. Just as in the case of abortion, it might be morally wrong for a doctor to break the Hippocratic

Oath, while at the same time it might be morally permissible for the patient to commit suicide. Extending this principle to the case of cloning, I argued that we may not infer whether it is right or wrong for a person to clone himself or herself from the rightness or wrongness of anyone's helping her or him to do so.

Here is Strong's statement of his third reason:

Third, the feature of the abortion issue that made Thomson's strategy necessary does not apply to the use of cloning by infertile couples. Abortion involves a conflict between the woman's interests and the fetus's life. From the point of view of a physician performing an abortion, the issue is whether it is ethically permissible for a third party to give priority to the woman's interests over the fetus's life. Thomson gets around this issue by considering a woman performing an abortion without assistance and by asking whether there is any such situation in which the woman may put her interests above the life of the fetus. . . . [In the case of cloning] [t]here is no need to defend a choice between the interests of offspring and infertile couples because their interests do not conflict.¹⁸

Strong is calling attention to the obvious substantive disanalogy between abortion and cloning. But this substantive disanalogy does not affect the more general methodological point about the moral analysis of the doctor-patient relationship. What abortion, suicide, and cloning have in common is the logical relation between what the patient may do and what the doctor may do. If abortion were the moral equivalent of murder, then a doctor's helping a patient to have an abortion would also be morally wrong. The doctor would be an accessory to murder. Or if suicide were inherently morally wrong, then a doctor could not in

good conscience assist his patient to commit suicide. Thus the morality of what a physician may do logically depends on what a patient may do, insofar that if it is morally wrong for a patient to do something, then it must also be morally wrong for a doctor to help him or her do it.

However, if abortion or suicide by an individual were morally permissible, it would not follow that a doctor's helping with abortion or suicide would also be permissible. As we have seen, it may be immoral for the physician to help, on other moral grounds, such as having taken the Hippocratic Oath. In sum, the moral permissibility of a patient's achieving a certain end is a necessary, but not a sufficient, condition for the permissibility of a physician's assisting the patient in achieving that end. In the case of cloning, the moral permissibility of a woman's cloning herself is a necessary, but not a sufficient, condition for the moral permissibility of a physician's helping her achieve that goal. As in the cases of abortion and suicide, the physician may have other reasons for not helping the patient.

Strong's third objection misses its mark because it does not bear at all on the relation between the morality of what an individual may do and what a couple may do, which is what he takes himself to be objecting to. If society gives couples reproductive privileges while denying them to individuals, then it may deem reproduction by individuals morally wrong. In that case, if it were morally wrong for an individual to clone himself or herself, it might nevertheless be right for a couple to use cloning, just as sex outside marriage was once considered wrong, whereas sex inside marriage was considered right.

However, if couples are not given an exceptional moral status, then the morality of what a couple may do

must depend on the morality of what each of them would contribute to that action. Although the social role of couples, which includes forming families, is different from the social role of unpartnered people, there is presumably no action of couples that cannot be explained as the combination of specific actions of the two members of the couple. Any action taken by a couple is decomposable into actions by the individuals in the couple, and these are surely amenable to independent moral assessment. We cannot hold a couple responsible without holding the individuals who make up the couple responsible for the contribution of each to the couple's action.

Suppose a husband steals a baby and persuades his wife that it was legally adopted. What is the correct moral analysis of this couple's action? Does the wrongness of the husband's action make the couple's action of "starting a family" wrong? It certainly seems so. But we would also want to say that the woman is innocent, if she never suspected her husband of lying. So the direction of implication of wrongness goes from the individual to the couple, and not from the couple to the individual. The wrongness of the couple's action does not mean the woman did anything wrong. But the wrongness of the husband's action makes the couple's starting a family wrong. Note that the innocence of the woman does not make the couple's action of starting a family permissible. Similarly, if it were inherently morally wrong for a woman to clone herself, then it would be wrong for a couple to use cloning, unless there were a separate, further reason to give couples privileged status. But if it were morally innocuous for a woman to clone herself, it would not follow that it would be morally innocuous for a couple to use cloning, or for a doctor to help her or them. Their specific

actions must be assessed separately. Thus the point of the thought-experiment in which Mary clones herself and gives birth to Mariette is to look for any wrong-making characteristics of her actions at any point. Failing to find any, I declared a woman's cloning herself morally innocuous. This result rules out the conclusion that cloning by couples is wrong-because-cloning-is-wrong-in-itself. If cloning is morally wrong, it must be for some other reason.

