

**Reproducing Rights: How New Technologies Challenge the Legal Foundations of Genetic Relatedness and Human Dignity**

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**ABSTRACT**

*The use of assisted reproductive technologies (ARTs) is the realization of a universally desired future is the ability to create and raise a genetically related child if needed. For some, existing assisted reproductive technology won't help, but upcoming techniques such as in vitro derived gametes (IVGs) may. Yet the desire to have genetically related children is often criticized in discussions about new assisted reproductive technology. This is especially true because most heterosexual couples can have such children without help, while same-sex couples want them as well. This paper presents the moral and legal reasons why IVGs should be legalized when deemed safe enough. This paper analyzes the development of the concept of "treatment" in the relevant laws of the United Kingdom and argues that it is reasonable to attach importance to reproductive parenting programs, thus refuting the "There is a moral obligation to adopt" or "Adoption or donor fertilization should be sufficient" argument. The law of fertility in the social life of the general status of recognition and the right to private and family life, and the right not to be discriminated against, in particular under the European Convention on Human Rights, was discussed, with emphasis on the disabling nature of infertility.*

**Keywords:** *Assisted Reproductive Technologies (ARTs), In Vitro Derived gametes (IVGs), genetic relatedness, infertility, moral and legal considerations, reproductive rights, adoption, United Kingdom law, European Convention on Human Rights, non-discrimination.*

**INTRODUCTION**

People often grow up with a reasonable expectation that they will have the opportunity to share and raise a genetically related child with a loved one if they so choose (Davis, 1997). This expectation probably stems from a combination of innate, instinctive, social, and cultural factors, as well as our knowledge that "Unprotected" sex in heterosexual relationships can lead to pregnancy; however, when it comes to same-sex relationships, this understanding can be different (Chapman, 2023). That expectation can be shattered when people decide to try for a baby, for example, when a woman can't get pregnant or has multiple early abortions. These experiences of loss and grief may prompt people to seek help from assisted reproductive

technology (ARTs) when appropriate (Larsen, Hall, & Aagaard, 2008). The use of techniques such as in vitro fertilization (IVF), and the legitimization of new reproductive technologies for people who cannot be assisted by IVF alone, has led to a rise in the number of women who cannot be assisted by IVF, at its heart is a universal and deep desire to have genetically related children, a desire that stems from our reasonable expectations of future possibilities (Fatima, Haider, & Batool, 2025).

The primary purpose of the majority of newer technologies that have been deemed acceptable to use since IVF became legalized has been to prevent the birth of genetically related children with serious genetic diseases, as well as to prevent the birth of genetically related children with serious genetic diseases (Soini et al., 2006). These newer mitochondrial replacement techniques (MRTs), as well as preimplantation genetic testing (PGT), are examples. In like manner, human heritable genome editing (HHGE), which is illegal but the subject of several international reports and continuing research, is set to prevent such births as well (Tachibana, Kuno, & Yaegashi, 2018). In heterosexual pairs where one or both partners are infertile, and potentially same-sex couples, gametes created through in vitro fertilization (IVF) merely accomplish an existing goal, which is to have genetically related offspring, an intention of how IVF was first intended. The desire to have a genetically related child, sometimes the hope that the child will not have a serious genetic disease, is the essential thing for potential parents, whether the option is legal or merely legal by possibility.

A notable criticism though has come out of the recent debate in the UK about the legalization of MRTS and is now deriving from the debate on the IVGs versus HHGE, which likewise is yet to be legalized (Dimond & Stephens, 2023). Until the vast majority of heterosexual couples are capable of having genetically related children without medical assistance, and until same-sex couples are no more or less likely to want such children, this criticism which could be potentially reflected in policy and law, is of great import and is likely to be a case of blocking the legalization of new ARTs. In this article, he discredits it by moral and legal arguments. Considering that HHGE is engaged in other new topics as well in addition to the IVGs, especially concerning the acceptability of heritable modifications of the nuclear genome, this paper concentrates on the ethical legal ground of the legitimization of IVGs: IVGs, just as IVF was, should be perceived as an alternative to IVGs, the basis of which is the want of children genetically related to themselves. It is also indirectly discussing the moral question of using current legal ARTs, including IVF, and the question of whether procreation is justified in general (Edwards, 1974).

But one objection has become very strong in the recent debate in the UK about the legalization of MRTS, and now this objection has appeared as the discussion of IVGs against HHGE, which is still not legalized (Scott, 2024a). This criticism which can influence policy and law since the vast majority of heterosexual couples can marry and have genetically related children without medical assistance, and same-sex couples are equally likely to want such children begins to haunt the idea that the use of new ARTs cannot be legalized by law, a concern of paramount importance. This article disapproves of it with moral and legal interpretation. Since HHGE is also engaged in the new issues other than the IVGs, especially in the acceptability of heritable interventions in the nuclear genome, the particular study is concerned with the ethical and legal foundation of legitimating the IVGs; namely, it is seen as an alternative to IVGs, namely, that it is the desire of genetically related children that should be put at issue. It also indirectly examines the ethical correctness of using available legal ARTs, including IVF, and the general ethical correctness of procreation.

The analysis comes at a time when the Human Fertilization and Embryology Authority (HFEA) has recently launched a public consultation on a possible amendment to the Human Fertilization and Embryology Act 1990 (Purcell-Davis, 2015). This will lead to the Department of Social Security from the NHS and could eventually lead to a parliamentary debate on legislation to legalize the new ARTs on the

basis of further scientific research, public consultation, and parliamentary debate, just like MRTS did in the legislative process.

The structure of the article is as follows: the second part introduces the British legal framework through the sympathetic position of infertility as a disease to be treated in the Warnock report, in particular, the concept of "treatment" in the amended act.

Although "treatment" initially included only IVF, it now includes PGTS and MRTS and may also include IVGs and HHGE in the future. The analysis shows that the policy and legal underpinnings of PGT and MRTS support the interests of potential parents in choosing to have a genetically related child who is not affected by a serious genetic disorder (Keogh). However, while MRTS were eventually legitimized by some critics of genealogical yearnings, this criticism continued to simmer even as IVGs and HHGE were likely to emerge. This article is the next two parts of this discussion and refutation.

The third part begins by responding to the idea that the desire for genetically related children is only a wish not a need and therefore in assessing the risks of new ARTs, especially for future children they should be treated differently. Second, I discuss the issue of children in need of adoption and whether this should affect the moral legitimacy of the legalization of new ARTs such as IVGs. In response to a strong criticism of the ARTs even of procreation itself that people have a moral obligation to adopt children in need, I think it should be rejected. I contend that it is reasonable to place a value on the creation and raising of genetically related children, and that such reproductive parenting should be viewed sympathetically as a life plan, often developed together in a relationship with a loved one it may be the basis for people's expectations and visions of the future. The implication is that adoption is not a moral imperative. I also discuss how birth versus adoption should be understood object to the portrayal of birth as a narcissistic act and argue that it is inappropriate to define adoption as a duty of salvation and on the contrary, as a duty of 'salvation,' adoption should also be understood as a uniquely valuable life plan (Shek, 2023).

Part IV discusses the view, which I will refer to as the Alternative scenario the fact that potential parents can either adopt children or use donor gametes (combined IVF) and that the former, as well as the latter, is an acceptable method of fulfilling their desire to have genetically related children suffices to render new ARTs (such as IVGs) or at least does not carry enough (moral) grounds to warrant them. I identify the complexity and the burdens of the UK and the overall poor experience of adopters, especially the broad and often problematic role of various third parties in the adoption process and experience. Furthermore, the British law and policy still place great importance on the relationship of an adopted child with his or her (genetically related) biological parents via adoption, as far as it is considered in the child's best interests. In terms of donor conception, I touch upon the actual and potential effects of third-party genetic treatments on the birth of a child, as the UK law and policy (the establishment of certain relations between the child and the donor) urge the donor parents to inform the child about the role of the donor in becoming a parent. The adoption and donor conception analysis poses an ethical policy and legal consistency question on the genetic issue of the potential significance and desirability of child parent relationships.

