

## Chapter 2

# The Right to Responsible Parents

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### Introduction

Sitting on a *Justice* committee more than 30 years ago I urged the members to think about parental responsibilities rather than, as was then the currency, parental rights (*Justice* 1975). There were precedents, in Norway and West Germany.<sup>1</sup> The Committee was persuaded and so recommended. This was not, I hasten to add, why the Children Act in 1989 adopted the language of responsibilities rather than rights.<sup>2</sup> But it is the beginning of my association with the concept of parental responsibility. In 1993 I gave a public lecture at the University of Essex entitled 'Do Children Have the Right Not To Be Born?' (Freeman 1997). This explored the concept of parental responsibility further. This chapter builds on some of the ideas formulated there.

Thinking about responsibility has shifted from the liberal paradigm that was dominant at the time of the *Justice* committee and even at the time of the Essex lecture. Post-liberalism, manifested in communitarianism<sup>3</sup> and the feminist ethics of care,<sup>4</sup> has called for a re-evaluation of what responsibility involves. Tronto argues that the moral question central to an ethic of care is not what we owe others but 'rather – How can we best meet our caring responsibilities?' (Tronto 1993, 137). Reece explains

Post-liberal responsibility is no longer about discrete decisions; responsible behaviour has become a way of being, a mode of thought; the focus has shifted from the content of the decision to the process of making the decision. (Reece 2003, 232)

What is required, Gillies has argued in a recent paper, is ethical self-management within the moral parameters of normative definitions of "successful parenting". Reasonable, rational moral citizens ... seek to do the best for their children. (Gillies 2005, 75)

<sup>1</sup> On West Germany see Frank 1990.

<sup>2</sup> This was the recommendation of the Law Commission, 1988, Law Com. 172.

<sup>3</sup> A good discussion of which (in the context of family law) is Eekelaar 2001a. See also Eekelaar 2000 (an article I only discovered after I wrote this chapter but wish I had seen earlier).

<sup>4</sup> Which is usually traced to Carol Gilligan (1982), and see Smart and Neale 1999.

At the same time parental responsibility has expanded, and has been redefined. The introduction of the parenting order by the Crime and Disorder Act 1998,<sup>5</sup> and its subsequent extension by the Anti-social Behaviour Act 2003,<sup>6</sup> imposes on parents responsibility for the anti-social behaviour of their children. This can be looked at simplistically as taking the rap. But it is more than this. The 'good' parent is constructed as resourceful and ethically responsible 'able to recognize or learn what is best for their children and tailor their behaviour accordingly' (Gillies 2005, 85). 'Good' parenting, as Reece interprets it is 'an attitude, and an important part of that attitude is being prepared to learn' (Reece 2006, 470). From being about authority – as it certainly became with the passage of the Children Act 1989 (Eekelaar 1991a) – current governmental initiatives identify parental responsibility with accountability.

English law does not define parental responsibility very fully. The formulation in section 3 of the Children Act 1989 is clumsy and inchoate.<sup>7</sup> Of course, a non-definition allows the policy-maker to mould it to meet changing imperatives: no one was thinking of the parenting order in 1989. The Scottish formulation is, by contrast, fuller.<sup>8</sup> Does the absence of a definition make it more difficult for a child to bring a parent to account? It has certainly not prevented the state from so doing. Does it deprive a parent of fair opportunity (see further, Hart 1968) to know what standards are expected of him or her (Lyon 2000)? This is particularly important where there is an allegation of child abuse or neglect.<sup>9</sup> But could it be defined? Of course, some content can clearly be poured into it. However, this does little more than reaffirm jurisprudence which has emerged from isolated pieces of litigation.<sup>10</sup> Acting responsibly is to act ethically. Benhabib puts this well:

To be a family member, a parent, a spouse or a brother means to know how to reason from the standpoint of the concrete other. One cannot act within these ethical relationships ... without being able to think from the standpoint of our child, our spouse, our sister or brother, mother or father. (Benhabib 1992, 10)

And this requires, as Reece acknowledges, 'far more than the simple assertion of rights and duties in the face of the other's needs' (Reece 2003, 231). It is not enough to 'be' family: it is necessary also to 'do' family. This was recognised by the judiciary when it formulated the test for the granting of a parental responsibility order in 1991.<sup>11</sup>

<sup>5</sup> See s. 8.