Finally, Strong separately objects to the lack of "practical import" of the example of Mary cloning herself. After all, it would be very difficult for a woman to remove her own eggs without anesthesia, and she might miss with the needle and other complicated equipment needed to remove them. I agree that the example is completely impractical in that sense, because, like many other philosophical examples, it is specifically designed to be used as intuition pump, in this case to generate concrete moral intuitions about whether Mary's actions are morally right or wrong at each step in the procedure. It is a harmless fiction to just suppose she can pull it off, or in this case, pull them out. Actually, as philosophical counterexamples go, the story of Mary is unusually realistic. Compare it with Thomson's example of the tiny house. How realistic is that scenario? Yet it effectively stimulates one's concrete moral intuition that one would have a right to defend oneself, even if a bystander would not be able to choose which person to help.

As Murphy noted in his original response, Strong's arguments are more powerful than he seems to realize, effectively justifying access to human reproductive cloning, should it ever become safe, to people in groups that he does not explicitly include, such as physically infertile gay male couples, physically infertile unpartnered men, and

perhaps even fertile opposite sex couples, as well as to those in the groups he includes—infertile opposite sex couples, lesbian couples, and unpartnered women. His concerns with my thought-experiment involving a single woman cloning herself center around its unrealistic assumptions and its substantive disanalogy with abortion. But philosophical counterexamples are often unrealistic, precisely in order to appeal to relevant moral intuitions that might be masked by more complex examples. And the case of cloning is analogous with those of abortion and physician-assisted suicide in terms of the way what a doctor may do is logically related to what a patient may do.

The Chambers–Murphy Debate

In “Are There Limits to the Use of Reproductive Cloning?” Murphy exempts himself from my criticism of his and Strong’s use of “couples talk” in their articles. Murphy notes that his use of “couples talk” was simply adopted from Strong, given that he was answering Strong’s article and that he had previously, in other articles, discussed the use of cloning technology by individuals. I agree with this criticism.

Murphy’s next criticism refers to the following longish passage from “May a Woman Clone Herself?”:

The language of “couples” is problematic: Not only does it exclude single people from moral consideration, but it also hides any morally relevant differences between the individuals who make up the couple. Specifically, the preferences of the less powerful person are likely to be less autonomous and less influential in the final decision, making the couple’s decision less defensible in terms of patient autonomy than a consensus decision between two individuals in a more equal relationship.

Such power differences in decisions concerning reproduction do not occur in a social vacuum. Questions concerning who gets to reproduce, who gets to avoid reproducing, and how reproduction is to be accomplished are necessarily political. The norms governing reproduction help to determine the structure of a society’s family and community social relations. At the same time, women’s control over when and how they reproduce is a cornerstone of women’s struggle for political equality. A woman who has no say over whether, how, and with whom, if anyone, she will reproduce has little say over how she will live, men’s domination of women and their reproductive lives being virtually universal throughout known human history.¹⁹

About this passage, Murphy writes, “Although Chambers’s broad historical claim about the domination of women is probably right, it is not so right that there are no exceptions.”²⁰ But I explicitly allowed for exceptions by using the word “virtually,” which means “for the most part; almost wholly/ just about,” so I fail to see the force of this objection.²¹

And of course I agree with Murphy that women sometimes “. . . are more influential in driving the couple toward” the decision to use alternative reproductive technologies.²² That view is entirely consistent with what I stated. My only caveat is the familiar feminist point that many women are under terrific social pressure to fulfill their sex role by reproducing, and this pressure may compromise the autonomy of their decisions to seek fertility treatments.

To be fair, men may also have trouble making autonomous reproductive choices, as Carson Strong pointed out in his original article, “Cloning and Infertility”:

It is worth noting that studies have identified a number of reasons peo-

ple actually give for having genetically related offspring, some of which seem selfish and confused. For example, some people desire genetic children as a way to demonstrate their virility or femininity. The views on which these reasons seem to be based—that virility is central to the worth of a man, and that women must have babies to prove their femininity—are unwarranted. They stereotype sex-roles and overlook ways self-esteem can be enhanced other than by having genetic offspring.²³

So reproductive autonomy is not that easy to come by, for anyone, given that the social pressures to breed are so strong. Nevertheless, on balance and on average, the pressures on women are stronger and the associated burden of child care is more consequential for them. After all, women still do most of the work of direct child care, and men desert their families far more frequently than women do, leaving many families headed by unpartnered women.

Murphy then characterizes my argument that power differentials within couples may obscure or undermine the autonomy of such choices as a “hit-and-run” argument that “is not shown to have any consequences whatsoever for the practice of cloning.”²⁴ Perhaps I did not make this connection clear. The feminist insistence on taking women’s agency seriously, which my criticism of “couples talk” exemplifies, is quite relevant to all issues involving human reproduction. As long as we assume that reproductive cloning and other forms of assisted reproduction are the exclusive bailiwick of researchers and fertility clinics, we will overlook the obvious facts that it is women’s eggs that are being used, women’s reproductive organs that are needed to gestate these babies, and women’s emotions that are involved in caring for the resulting babies.