In general the discussion presented in parts III and IV demonstrates that the selection of the type of family formation is associated with the conflicting interests of prospective parents in free choice secrecy and health. Thus third parties cannot pass judgment on the argument on the legalization of the new ARTs including IVGs regarding the alternatives that should be offered to those who would like to reproduce but cannot manage it with their gametes (Andrews & Douglass, 1991).

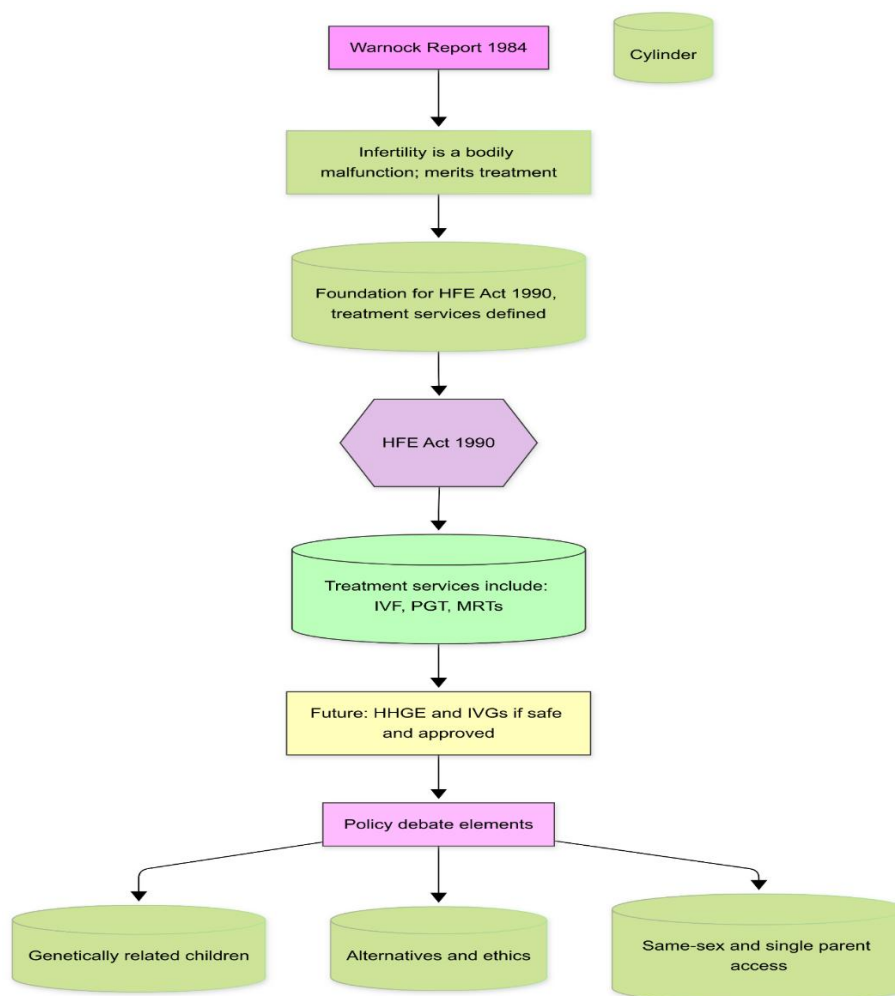


Figure 1HFE Act 1990

### Treatment and Its Alternatives in British Law and Policy

This section begins by highlighting the sympathetic attitude towards infertility established by the Warnock report, a report prepared by the commission after the birth of the world's first in vitro fertilization. This attitude became the cornerstone of the concept of "treatment" in the original 1990 Human Fertilization and Embryology Act (HFE Act)(Horsey & Jackson, 2023). At the same time, the report also pointed out that in the revised HFE Act, new assisted reproductive technologies (ARTs), such as preimplantation genetic testing (PGT) and mitochondrial replacement technology (MRT), which have a purpose beyond treating infertility, are also included in the Treatment category. This section then defines three key elements of the policy debate on assisted reproductive technologies these same elements are now at the heart of the debate over in vitro gamete generation (IVGs) and human germline gene editing (HHGE).

### The Evolution of the Concept of "Treatment"

The Warnock Report takes a sympathetic view of infertility and points to the stress it can cause it can be "devastating" when people who aspire to have children realize they have fertility problems. For many people, the report said, there is a strong desire to pass on their genes to a new generation that cannot be

met by adoption. In addition, various changes in society have reduced the number of children available for adoption. While the report makes reference to the critical view that having children is a desire rather than a need in the face of limited public resources, it also points out that medicine is not only concerned with maintaining life, but it is also dedicated to repairing human dysfunctions. Infertility should therefore be regarded as a dysfunction like any other. At the same time the report said, rather than treat infertility caused by psychological distress, as direct treatment of infertility itself. In conclusion, the report concludes that infertility is a condition that should be treated (Sharma, Shrivastava, & Sharma IV, 2022).

Although some have criticized infertility for being medicalized and transformed from a social condition to a disease, the conclusions of the Warnock report do not necessarily mean that infertility is a disease but that it's worth treating (Warnock, 2002). In addition, whether infertility is a disease is still controversial and uncertain. In this case, it would be more helpful to focus on "the ethical considerations raised by infertility.

The Warnock report formed the basis of the current Assisted Reproductive Technology framework, the revised Human Fertilisation and Embryology Act 1990, in which the concept of treatment played a key role. Therapeutic services are defined as "medical, surgical, or obstetric services provided to the public or part of the public to assist a woman to become pregnant." With the legalization of the new assisted reproductive technology, the concept of treatment has moved beyond in vitro fertilization (IVF). Preimplantation Genetic Testing (PGT) is licensed as an activity carried out in the course of providing treatment services these might include testing of embryos. Likewise, mitochondrial replacement techniques (MRTs), which alter the composition of embryos or eggs to avoid inherited maternal mitochondrial diseases in offspring, are therapeutic services. According to regulations passed in 2015, such modified eggs or embryos are emitted.

If the appropriate time human germline genome editing (HHGE) is deemed sufficiently safe and is supported by the public and approved by Parliament while amendments are made to the Human Fertilisation and Embryology Act 1990, it could also be a therapeutic service for would-be parents who want to have an unaffected, genetically related child for example those who use preimplantation genetic testing (PGT) with little chance of success. The revised law requires further changes to allow the use of embryos for reproduction in cases where nuclear material has been modified. Similarly, parliament could also decide to legalize in vitro gamete generation (IVG) for treatment, including by amending the definition of 'permitted' gametes in the revised law; only gametes produced by 'female ovaries' or 'male testes' are currently allowed. In both cases, changes to the amended law may be accompanied by corresponding regulations, as is the case with mitochondrial replacement technology (MRT).

The problem in modern legal regimes is access to justice, which is usually prevented by excessive expenses extreme bureaucracy and inefficiency of the whole system (Haider, 2024). Although new technologies in court automation have made it easier to get judicial access, ever more gauged by convenient case law and ease of handling documents, much has been left unexplored, especially by the marginalized groups. In turn, in the 21st century, there emerged solutions to digital justice, and one such prospect is Digital Twin Technology (DTT). DTT originally was designed as an industrial tool to support the creation of a real-time, dynamic virtual model of a physical system, which can support simulation, monitoring, and predictive analysis.