<sup>6</sup> See s. 18.

<sup>7</sup> This states that parental responsibility comprises 'the rights, duties, powers, responsibilities and authority which by law a parent has in relation to the child and his property'. Lord Meston (Hansard, H.L. vol. 502, col. 1172) described this as a 'non-definition'.

<sup>8</sup> It is in the Children (Scotland) Act 1995 s. 1(1) (responsibilities); s. 2(1) (rights).

<sup>9</sup> And particularly so in the less-than-obvious case. These include (unfortunately) cases of 'excessive' physical chastisement (*Re R (Care: Rehabilitation in Context of Domestic Violence)* [2007] 1 FLR 1830) and excessive feeding (see *The Guardian*, 13 July 2007).

<sup>10</sup> This does not necessarily offer a coherent theory. Whether 'parental responsibility' as such does is debatable. One thoughtful view is John Eekelaar's that it creates a new legal status of 'social parenthood' (2001b).

<sup>11</sup> *Re H* [1991] 1 FLR 214. See also *D v Hereford and Worcester CC* [1991] 1 FLR 205.

## Parental Rights

We didn't always think this way. Throughout most of our history children were treated as the property of their fathers (unless illegitimate – such children were the 'children of no one').<sup>12</sup> Parental rights vested in him. In the *Gillick* decision in 1985 the concept of the child as property of the father was deemed 'a historical curiosity'.<sup>13</sup> The Lords acknowledged that parental rights (we were no longer talking of paternal rights) existed but not for the benefit of the parent. Lord Fraser said:

They exist for the benefit of the child and they are justified only in so far as they enable the parent to perform his duties towards the child, and towards other children in the family. (at 170)

There are similar, if more overtly Dworkinian, sentiments in Lord Scaman's speech.

The principle of the law ... is that parental rights are derived from parental duty and exist only so long as they are needed for the protection of the person and property of the child. (at 184)

The father's powers – he was the natural guardian of a legitimate child – limped on until this status was finally abolished in 1989.<sup>14</sup> Few will even have noticed this, and its passing was not mourned. Parents still have parental rights, but these are subsumed in parental responsibilities.

## Is there a Right to Have Children?

One right which is still aired is the right to have children. Parenting is an activity which is 'potentially very harmful to children' (LaFollette 1980, 182). We are not allowed to drive a car unless we pass a driving test. We do not license parenthood. Do we depreciate parenting because it is not regarded as having economic value (Westman 1994, 3), or is it because it is largely done by women? A society's children are its future citizens. The public, therefore, has 'a legitimate concern with the selection of child rearsers' (Blustein 1982, 119). Should parenting be a privilege? Rather than criticising the welfare norm that governs fertility treatment<sup>15</sup> (Jackson 2002), should we be urging its adoption across the board? Is this to urge a utopian solution or to envisage a ghastly dystopia?<sup>16</sup>

<sup>12</sup> A good account (in the US context) is found in Mason 1994.

<sup>13</sup> *Gillick v West Norfolk and Wisbech A.H.A* [1986] AC 112.

<sup>14</sup> Children Act 1989 s. 2(4).

<sup>15</sup> Human Fertilisation and Embryology Act 1990 s. 13(5), on which see Jackson 2002. For differing views contrast HC Science and Technology Committee, 2005 (it 'discriminates against the infertile and some sections of society'), and the Joint Committee on the Human Tissue and Embryos (Draft) Bill Report, 2007, 65.

<sup>16</sup> See Gray 2007.