Given that human reproductive cloning uses women’s eggs and involves implanting embryos in women’s bodies, which results in women giving birth to and nurturing babies, women’s agency is directly relevant to the practice of cloning. For example, should women whose eggs are being used have the right to specify how those eggs may or may not be used? What are the rights of women whose uteri are to be used for gestating clones? What are the rights of women who are raising cloned babies? What probability of risk of miscarriage is an acceptable risk for a surrogate gestating mother to undertake? In dealing with couples, fertility specialists need to be aware that some women are oppressed within relationships and may not be making autonomous choices. To the extent that human reproductive cloning ever becomes a live option for couples, then women’s autonomy in making reproductive choices will be very practically relevant.

Murphy points out, quite rightly, that my thought-experiment involving Mary is an extension of Strong’s and Murphy’s ideas. Indeed it is. My additional methodological point, extrapolated from Judith Jarvis Thomson’s example of the tiny house, is that the moral permissibility of the individual case is a necessary, but not a sufficient, condition for the moral permissibility of cases involving partners or doctors.

Murphy further alleges that my hypothetical example of Mary’s cloning herself could be used in an argument for excluding poor people from access to this technology, because I hypothesize that Mary is a well-paid fertility specialist. He also explains that this is an argument I do not make. There is really no need for me to justify an argument I did not and would not make.

Of course, I agree that, even if Mary were poor, if she could somehow get

the necessary skills and equipment, it would be morally permissible for her to reproduce in this way. None of the moral justifications of the procedure depends essentially on Mary's being wealthy, so my use of this example does not in any way imply exclusion of poor people on principle. Unfortunately, given that most reproductive technologies are expensive, poor people are likely to be excluded.

Conclusion

Strong's three principles—that every child has a right to a decent minimum opportunity for development, that only couples who would use cloning as a last resort should be granted access, and that society must avoid going down the slippery slope to designer babies—are perfectly general and apply to all infertile people. It follows that Strong should recommend granting access to cloning services to anyone who meets these criteria. In addition to his list of approved candidates—certain opposite sex infertile couples, lesbian couples, and unpartnered women—he should presumably add those gay male couples and unpartnered men whose sperm cannot be used to fertilize a donor egg and who are not so disabled that their children's birthright would be violated. Murphy is right when he says that he has extended Strong's argument to the case of same sex couples, and that I have further extended them to the case of unpartnered individuals. Sometimes the full applicability of general principles is not immediately obvious, especially in unfamiliar contexts.

But Murphy's recommendation that fertile couples be allowed access to cloning technology exceeds what Strong's criteria could justify. It effectively extends access to anyone, fertile or infertile, gay, lesbian, bisexual, transsexual, or heterosexual, partnered or

unpartnered. Murphy's position appears to support my point about where the burden of proof ought to lie. As I argued in "May a Woman Clone Herself?", once a safe and feasible somatic cell nuclear transfer procedure for human reproduction exists and is recognized to be morally innocuous, the burden of proof should be on those who would restrict people's reproductive freedom. Reproductive freedom is a liberty right of people as long as they do not thereby infringe the legitimate freedoms of others and should not become a special privilege granted by the powers that be.

Notes

1. Strong C. Cloning and infertility. *Cambridge Quarterly of Healthcare Ethics* 1998;7:279–93.
2. See note 1, Strong 1998:286.
3. Murphy T. Entitlement to cloning. *Cambridge Quarterly of Healthcare Ethics* 1999;8:364–8.
4. Chambers JE. May a woman clone herself? *Cambridge Quarterly of Healthcare Ethics* 2001;10:194–204.
5. Strong C. Clone alone. *Cambridge Quarterly of Healthcare Ethics* 2002;11:76–82.
6. Murphy T. Are there limits to the use of reproductive cloning? *Cambridge Quarterly of Healthcare Ethics* 2002;11:83–86.
7. See note 5, Strong 2002:78.
8. See note 1, Strong 1998:286.
9. See note 1, Strong 1998:286.
10. See note 6, Murphy 1999:367.
11. See note 5, Strong 2002:81.
12. See note 5, Strong 2002:78.
13. See note 5, Strong 2002:81.
14. See note 5, Strong 2002:79.
15. See note 5, Strong 2002:79–80.
16. See note 4, Chambers 2001:196.
17. Thomson JJ. A defense of abortion. *Philosophy and Public Affairs* 1971;1(1):47–66.
18. See note 5, Strong 2002:80.
19. See note 4, Chambers 2001:195.
20. See note 6, Murphy 2002:84.
21. Stein J, Urdang L, eds. *Random House Dictionary of the English Language*, unabridged ed. New York: Random House, 1966.
22. See note 6, Murphy 2002:84.
23. See note 1, Strong 1998:280.
24. See note 6, Murphy 2002:84.