The given research examines the next generation use of DTT in courts, and it involves two main novelties: (1) Virtual Reality (VR) Trials, allowing participation remotely with the use of fully immersive digital courts, and (2) Immersive Evidence Presentation, where 3D models are applied to bring maximum clarity and objectivity in the processing of a complicated case. Such tools hold the potential to solve old predicaments associated with access, fairness, and efficiency of the judicial system. Nevertheless, the



issue of implementation barriers, including algorithmic bias, data security, and infrastructural requirements, should be handled by implementing effective regulatory policies, transparent algorithms, and interdisciplinary collaboration (Amelia et al., 2024) (Amjad, Fatima, Mehmood, & Amjad, 2025).

In methodological terms the study is qualitative in nature based on systematic analysis of secondary sources that involve analyzing primary documents in terms of peer-reviewed literature and reports presented by institutions (Ahmad et al., 2025); (Sadiq & Haider, 2025); (Aftab Haider, Ashraf Ali, et al., 2024). The paper critically analyzes the current scenario of the applications of DTT in judicial systems, both in terms of opportunities and limitations. This study brings forward the developing discussion on the legal tech field and produces the subject of its integration with the justice system around the globe because of its other commendable and practical recommendations.

### **Pgt and Mrt Policy Debates: Desire for Genetically Consanguineous Children and The Issue of Alternatives**

Behind the understanding of PGT and MRT as treatment is an attitude of policy and counselling that supports potential parents in their desire to avoid having children with serious genetic disorders. In this process, in addition to the factors related to the genetic disease itself, there are three particularly important aspects the recognition of the general desire for genetically related and healthy children, acknowledging that there may be problems with existing alternatives, and accepting that it is up to potential parents to determine whether they accept them (Laycock, 1952).

For example, with regard to alternatives to PGT, which were mentioned in a consultation and include pregnancy (whether or not genetic testing is performed), non-fertility or alternative adoption, or the use of donated eggs, sperm, or embryos to completely avoid the risk of genetic disease. However, agencies stress that donating for conception or adoption is often seen as a last resort, as people tend to prefer genetically consanguineous children and may view PGT as the only option.

Possible reasons for the need for PGT include repeated miscarriages, the death of a child a personal or family history of serious genetic disease, a history of previous terminations of pregnancy, and the difficulty of accepting a termination of pregnancy at high genetic risk. In the context of undirected genetic counselling, this perspective reflects compassion and respect for the couple's past experiences and their moral or emotional concerns regarding issues such as the termination of pregnancy (Hershberger & Pierce, 2010). Moreover, just as the Warnock report addresses infertility, the policy reports on the goal of reproductively healthy children. It also recognizes the emotional need to have children who are both healthy and genetically related.

Thus while PGT is more intuitively seen as helping parents at risk of serious genetic diseases to have healthy children, it could also be reformulated as "helping parents at risk of serious genetic disease gain genetic kinship with healthy children.

This re-profiling can also be applied to mitochondrial replacement technologies (MRTs), where the issue of alternatives is particularly prominent in the relevant policy debate. Because MRTS involves more complex interventions including changes to the composition of embryos or eggs policy discussions have included concerns about whether the technology is justified, because "there are other ways to achieve healthy parenting and prevent birth defects." However, as the body notes, such objections can also be raised against most forms of assisted reproductive technology; although adoption and egg donation do not present the same new safety risks as newer treatments, they are also not without risks in terms of the psychosocial impact on parents and children.

About the desire for genetic consanguinity, the agency noted that in the absence of MRTS, some would be parents may opt for natural conception knowing the risks of having a sick child, because they very much want to use their own gametes(Kelly, 2009). While many argue that genetic connections are not important in parenting, the agency compares those willing to use MRTS to any other prospective parent in both cases, the association is more likely to be successful than in other cases, people may have very strong feelings about the way they want to start a family, and those feelings go beyond just having healthy children. It describes this genetic link and some women's desire to conceive as “very profound,” noting that it is often described as natural or instinctive, and suggests that it is possible for women to become pregnant. It is also influenced by contemporary cultural and social norms and is socially accepted. In addition, it was noted that assisted reproductive technologies were often developed to enable people to maintain a genetic link with their children and or achieve pregnancy. After acknowledging this desire for a genetic link, the British Medical Association even suggested that legalizing MRTS was a moral imperative(Dimond & Stephens, 2023).

During the subsequent parliamentary debate, the newsletter also pointed out the challenges and constraints of recent alternatives to MRTs, preimplantation genetic testing (PGT), prenatal testing (PNT), and selective abortion, arguing that in the case of those at risk and desiring to have genetically related children without abnormal mitochondria, the results are critical and the only available recourse is mitochondrial donation. This is after the fact that a survey had been put into effect by the Ministry of Health to get the views of the people on whether MRTS should be legalized, with the results being that most people were in support of it, though there were strong opposers. The criticism of the genetic connection desire would eventually seem to be legitimized, this resistance is not ceasing with the potential of the introduction of in vitro gametogenesis (IVGs) and human germline gene editing (HHGE). This criticism will be analyzed and refuted in the following two sections.

### **Hopes, Wishes, and Plans**

This section begins by responding to the criticism that the desire for genetically related children is merely a wish rather than a need. This has profound moral implications for the assessment of the risks to future generations of the new, not yet legal, assisted reproductive technologies (ARTs). Second, I consider the needs of children in need of adoption and whether those needs affect the moral justification for legitimizing novel ARTs, such as in vitro-derived gametes (IVGs)(Scott, 2024b). I analyze and refute the harsh criticism of the ARTs and of procreation itself, that we have a moral obligation to adopt these children. I argue that it is reasonable for people to assign value to the creation and upbringing of genetically related children, and that this reproductive upbringing should be viewed sympathetically as a project. Often formed in a relationship with a loved one, such plans may form the basis of people's hopes and aspirations for the future. The implication is that adoption is not a moral necessity. I further explore how we should understand the two acts of reproduction and adoption in particular, whether they are self-centered. I reject the criticism of reproduction as a narcissistic act, and I argue that it is not appropriate to criticize reproduction as a selfish act it argues that adoption should be understood as a program of unique value rather than as a moral obligation to save others(Rulli, 2016).

### **Only 'wants' and not 'needs' for genetically related children.**

One of the critics' strategies is to set desire for genetic relatedness against need. Françoise Baylis wrote, we know that this is a wish, not a need, because there are happy and functioning families made up of social relations we should therefore not “pander to this learned desire. Heidi Mertes may be more concerned with the phrasing, pointing to the psychological effects of infertility and the bonds and connections that genetic correlations can create, but she maintains a distinction between “personal desire” and well-reasoned necessity. Along with Guido Pennings, she argues that a framework is needed to

prevent so-called wishes from becoming “absolutes.” In other contexts, however, the authors suggest a preliminary obligation to help people have genetically related children, but this obligation can be weakened by considerations such as security and justice issues.

Because genetic correlation is neither a sufficient condition nor a necessary condition for a parent-child relationship to flourish in fact the claim that genetic correlation itself is a need is untenable. Thus, genetic relatedness is likely not to appear on lists of absolute needs such as nutrition, water, shelter, or more social ones such as companionship. The question then is what conclusions can be drawn from this analysis? On the one hand, to claim or imply that genetically related offspring are not a need is to set the bar too high, as if to imply that it would solve the relevant moral problems. But on the other hand, the concept of 'need' is not irrelevant: it can be understood as an instrumental 'need' for a reproductive technology to be 'necessary' to achieve the desired genetic relatedness. Here, we consider the goal the universal and profound pursuit of the values of genetically related children and how we should respond to that goal (Green, 1997).