There is a school of thought that urges the licensing of parenthood (Covell and Howe 1998; Eisenberg 1994; LaFollette 1980; Mangel 1988; Westman 1994). Is this to think the unthinkable? For Covell and Howe parents must demonstrate that they can be responsible for their own lives 'before being allowed to assume responsibility for a child's life' (1998, 34). The questions are at the very least worth asking. Should there be a minimum age requirement – there is for marriage,<sup>17</sup> for voting, even for purchasing tobacco products. And, if a minimum, why not a maximum age too?<sup>18</sup> Is it responsible to bring children into the world when it is unlikely that you will see them into adulthood? Or when you don't have adequate income to provide for a child's basic necessities? Should those who have abused a child previously be allowed to parent further children? If we could identify potential child abusers in advance should we deny them the freedom to procreate? Predictive screening questionnaires have been developed (see Schneider et al. 1972, discussed in Freeman 1979, 108–111). But it has been shown that false positive errors could potentially be as high as 85 per cent, with the result that many would-be parents would be mistakenly labelled (Light 1973). There would also be false negatives, so that abusers would fall through the net. Together this suggests low practical ability for an unacceptably high social cost (Daniel et al. 1978). But not only do we not know what causes abuse – if the cultural explanation of child abuse is accepted we are all potential child abusers (Gil 1978) – but there is no consensus on what constitutes child abuse. We can list categories, certainly. We can agree on the worst cases. But what of the 'penumbral' case (see further, Hart 1958)? Is 'vulgar but inappropriate horseplay' sexual abuse?<sup>19</sup> Is feeding a child inappropriately so that he becomes obese neglect?<sup>20</sup> Is causing a male child to be circumcised physical abuse (Fox and Thomson 2005)?<sup>21</sup> How relevant is the cultural and religious context? Should those who put serious barriers in the way of the child's capacity for autonomous decision-making (for example, Christian fundamentalists, Hasidim, racists, etc., etc.) forfeit their freedom to create another generation? And what then about those who would deny their children immunisations (the MMR vaccine, for example<sup>22</sup>), or blood transfusions because

<sup>17</sup> Marriage Act 1949 s. 2.

<sup>18</sup> On fertility treatment for post-menopausal women see Cutas 2007. On 30 December 2006, a 67-year-old Spanish woman gave birth to twins. I believe this is the record, but I do not expect it to stand.

<sup>19</sup> See *C v C (Child Abuse: Access)* [1988] 1 FLR 462.

<sup>20</sup> See Jenkins, 'Obese girl taken into care because of her weight', *The Times*, July 13 2007 and Templeton, 'Fat boy may be put into care', *Sunday Times*, 25 February 2007.

<sup>21</sup> The English courts have said 'no': *Re J (A Minor) (Prohibited Steps Order: Circumcision)* [2000] 1 FLR 571, though in this case they did hold that ritual circumcision of a five-year-old child was not in his best interests. He was being brought up by a nominally Christian mother and had a Muslim father who barely practised his religion. Veins (2004, 246) is surely right to stress the need 'to differentiate between rituals and practices that are in fact grievously harmful and those which relate to the enhancement of a child's religious and cultural identity'.

<sup>22</sup> *Re B (A Child) (Immunisation)* [2003] 3 FCR 156.

they are Jehovah's Witnesses,<sup>23</sup> or the celebration of Christmas because they are Plymouth Brethren<sup>24</sup> or, worse, Jews!

Eisenberg calls his proposal 'modest'. He argues

It is time to say aloud what many people are saying privately: society must be much more proactive in assuring that only people who can properly raise children are allowed to become and remain parents. (Eisenberg 1994, 1416)

Eisenberg's is a detailed blueprint. Earlier proposals by LaFollette (1980) and Mangel (1988) had tried to identify and screen out 'bad parents'. And critics like Frisch (1981), commenting upon LaFollette, had attacked this proposal as being inconsistent with usual licensing requirements, for example to drive a car, which focuses on the knowledge and skills of the applicant, not his or her lack of suitability. Earlier proposals have also been criticised because they rely on the assumption that 'bad parents' can be identified in advance. Adoption panels and clinics offering assisted reproduction services already screen out certain applicants:<sup>25</sup> would-be foster parents, child-minders and teachers are carefully scrutinised before they are permitted to care for (or educate) children.<sup>26</sup> In the United Kingdom some 30 years ago, a parliamentary select committee endorsed screening, though, unsurprisingly, it gave little attention to the concept or its implications (Select Committee 1977). I suspect few remember this.

Eisenberg's model is different. It makes no effort to evaluate subjectively who will be a 'good parent' (1994, 1440). Rather it puts a premium on providing prospective parents with knowledge and skills relevant to parenting. But it is, I think, equally flawed. As he concedes, one of the principal problems is what to do with the children of unlicensed parents. He puts his faith in adoption and in communal institutions (the Israeli Kibbutz model appeals to him), but, even if practical problems could be surmounted, ethical ones would remain. Any proposal that would have a disproportionate impact on those already disadvantaged by low income, poor education, race or disability would be very difficult to defend.