Setting aside criticism of the “just wish” rather than the must of genetically related children is its potential for toleration: it places the wish on one end of the scale and the need for the child to be born into the same family as the parent on the other. The strategy of putting the unknown risk of assisted reproductive technology at the other end for future generations seems to imply that its legalization and use cannot be justified. Therefore, Baylis argues that MRT (mitochondrial replacement technology) is less effective when there are “less risky” alternatives such as egg donation, adoption, PGT (preimplantation genetic screening), PNT plus selective termination, etc., and is unreasonable. As the NCOB points out, ART that is already legal to achieve genetic assisted reproductive technology “often poses health risks to the mother or her children.” In practice, however, neither Baylis's argument nor NCOB's in this paragraph touches on Derek Parfit's Non-Identity Problem, and the issue is relevant to all reproductive behaviors, whether assisted or not: as long as the child is born with an overall positive quality of life, the decision to create and bear the child cannot be criticized from a welfare perspective, because the child has only one chance at life, unless we look at it from a non-personality affect perspective and compare this life with another possible life of higher welfare. In this context, risk concerns may actually serve other agendas, as Robert Sparrow puts it. Baylis also complained of blind liberalism, rampant consumerism, global bio-exploitation, and technology fetishism.

In addition, when Baylis mentions MRT alternatives, it is assumed that these alternatives are valid and acceptable for prospective parents, but in fact PGT is not applicable in multiple instances of mitochondrial disease; for some people, it is not appropriate to use MRT alternatives pNT plus selective termination may be morally and emotionally unacceptable; and in those cases where HHGE may apply first, PGT does not help. Therefore, the argument that “genetic relatedness is not required per se” is biased, and I will discuss alternatives such as adoption and donor composition in detail below and further strengthen this argument. Furthermore, given the “non-oneness problem” mentioned above, even unassisted natural reproduction without mandating PNT and termination may lead to the birth of a genetically diseased child, and these conditions may be inherited by their offspring. So, to some extent, the “risk” of new assisted reproductive technology should be compared with the risk of natural reproduction, as Giuseppe Testa and John Harris point out, and the counterarguments of Mertes and Penning's et al. ultimately seem to imply the legitimacy of screening practices. In any case, the “non-integration issue” should be taken into account in any assessment, although the “welfare threshold” may be set higher in the legalization and regulation of neo-adjuvant technologies, and the “non-integration issue” should be taken into account in any assessment; due attention needs to be paid to existing safety studies.



Baylis' concerns about "risk" raise questions about trust in scientific scrutiny, given that MRT has been legalized in the UK. In the UK, a scientific team from the HFEA concluded that MRT was "sufficiently safe" for present and future generations. If such conclusions cannot be trusted, we will face problems in this area as well as in others. Similarly, for HHGE, the lead policy report suggests that studies are needed to establish adequate safety. In any case, as we've seen about 'risk' to offspring, the desire for genetically related children can be so strong in the absence of therapeutic options such as MRT that people may 'risk' having children with severe mitochondrial diseases. If HHGE is not deemed safe or legal in the future, parents-to-be may be tempted by such a strong desire.

IVG is not in itself designed to reduce the risk of serious genetic conditions in offspring. Conclusions about its safety may therefore be more related to the acceptance of the desire for genetic relatedness per se. This makes it more complicated than MRT's ethical assessment. IVGs may only be compared to natural reproduction (which does not involve avoiding serious genetic diseases), but as noted earlier, natural reproduction is not risk-free. Nevertheless, the concern for the widespread desire for genetically related children is more urgent in the context of IVGs and raises the question. To realize this desire, the need to have children is more urgent than ever before. I'll go directly to that question in the remainder of this section on the implications of the moral obligation to adopt and the parenthood project and to the alternative-based argument in section four.

### **Genetic Relationships and The Needs of Others: The Topic of Fertility and Adoption**

In Britain, as elsewhere a significant number of children are in dire need of adoption. Long-term, loving care for these children would be extremely beneficial, meeting a critical need. Therefore, some scholars argue that people have a moral obligation to adopt. If such an obligation exists, it should apply to those who do not need assisted reproductive technology for the sake of fairness. Tina Rully argues that, as a duty of rescue, adoption is a widely applicable but not absolute moral obligation. Unfortunately, however, she only cites the views of people who have undergone IVF when she emphasizes that most people think they have a stake in being protected, without taking into account the views of those who do not need reproductive help.

Bailout deontology usually takes into account costs. For example, in discussing the duty to adopt, Daniel Friedrich argued that if people were well informed about the possible implications of both birth and adoption, there would usually be no significant costs associated with forgoing parenthood and opting for adoption. He argues that prospective parents' perceptions of adoption are often misconceived, and that if they are well informed, they are likely to see little difference between the two. Whether this is the case in the UK will be explored in the next section by discussing the UK adoption experience. At the same time, Friedrich qualified his argument by pointing out, for example, that if people still attached great importance to their genetic relationship with their children, then they would not have an obligation to adopt (Haslanger, 2009). In addition, because some children may have "emotional problems," he confines his discussion to the adoption of "healthy children without long-term special needs." As I will point out later in my discussion of British adoptions, the reality is that the majority of children in need of adoption have been abused or neglected this is likely to exclude the vast majority of British adoptees from the scope of moral obligation to adopt.

Arguments relating to costs can also be found in Rully's arguments, which she generally considers to be trivial. She uses the example of "railroad tracks" to illustrate how a person driving to work might find a child's foot stuck on the tracks and potentially run over by a train. Rescuers just need to get out and be late, but at little cost. She argues that "a child in need of a parent is similar in most morally relevant respects to such a situation," arguing that if the rescuer has a rescue duty in such a situation, then the adoption duty can be strongly supported as well (Hyman, 2005). But given the low cost and brevity of

bailouts, it is debatable whether this analogy can be applied to the complexities of the adoption process. Although she said she would test "whether the higher costs of adoption undermine the analogy," she then played down the costs of forgoing motherhood so much that she barely broached the subject.

In fact, she has constructed a kind of "scarecrow" argument, trying to dismantle and refute various seemingly independent but in fact superficial or lacking in empathy reasons for procreation physical family or psychological similarities reasons for "love and eternity," in which a mixture of physical traits is seen as the ultimate symbol. Apart from the pregnancy itself, Rully argues that these reasons are too trivial, presuppose the value of the genetic link, are inappropriate in a normative parental context, or fail to distinguish between genetics and adoption. As a result, she concluded, there was no significant cost to adoption, so the moral obligation had not been breached.

I offer three immediate responses to this. For a start, few would-be parents have only one reason to procreate. Often, the reasons are multiple empirical studies have also revealed more forgiving explanations for Rully's perceived triviality. The desire for psychological similarity, for example, may stem from prospective parents' concerns about their ability to understand their children (despite complex nature versus nurture interactions), because the genetic link may be seen as an important factor linking and contributing to the well-being of the child. Second, she does draw attention to the openness of parents to the birth of their children, and as Stephen Wilkinson points out in his discussion of selective reproduction, "Striving for the ideal child doesn't mean abandoning the child if they don't fit the preference." Third, she is right that in a "blended family" there can be no moral distinction between children who are related and those who are not a point that seems uncontroversial(Smetana, 1985).

Rully argues that the interests of individuals that can defeat the duty of adoption must have some "project" dimension that is they have non-trivial, non-negative value and are central to our lives. She ruled that her candidacy did not constitute "project status," with one exception: a woman so desperate to get pregnant that she was morally allowed to have a genetically related child. However, this is problematic for women who actually find pregnancy particularly difficult or burdensome for medical reasons. More importantly, she refuses to consider that the mere desire to "create a child" justifies procreation and fails to consider that this desire is associated with the long-term task of raising that child. She is right to point out that child-rearing can be achieved through adoption, but that, compared with adoption, the whole life project of creating and raising children is often thought of as part of the desire to "create, raise, love, and have a lasting relationship with the child and his or her future adult image." Rully never considered such a "dual-facing" project.