Whether there is 'a right' to have children remains contentious. John Robertson (1983, 1994) is one who argues that we do have such a right. Although he concedes that the desire to reproduce is in part socially constructed, he sees personal identity, meaning and dignity as at the root of the right. But as Purdy (1996, 218) points out, 'is it really such a good idea to conceptualise the relationship between childbearing

<sup>23</sup> *Wright v Wright* (1981), 2 FLR 276; *Re T (Minors) (Custody: Religious Upbringing)* [1981] 2 FLR 239.

<sup>24</sup> *Hewison v Hewison* (1977), 7 Fam Law 207; *Re S (A Minor) (Medical Treatment)* [1993] 1 FLR 377. A striking contrast is the Illinois case of *Re Brown* 689 NE 2d 397 (Ill, 1997) (court refused to order a blood transfusion for a pregnant woman to save the life of her foetus).

<sup>25</sup> See Adoption Agency Regulations 2005 on adoption panels and above, n. 14 in relation to fertility clinics (see also *R v Ethical Committee of St Mary's Manchester ex parte Harriot* [1998] 1 FLR 512).

<sup>26</sup> See Fostering Services Regulations 2002 and Care Standards Act 2000 s. 79 (and Day Care and Child Minding (National Standards) (England) Regulations 2001, SI 2001/1818).

status and one's core self the way Robertson does?' And she argues that 'it encourages people to care too much about their ability to have children'. If, she adds, 'a person's whole self-concept depends on having them, they are set up for devastating disappointment' (1996, 219). This is especially so for women who 'because of their socialization – as well as continuing sexist and pronatalist pressure – will more likely adopt this understanding of the meaning of life without seriously questioning it' (ibid.). Another to argue the case for a right to have children is Dan Brock (1996). He appeals to self-determination and individual well-being. His argument is couched within the question of access to the new reproductive technologies, but what he says can be generalised. But neither Robertson nor Brock claims that the right to have children is an absolute right. Thus, Robertson requires the capacity to appreciate the meaning of parenthood (which may be absent in people with severe learning disabilities), and the absence of what he calls 'manifest unfitness' (1994, 127). This would certainly be manifested where there was a real risk of harm to the child. The argument against the natural right to have children was put – before either Robertson or Brock presented their case – by Floyd and Pomerantz (1981). They criticise both the self-determination argument (now associated with Brock), and the bodily autonomy argument. They reject the self-determination argument: 'one can have a relational right based on self-determination only if all the parties to the relation consent, and no one consents to be introduced into the world by someone else'. From this it follows that while there might be a right to marry, provided the potential partner consents, there is 'no relational right to be parent'. And they find it even easier to dispose of their bodily autonomy argument. It treats the child as a 'mere appendage', but a child is, of course, a distinct person, a rights-bearing individual. A different argument for the right to have children is the 'desire' argument. There is a thorough examination of this by Ruth Chadwick (1987). She shows that the desire for a child may be one of a number of different desires, or even a combination of them: a desire to rear, a desire to bear, a desire to beget (used more commonly of men than women), a desire to have a child with someone, a desire to be (or appear to be) a 'normal' family, a desire for an heir. There are questions as to whether the desire is socially induced, and is natural or artificial. But do any of these desires generate a right to have a child? Chadwick does not think so. And why should she or we? That something is desired does not turn this into a right in other contexts. Those who desire wealth or an honour (a knighthood, for example) do not thereby acquire a right to it.

These debates in the recent past took place in the context of sterilisation.<sup>27</sup> A book on sterilisation policies was even entitled *The Right to Reproduce* (Trombley 1988). Indeed, my own critique of the notorious case of 'Jeanette' (*Re B*)<sup>28</sup> argues, naively perhaps, for her right to reproduce (Freeman 1988). Most discussion of the 'right to reproduce' today focuses on the infertile and the obligation to provide fertility treatment at state expense. As we have seen, Robertson and Chadwick situate their discussion in this context, and come to different conclusions. That the state assists

people to have children in a myriad of other ways does not mean that it ought to assist with IVF treatment (Uniacke 1987). Nor does it mean that the government rejection of the recommendation of NICE that three cycles of IVF should be available on the NHS – it substituted one – was right. There is a difference between arguing for a right to reproduction when the issue is whether this should be taken away from someone on grounds of lesser intelligence or parenting abilities and where what is being argued for is a positive right. The latter falls outside the remit of this chapter: the former firmly within it.