In the view of many moral theorists, the project has a special significance. For example, Bernard Williams wrote that "Individual interests, desires, and projects constitute a pattern that not only provides a reason for concern about what will happen to the individual in the future but also constitutes a condition for the existence of the future itself," calling this desire "categorical." According to Susan Wolf, such desires connect one to one or more loved ones, including "to protect and to be protected, to ascend and to be ascended, and to share life." Samuel Scheffler points out that "personal projects and relationships" are often the most cherished things and that "joint projects" can emerge from such relationships, as Sarah Stroud has argued. This line of thought is concerned with the form of "human valuing," the reasons for these motivations, and whether they are acceptable in moral theory. Any "coherent moral system," Scheffler argues, allows or requires these reasons in certain situations and finds them morally relevant in determining whether an action is right or wrong. On this basis, certain projects and relationships are legitimately assigned high values that, if ethics is to be considered, should be related to the question of our moral obligations.

I contend that the desire to create and raise a child genetically related to oneself, such as co-parenting with others, has the same meaning and reasonable value as the projects, relationships, and people's sense of the future (Meyer, 1997). As for our visions of the future, if we choose to do so, we usually have a reasonable expectation that we will have genetically related children; this expectation is also reinforced by the importance of sex education in schools, especially with regard to contraception. It is therefore not surprising that when we decided to undertake this project, if having genetically related children was of value to us, but we encountered difficulties and failed, we may feel frustrated or even broken or empty.

In my argument, if you choose the project of procreation and parenting, which involves creating and raising a person who is morally important in a person's or couple's life, then intellectually, many would-be parents will place great value on reproductive parenting, and the major commitment to adoption may replace all or part of their "reproductive parenting programs" (in "Blended Families"), so adoption should not be a moral imperative.

This conclusion is further supported by the recognition that the moral obligation to adopt is arbitrary. Expectant parents, like everyone else, can be altruistic in ways that are almost certainly in conflict highlighting the neediness problem. For example one or both parents may be burdened with caring for a loved parent and providing them with emotional or financial support, which may be both morally permissible and desirable; or they may choose to regularly raise money for international charities or put in time each week to help people in need locally. In the face of these real and possible commitments, any claim that they should adopt a child seems arbitrary. Moreover, while it may be morally good for them to form or expand their family in this way, it doesn't rank particularly high among their many options for doing well (Dodson, 2009).

### **Argumentation of Alternatives: The Role and Judgment of the Third Party**

In this section I discuss and refute what I call the "Alternative argument," which argues that the existence of alternatives such as adoption or donor conception negates or weakens the moral case for legitimizing novel reproductive technologies, and I argue that adoption is not an option, for example, in vitro gametogenesis, a technique that allows parents to maintain a genetic link with their children, in order to examine the situations that potential parents may face when considering these alternatives, I discuss the problematic roles that various types of third parties may play during adoption and donor conception, and the extent to which laws and policies support actual or potential relationships between children and their genetic parents during these processes, this raises an important question about ethical, policy, and legal consistency involving the possible value and desirability of genetic relationships by children and potential parents, and overall, the analysis suggests that, as a result of this, children are more likely to have a genetic relationship with their parents, the choice of potential parents in family formation involves a complex combination of autonomy, privacy, and welfare interests, and therefore, the need for parental involvement in family formation, third parties are not well placed to judge the acceptability of alternatives in the debate over whether new Assisted reproductive technology should be legalized, this is especially true for those who aspire to have genetically related children but cannot do so without help (Glover, 2006).

### **Adoption**

I intend to mention some important facts regarding adoption motivation and the adoption process and experience in the UK. The second question is very applicable in cases of potential parents in determining whether they should adopt. One can observe problems in the British adoption system, which makes the process especially problematic. One part of it is associated with the background of most British children that need to be adopted and with the great number of third parties in family life and the absence of assistances to adopters (Humphrey & Ounsted, 1963). But even should the system be enhanced, say by

having better support somehow, the adopters will still be in trouble since they will have to still suffer the third party interventions in proving that they are deserving people to adopt the child, it will also be worthwhile to accept the legal and policy aspect that the relations between adopted child and his or her genetic parents would carry a weight when it is in the best interest of the child. First, just in case anyone may misunderstand, I would like to mention that were it possible to solve all of these issues and difficulties in adoption, render it cheaper, I would still hold my same feeling. I would say that it makes sense to place significant importance on childbearing parenting. In terms of motivation, by far the most popular reason to adopt is involuntary childlessness. When it comes to the adoption process, the broad scope of the role of the third parties is clearly observed. The process encompasses evaluation of single adopters or couples, medical check-ups, home visitations, legal adoption, as well as continued social services visitations after the acquisition of the child. Concerning the adoption experience, the 2021 adoption strategy takes a glance at the current state of the situation and highlights the necessity of enhancing adoption services since most adopters see the approval process as quite difficult and invasive (Bartholet, 1993). This intrusive reference also indicates the high degree of third parties in this type of family formation. It is also significant that the strategy mentions that the lack of attention or maltreatment, which the vast majority of children experienced before being adopted, can contribute to the lifelong issues, which include attachment disorders, delays in development or behavioral disturbances (Ahmad et al., 2024).

The study brings out and emphasizes the adoption process undergone by the children and parents, with both positive and negative effects. Although a lot of parents complain about the inability to receive assistance, they also express great affection toward their children. One of the problems is verbal and physical aggression of children, which can alter the lives of families. Parents tend to report the loss of the family they pictured, and the majority of them state they would not suggest adoption unless there was an increase in the support services. Nevertheless, adoption is meaningful, reassuring, and transformative to several. Other scholars like Rulli, McLeod, and Botterell have also made it out that there is a need to work on the adoption system and ensure that the process is no longer taxing. The UK also provides evidence supporting the view that third-party support may be construed as limited. Keeping in touch with a child's biological family is an important issue in UK adoption law and policy (Neil, 2018). Section 46(6) of the Adoption and Children Act 2002 provides that before making an adoption order, the court must consider whether contact should be allowed and consider existing or proposed arrangements. Article 1(2) is in line with Article 21 of the 1989 UN Convention on the Rights of the Child, stipulating that the welfare of the child must be the primary consideration of the court or adoption agency (Aftab Haider, Ibrar Ahmad, et al., 2024). Section 1(4) requires the court or body to take into account many factors, such as the likelihood of continuation of the relationship between the child and the relative, and the wishes and feelings of the relative.

According to the strategies of adoption in the Department of Education, the established communication channel with biological parents, grandparents, or biological siblings, according to the strategy, can assist the children in becoming aware of their identity and developing open relations with the adoptive parents and their development of relationships with family members. Simultaneously, the strategy cautions that these types of relationships may equally be damaging or emotionally cumbersome in case they are not mapped. It suggests making all decisions on a case by case basis, focused on the best interest of the child, and it should consider the views of the adoptive parents. Nonetheless, existing support is still unsatisfactory, and unintended associations being instigated via social media have been the subject of concern, with the harmful impacts of such being brought into light in the British media over the past few years.

The heavy involvement of third parties in the adoption through pre-adoption assessment and post-adoption monitoring often troubles the potential adoptive parents. The other problem is that they fear the

biological parents of the child will still interfere even after the adoption. It has been documented that there is a certain regret of the loss of physical and psychological intimacy in pregnancy and early parenthood with some people. Although adoption still provides the possibility of creating intimacy with time passing by, the experience of the British has indicated that the process becomes difficult most of the time (Lambert, 2020).

### **Donor Conception**

Various empirical studies indicate that the happiness of the donor family is highly positive. There are, however, a number of issues that one might want to think about when considering this option. The most apparent one is the effect of third-party genetic intervention on the genetic composition of a child. Take an example where only one parent is genetically related to a child; there are fears that there is a possibility of this, and as such, it may cause friction in the relationship. This is, in many cases, not considered a "Preferred" solution, but an option to be considered after people have given natural conception efforts, without success, and then tried in vitro fertilization using their gametes. Indeed, according to the report, prospective parents frequently must endure a grieving period before they contemplate using the donor gametes, and the strong extent of the necessity of genetically related offspring under these circumstances is once again reinforced.

Among the greatest values of the third-party genetic participation in children is the transition from anonymous donation to non-anonymous donation since 2005 in the UK. Similar to adoption, it puts under the spotlight the fact that genetic connections can be valued by children as well. Here, the genetic ties and children identification debate emerges to be most applicable. Since 2005, individuals who conceive partially or fully as the result of a gamete donation have access at age 16 to non-identifying information about the donor, and at age 18, they have access to identifying information. This change can be partly attributed to the Roth case, which made the right of the donor to know his genetic parents a right to private and family life enshrined in Article 8 of the European Convention on Human Rights (Mulligan, 2022); (Aftab Haider, Sidra Raza, et al., 2024).

Of course, the identity of the donor can only be further verified if the child knows that he or she was conceived through a donor. Therefore, according to British law, before accepting a donor gamete, the recipient's parents must be informed, preferably at a young age, of the method of conception. Parents must therefore seek guidance on future parenting from a third party, such as staff at the relevant clinic. Finally, with the proliferation of consumer genetic testing, the legal status of "Donors remaining anonymous until the child is 18 years old" may be revisited, it may also have a significant impact on the parents' experience of raising a donor-conceived child, as the donor may become a third-party presence in the family, and whether such a presence is welcome depends on the parents.

Similar to adoption, potential parents have different feelings and perceptions about donor conception, especially when the donor is not anonymous. Notably, one couple said they were delaying treatment until the anonymous donation was over, so the child could obtain the identity of the donor or genetic parent. By contrast, parents who choose not to tell are often motivated by a desire to avoid upsetting their children or interfering with their relationship with non-genetic parents. There are also concerns about confusion or rejection of non-genetic parents. For some parents, infertility is socially, culturally, or religiously stigmatized, so they are reluctant to tell their child or family about a donated pregnancy (Gezinski, Carlsen, & Hawkins, 2021). Other potential parents, worried about the burden of secrecy, want to avoid hiding the fact that their child is not entirely genetically related. These concerns relate to potential parents' rights to privacy and family life under Article 8 of the European Convention on Human Rights, including autonomy and psychological integrity. It is important to note that the relevant



ethics committee did not recommend that the law compel parents to inform their children of the donation, thus supporting the existing non-mandatory law.

Regarding the donor conception acceptance, empirical studies revealed that in the case of the availability of alternatives, humans tend to use them quite frequently. An example is that the use of donor sperm has drastically reduced because the single-sperm microinjection technique has been invented, enabling men with poor-quality sperm to have children who are genetically connected to their partners. Therefore, where it is incumbent upon the couples to have a complete genetically related child, then single-sperm microinjection is usually the better option as opposed to using third-party gametes. It also displays the emotions that the potential parents could have towards donor gametes in case artificial gametes are legalized in the future. Furthermore, the lack of donated gametes may arise, in some cases, particularly in a specific ethnic group. In the given case, it can be observed that the child will not be exactly genetically related, and the outsiders can learn that with ease, especially when gametes of a different ethnicity are taken, which impacts the privacy interests of parents in this situation. The availability of gamete donation also relies on whether other people are willing to make donations, and a significant source of egg donation can be the overstock eggs that are given to other women during in vitro fertilization treatment. Whichever it is what is frequently ignored is the fact that the risks of ovarian stimulation and extracting the eggs are eventually borne by the woman.

An analysis of third-party involvement in adoption and donor conception shows that important moral legal autonomy privacy and well-being interests are involved in family formation and parenting choices (Joslin, 2019). These interests are not necessarily individual, but should be understood to involve relationships and joint projects and often relate to the wider family. Third-party involvement significantly affects these benefits in adoption and donor conception, which does not usually occur in natural conception. In assisted reproduction, interventions may occur even when the parents' gametes are used the "Well-being of the child" clause in the Human Fertilisation and Embryology Act, for example, may unreasonably interfere with the privacy of parental decision-making. Although the article has been revised, there are still problems. However, in medically assisted reproduction using their gametes, parents can still maintain a large degree of privacy and decision-making autonomy, especially after the start of treatment.

By contrast, the involvement of third parties in adoption or donor conception is distinct from "Ordinary human experience," where the outcome of a child's genetic relationship with its parents is widely expected, with or without medical assistance. For this reason, the criticism that the desire for genetically related children is "Morally unjustified" is beside the point, even inappropriate and unhelpful. Similarly, the view that people should be discouraged from desiring genetically related children because there are similar alternatives could be seen as dismissive or even discriminatory. After all, restricting the reproductive rights of fertile couples of the opposite sex is hardly a policy or law.

### **Genetic Association, Identity, And Third-Party Judgment Between Parents and Their Children**

Notably, although there has been criticism of the motivation to desire genetically related children when considering alternatives such as adoption and donor births, it is important to note that the desire for a genetically related child is not a strong motivation, my analysis highlights the value that genetic associations can have for children in law and policy: thus, genetic associations are important not only for potential parents who want to achieve this goal through Assisted reproductive technology. Although the parents are in a slightly different position concerning the interests that may be involved in the genetic association with the adopted or donor child: for the child, part of this may be the desire to maintain the relationship with the biological parents, children may also be interested in establishing their identity by establishing a relationship with the donor genetic parent these interests are recognized and protected in the United Nations Convention on the rights of the child.

The situation is complicated for critics of the many potential parents who yearn for genetically related children in the UK at least, adoption alternatives require adopters to follow legal and policy positions, the child may maintain contact with the birth family if it is considered to be in the best interests of the child before treatment with donor gametes, prospective parents must be told, though not legally obliged, that it is best to tell any subsequent child about the genetic parent or donor. In short, when prospective parents who desire genetically related children give up the quest and turn to adoption or donor births, they will find that, to some extent, laws and policies still assume that genetic associations may still matter.

Therefore, on the one hand, it is argued that the new Assisted reproductive technology should not be legalized because the genetic association does not or should not matter and the potential parents have an alternative to adoption or donor birth; on the other hand, to some extent, laws and policies have expressed opposing views on these alternatives, namely that genetic associations remain important, which is somewhat inconsistent. If laws and policies are to be consistent, the universal focus on genetic associations should also be recognized and supported among potential parents who require novel assisted reproductive technology to obtain genetically relevant children. As for ethical discussions, consistency itself demands that those who criticize potential parents for valuing or desiring genetically relevant children, it is either equally critical that a child born by adoption or donation may value or desire a relationship with his or her genetic parents, or it is morally permissible to value such a genetic association in both cases (Abegg, 1984).