But this is about the right to responsible parents and so we must question whether talking about the right to reproduce is ever an appropriate way of thinking. Should we not reject the rights framework when the issue is about having children, and substitute instead the language of responsibility?<sup>29</sup>

### Procreation as a Responsibility

To see procreation as a huge responsibility rather than as a right or a privilege is, I believe, relatively uncontroversial – and surely less so if we accept the norm of 'ethical self-management' to which reference was made at the beginning of this chapter. We may differ over the implications of this, but not, I suggest, over the characterisation of procreation as a serious responsibility.

This responsibility will increase in the future when it becomes possible to choose the characteristics of our children. We are moving – I use this relatively neutral language, but others might say advancing, which I think begs the question – into a future shaped by assisted reproduction, cloning and other regenerative opportunities (Knowles and Kaebnick 2007). Parents will increasingly be accorded the opportunity to select embryos according to their characteristics. It is already possible to screen out genetic disease by using the technique of preimplantation genetic diagnosis (PGD).<sup>30</sup> We have the ability to use this technique (and others) to enable prospective parents to choose the sex of their children. Some fear that this could lead to gendercide, particularly amongst Asian populations.<sup>31</sup> It is also already possible to combine PGD with tissue matching technologies (HLA – human leukocyte antigen) to provide a 'saviour sibling' (Freeman 2006; McLean 2006, Ch. 3) for an existing seriously ill child.<sup>32</sup> PGD is not as yet used commonly: about 100 babies have been born in the UK after the use of PGD and some 1,000 worldwide (Human Genetics Commission 2006, para. 4.1).

It may be that eugenics is 'inescapable' (Kitcher 1996). It is a real concern. One suggestion (by Kitcher) is for what he calls 'utopian eugenics', offering prenatal testing to all, and educating people about the decisions they may take and the implications of those decisions. It should not be forgotten that these private decisions

<sup>29</sup> In line with the emphasis on responsibility elsewhere (see e.g. Reece 2003 and 2006).

<sup>30</sup> The fullest discussion of this is Franklin and Roberts 2006.

<sup>31</sup> It is allowed in Israel: see Siegel-Itzkovich 2005.

<sup>32</sup> This was challenged by a pro-life pressure group in the 'Hashimi' case. The challenge was unsuccessful, see *R (Quinn-Cutcliffe) v Human Fertilisation and Embryology Authority (Secretary of State for Health Intervening)* [2005] 2 AC 561.

<sup>27</sup> The Brock report of 1934, which now has a discreet veil placed on it, planned the sterilisation of 3.5 million people – in Britain, I hasten to add, not Nazi Germany (Brock 1934).

<sup>28</sup> *Re B (A Minor) (Wardship: Sterilisation)* [1988] 1 AC 199.

affect the population as a whole. There are also concerns that parents may select embryos for non-medical reasons beyond the sex of the child: intelligence, height, athletic potential, eye colour, perhaps even sexual orientation. And what if – in the future – we could select not just the characteristics of our children but, by altering genetic make-up, also effect a change in the human germ line (Stock and Campbell 2000). The private would become not just public, but also ‘future’. Fukuyama (2002) is not alone in being concerned about the possibility of altering ‘human nature’ (but compare Stock 2002).

But, of course, it has altered already. We have eliminated diseases which in previous generations decimated populations. Life expectancy is now considerably greater than it was only a generation ago. Infertile women can now have children. We can live with someone else’s heart, kidney, even face.<sup>33</sup> Kurzweil asks: ‘If we regard a human modified with technology as no longer human, where would we draw the defining line? Is a human with a bionic heart still human? How about someone with a neurological implant?’ (Kurzweil 2005, 374).

The questions raised – the implications for dignity, for example (and see Bostrom 2005) – go beyond the remit of this chapter. Our concern is with what, if any, are the implications for parental obligation.