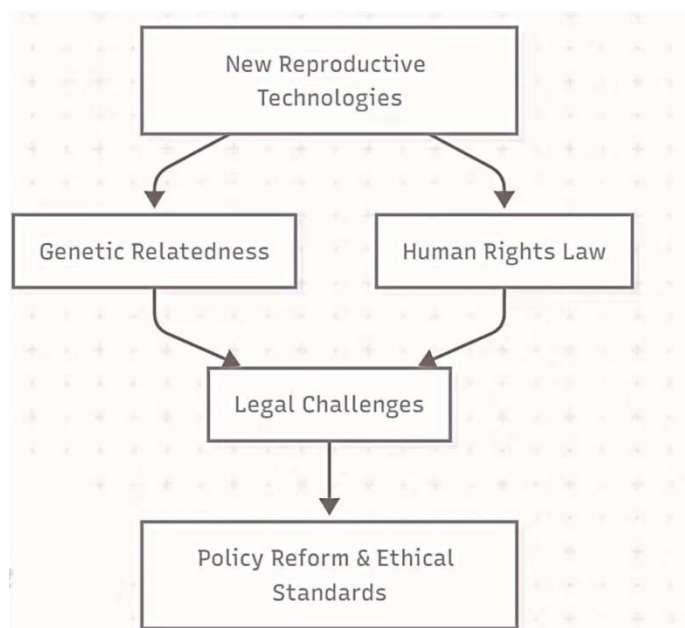


Figure 3 New Reproductive Technologies

The whole discussion in divide several complex and sensitive issues that prospective parents face in deciding whether to have and raise children the profound and rational personal nature of the values, aspirations and behaviors associated with family creation and upbringing. The emotional and physical benefits that people invest in childbearing, which can be extremely fragile and is often accompanied by loss and grief; the often problematic involvement of third parties in alternatives such as adoption and donor conception; And the extent of the moral responsibility involved in raising any child. For this reason, the question of third-party judgments about the acceptability of alternatives, such as adoption or donor conception, can draw on Samuel Scheffler's line of questioning "From what perspective with what authority", can a third party judge that these approaches are acceptable or should be acceptable to

prospective parents? Such judgments may be based on an incomplete assessment of relevant considerations and fail to acknowledge the reasonable importance attached to reproductive parenting. Prospective parents should therefore be able to make their own choices as to how or in what combination to form a family.

It is problematic for third-party judgments that this paper criticizes, such as arguments for adoption on the grounds of existential moral responsibility or from the perspective of alternatives hurt people who need help to obtain genetically related children, for example, by delaying or blocking the legalization of new assisted reproductive technology, such as in vitro germline stem cell technology. This can be seen in the autonomy, privacy, and non-discrimination of prospective parents and the limitations imposed by infertility.

### **Genetic Relationship: Universality, Autonomy, Privacy, Discrimination, and Disability**

In view of creating a family, the decisions we make can significantly affect our lives and the lives of the people around us. When we consider the possibility of having a family or how to deal with relationships, the ethics of reproductive parenting should be taken into consideration. It is not a personal choice but one that should be made by ourselves and the individuals we love, as well as the future we are creating. These questions allow us to think of what is really at stake in such a way that we can make more grounded decisions that are significant to our values. Thus, it is not morally binding to undertake the huge responsibility of adoption. The prospective parents will be left to choose between adopting and donating their children. A strong moral case can be made to legalise new forms of assisted reproductive technology, like in vitro germ cell, provided it is judged to be safe, and breaks with current boundaries of morality when people require reproductive assistance (Edwards, 1974). It is usually justifiable to assume that the possibility of having genetically close children exists, and such relationships are considered to be widespread, thus further supporting the right of giving value to reproductive parenthood. This genetic relation of Universality is the focus of the analysis provided in this chapter, bearing in mind the legal and policy arguments towards the legitimization of new Assisted reproductive technology in Singapore, it demonstrates the legal power given in its territory recognizes and protects (compensating negligence) general expectations and wishes of the genetically related children. The importance of the case is that it brings out the universality of reproduction in social life, and to this end, it has significant implications for how we reason morally and legally on the issue (Luhmann, 1986). The underlying message, in the analysis of the court, is that the desire to have genetically similar children has been viewed positively in general terms, of the argument of my analysis of the morality in the previous discussion. Second, I consider the legal recognition of the genetically related child's wishes in the case law of the European Court of Human Rights under Article 8, and in view of the sometimes problematic operation of the restrictive provisions of Article 8, and the principle of discretion and consensus, the court's possible room for growth in this context these could lead to potential hostility from third parties to Assisted reproductive technology that are not yet legal, such as in vitro germ cell techniques. Third, the right to non-discrimination under Article 14 is also involved, and I consider here how the Court reasoned about the legalization of germ cell techniques. Finally, the World Health Organization's designation of infertility as a disability appears to have implications for the need for treatment to avoid discrimination and for the right to create a family in accordance with the United Nations Convention on the Rights of Persons with Disabilities.

Overall, the ethical critique of genetically related child aspirations in part of this article, and the analysis of the case law of the European Court of Human Rights considered in this part, reveal that the desire for a genetically related child is not a sufficient condition for the survival of the child, the recognition of infertility as a disability and the failure to take seriously the discrimination inherent in the widespread expectations and legitimate aspirations of genetically related children have been conspicuously overlooked (Mutcherson, 2009).

Through the theme of autonomy, the Court of Appeal of Singapore in *ACB V Thomson Medical Pte Ltd* confirmed that what was lost on the assisted reproduction process, which in this case was the existence of genetic kinship between parents and children, was a harm. Here, the eggs of a woman are found in the combination of sperm of an unidentified Indian male donor and the sperm of a non-husband, thus giving birth to a girl whose genetic material is related to her mother, and not to the husband of the mother. The court identified that it had been a significant setback to the reproductive plan of the mother, especially through a failure of biological parenthood. To interpret her loss, we must develop and formalize the corresponding autonomy about “Family building practice, kinship quite often, and the social worth of gene relations. The court pointed out that the urge to have children by the mother with her husband is a very essential human impulse, and its loss will be felt one, although it will not be easy to put it into words. Specifically, the court had observed the great cultural importance of the described “Ordinary human experience” where the parent and child are bound together biologically and with physical traits. The Court also observed that the frustration due to the autonomous decision-making by the applicant affected his or her well-being. This discussion mirrors both ethical and legal concerns over the justified expectations of the future and the well-being and autonomy interests of prospective parents in determining that there are shared legal grounds in the body of common law over the will of genetically related children and their deprivation. This case will be a significant source of reference and authority to be developed in other common law jurisdictions, such as the arguments in the British courts, policy texts, or parliamentary briefs on the need to respect the wishes of genetically related children (Knoppers, 2002).

The European Court of Human Rights has similarly recognized the desire to have or not to have genetically related children. During the *Evans v. United Kingdom* (2008), the European court of Human Rights provided a decision in which it was determined that the freedom to choose or not to bear a genetic parent is enshrined under the Article of the European convention of human rights (Article 8). The case involved an argument about the use of frozen embryos, which demonstrated the conflict between the reproducibility rights, human dignity, and genetic parentage. Although the verdict of the court did not create an absolute right, it will support the legal claim that people indeed have a valid interest in bearing genetically related children. This argument was advanced additionally by the case of *S.H. and Others v. Austria*, in which the Grand Chamber of the European Court of Human Rights ruled that Article 8 of the Convention affords a couple a right to adopt a child born of medically assisted reproduction, since such a decision pertains to the sphere of privacy and family life (Predescu, 2019). Nonetheless, the court also has stated that such a right does not grant absolute rights but may be limited, and it was proved through the particular case, to which the court referred, that the laws against the donation of sperm and eggs in Austria prohibit carrying out IVF. The tribunal recognized that the margin of discretion should be reduced when important aspects of an individual's existence or identity were involved, but that it had been increased by the lack of consensus among states parties, this supports several controversial reasons for intervention advanced by the Austrian government, which are based largely on conservative views of assisted reproduction and respect for societal concerns. The court did not give sufficient consideration to the proportionality of the need to interfere with the applicant's rights under Article 8 (2).

In a separate opinion, Judge de Gaetano stressed that this was only a “Wish for a child” and could not be an “Absolute goal”. This view is similar to some elements of previous criticism of Assisted reproductive technology ethics, which portrayed it as a mere “Wish,” ignoring the need for infertility treatment as a negative health condition (Shanner, 1994). The judges and the majority opinion also ignored the fact that the court had confirmed in several cases that Article 8 contained a benefit of psychological integrity, which could be negatively affected when it was not possible to choose to have genetically related children. On the contrary, the joint dissent points to the “Social and psychological suffering” that infertility can

cause and acknowledges that the case involves “Denial of access to treatment”, implicitly acknowledging that most heterosexual couples do not have fertility problems.

If the legalization of in vitro germ cell (IVG) is brought before the courts, the state may raise moral objections to the donation of children, as it did in *Sh*, such as involving the “Natural” and social “Concerns” of the problem. However, concerning the methodology of *Handy* side and *SH* itself, it would be highly problematic if these grounds were to be considered as interfering with Article 8 rights of prospective parents. Moreover, such an approach would weaken the ruling of the European Court of Human Rights on embryo research in *Parrillo v. Italy* in 2016, which held that “Quasi parental rights” were among the “Core rights” of Article 8.

In contrast, concerns involving safety can be viewed as proportional interventions, for example, in the absence of adequate safety studies. Although the European Court of Human Rights has considered childbearing to be a “Core right” under Article 8, concerns remain about the ability of the consensus principle to expand discretion. In some countries, this can be exploited by highly conservative social perceptions that ignore the needs of the minority who are involuntarily childless, as demonstrated by the majority opinion of the Grand Tribunal in the *SH* case. The adverse effects of infertility and their legal implications would be ignored if it were reasoned that interference with article 8 rights, to parental decision-making in the genetic sense of becoming a parent” was justified.

### **Disability and Discriminatory Treatment**

In cases like *Evans* and *Parrillo v.*, the European Court of Human Rights has recognized how reproductive interests and the desire to have genetically related offspring are important. Italy. According to Article 8 of the European Convention on Human Rights, the court has distinguished the need to safeguard the reproductive decisions of individuals. Moreover, the decisions on anti-discrimination provisions of Article 14 made by the court have also concerned this aspect because the issue of providing equal treatment and protection to individuals appears in the context of reproductive rights. In this regard, the European Court of Human Rights examines whether there is a difference of treatment between the applicant and other persons “Comparable” and if so, assesses whether it is objectively reasonable, in particular whether a legitimate aim was pursued and proportionate means employed. Although the Grand Tribunal did not find a violation of Article 8 in *SH* and did not consider Article 14 separately, the majority opinion of the court of first instance took a more promising path. The majority opinion held that “The combination of Article 14 and Article 8 constitutes a violation”. The majority opinion argued that “The government has not provided reasonable and objective reasons for the different treatment of the third and fourth applicants who were unable to achieve their reproductive aspirations because of the ban on egg donation”, the comparable object is “A couple who can use artificial reproductive technology but don't need egg donation”. They make a similar argument for first and second applicants, who require sperm donation plus in vitro fertilization, while comparable can fulfill their fertility aspirations through in vivo sperm insemination (Rose, 2009). With the in vitro gametogenesis or IVG example, those who seek IVG and IVG can be compared to those who seek IVG only. If a stringent scientific evaluation demonstrates that IVG is adequately safe, a proportional objective justification of a statutory prohibition may not come to being. And with its rich case law, the court said that the European Convention on Human Rights was to be construed in the light of the circumstances (Marochini, 2014).

Regarding the reproductive needs of same-sex couples, the court held that differences in treatment based on sexual orientation require “Particularly important reasons” to be justified, which are as serious as “Race, origin, or color.” Support could also be found in the work of who if the IVG were to be implemented for same-sex couples, with World Health Organization noting that multiple populations,



including same-sex couples, may need infertility management and fertility care services, and Fertility care includes Treatment.

Finally, those who view that Infertility causes disability should be considered in the light of the Universality of the genetic link between parents and children highlighted in the ACB case. As a matter of law access to the relevant medical services can thus be subsumed under the United Nations Convention on the Rights of Persons with disabilities(Kanter, 2008).

Non-discrimination is the “General principle” laid down in Article 3(B) of the convention. Article 25 on “Health” stipulates that “Persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination”, states parties are also required to take all appropriate measures to ensure that persons with disabilities have access to gender-sensitive health services, especially those that are specifically needed because of disability, including early identification and intervention”. Read in conjunction with Article 23, which requires states parties to eliminate discrimination in all matters relating to the family, Parenthood and relations to ensure the equal realization of the right to found a family(Easton, 2012). In conjunction with Article 25, this means more than immunity from intervention. Addressing infertility is an important part of realizing the right of individuals and couples to form a family the WHO said. It can thus be argued forcefully that the anti-discrimination obligations of the convention should include the legalization of new Assisted reproductive technology such as IVG (subject to a security review RRB), to benefit those who can neither, through unassisted means, nor can people have genetically related children simply by using techniques such as IVF or ICSI. In addition, the European Court of Human Rights has taken note of the importance of the convention in the context of disability and has found the margin of discretion therein to be “Significantly reduced”. Attention should also be paid to possible support provisions in national legislation, such as the UK Equality Act 2010 (Amelia et al., 2024).

## **CONCLUSION**

The UK is well placed to legalize in vitro gametogenesis (IVGs), with its sound legal and regulatory framework for assisted reproductive technology (ARTs) and a history of legal developments under generally supportive public opinion, if these techniques can be proven to be safe. It would recognize the importance of ensuring that people have access to treatments that support Normal reproductive choices the choice of having genetically related children which are reasonably valued and expected, and deeply embedded in many people's visions of the future as described by the ACB court.

Within the framework of the European Convention on Human Rights (ECHR), the right to family and private life under Article 8, which covers autonomy and psychological integrity and the right to the prohibition of discrimination under Article 14, are directly related to the development of reproductive policy and law. In practice socially conservative states parties to conventions may invoke discretion and the consensus principle to restrict these rights. Such restrictive practices may conflict with obligations under the United Nations Convention on the Rights of Persons with disabilities (UNCRPD), which guarantees the right to establish a family through adequate health services and anti-discrimination protections. UNCRPD may also influence the interpretation by the European Court of Human Rights of the limits of national discretion in this context.

Futuristic expectations and aspirations their relationships, their plans towards a decent life. It is also in their interest of privacy and well-being. It does not imply that genetically related children are required by the universal desire to have them, and such a desire is in no way a detraction to the legitimacy of other types of family. In family life genetic association is not the Gold standard as claimed by the ACB but rather, as various bodies confirm a Common process that is well anticipated to lead the creation of a

family. Other types of family are not unusual they are alternative and that is no less excellent. For example, the whole concept of adoption is an intense devotion to loving caring and sacrifice. Reproductive parenting as well as adoption can equally be regarded as a valid decision of family formation this subject to the values and desires of the intending parties.

Reproductive autonomy which has been perceived in some quarters as a Weak concept is interpreted as being related to that of people. Since it is not absurd to have children who are related by genes or value the idea of genetically related children and since family building is highly personal they ought to be left to seek this offering in medical assistance should the need arise. This is the liberty they can have to bypass all the unnecessary involvement of third parties that come with adoption or donor conception. In both ethical and legal terms consenting to pursue and to raise genetically related children should not be exposed to external considerations on the sufficiency of other options. This is why it is morally and legally justified to legalise IVGs after their safety has been assured with the help of intensive scientific evaluation. This will provide people who cannot take advantage of current ARTs with an opportunity to get children with artificial genetic ties to their bodies, and this will be due to the respect of their expressed rights toward the future and values.

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