Savulescu coined the expression ‘procreative beneficence’ (Savulescu 2001). Under this principle

couples or single reproducers should select the child, of the possible children they could have, who is expected to have the best life, or at least as good a life as the others, based on the relevant, reliable information. (Savulescu 2001, 415)

This implies that ‘couples should employ genetic tests for non-disease traits in selecting which child to bring into existence and that we should allow selection for non-disease genes in some cases even if this maintains or increases social inequality’ (ibid.). There can be little doubt that there will be an increase in social inequality. But it will not necessarily lead to greater discrimination against those with disabilities. Savulescu believes we can distinguish between disability and persons who have disabilities: ‘selection reduces the former, but is silent on the value of the latter’ (ibid., 423). And there are, he believes, better ways to make statements about the equality of people with disabilities. There will be always be people with disabilities even if procreative beneficence becomes the norm and it is interpreted so that disability is screened ‘out’ (and not ‘in’ as some disabled people would apparently prefer). Not all disability has a genetic cause – most does not; accidents will always occur; people will become disabled as a result of, for example, strokes.

Nevertheless, there are question marks over procreative beneficence. Should one be able to select for disability? If you are deaf and belong to the community of the deaf, is there anything wrong in wanting to bring a child into the world who can glory in this deaf culture? Is the fact that you use assisted techniques of reproduction to achieve this – destroying embryos with the capability of hearing in the process – deliberately selecting a deaf embryo – unethical? Many do not think so (for example,

Holm 1998). They (for example, Häyry 2004) distinguish deliberately selecting a deaf embryo from deafening a hearing child. We all accept that the latter is child abuse. I think we would all accept it would be child abuse if a pregnant woman deliberately ingested a liquid that she knew would have the effect of causing her child to be born without hearing.<sup>34</sup> That the alternative to being selected is not to become a person at all – the standard defence – is not a satisfactory answer to anyone who is concerned with parental responsibility. The intention (in the ingestion example it is recklessness) in all three cases is the same: to produce a deaf child, and this is to act irresponsibly. More difficult is the case of the deaf couple (or couple where one of them is deaf) who know (because of the genetic tests) that if they have a child he/she will be deaf. Should they refrain from reproducing? Use the new reproductive techniques and have a child who is not genetically related to them? Counselling may assist them to come to an informed decision. And it must be their decision, freely reached without coercion or inducement. Too many of those sterilised in the name of eugenics allegedly consented (Kevles 1985; Trombley 1988).

A second problem with ‘the perfect baby ideal’ (McGee 2000) is what this does to the children. Robertson captures this concern well.

The very concept of selection of offspring characteristics or “quality control” reveals a major discomfort – the idea that children are objects or products chosen on the basis of their qualities, like products in a shop window, valued not for themselves but for the pleasure or satisfaction they will give parents. (Robertson 1994, 150)

Children are persons, not property; individuals with rights, not commodities (Freeman 2007). A major – I have suggested *the* major – objection to the institution of surrogacy is that it commodifies children (Freeman 1989, Radin 1987). If a child is chosen to be ‘intelligent’ and turns out to be dull, or is selected to have athletic prowess and is instead slow and clumsy, if in other words parental expectations are thwarted, how will disappointment be expressed. In the worst case scenario the child may be rejected. There is a real danger that children may be damaged as a result.

In the future, as already indicated, it may be possible not merely to choose characteristics but to change them: to manipulate the genetic make-up of the embryo to programme in the desired characteristic. And we may transcend somatic gene therapy to embrace human germ-line therapy, enabling us to enhance the characteristics not just of our children, but of their children and grandchildren. This has caused alarm: George Annas and his colleagues have indicted this as a crime against humanity (Annas, Andrews and Isasi 2002), and such gene therapy has been outlawed in Australia and Canada.<sup>35</sup> The European Convention on Human Rights and Biomedicine also does not permit human germ-line therapy. Article 13 of this states:

<sup>33</sup> See Swindell 2007; Hartman, 2005; Freeman and Abou-Daude 2007.

<sup>34</sup> The question has not been considered by any court. The pregnant woman who uses heroin has been considered, in the controversial case of *Re D (A Minor)* [1987] 1 AC 317.

<sup>35</sup> See Australian Act 2005, Canadian Act of 2006.

An intervention seeking to modify the human genome may only be undertaken for preventative, diagnostic or therapeutic purposes and only if its aim is not to produce any modification in the genome of any descendants.

UNESCO's Universal Declaration on Bioethics and Human Rights purports to offer a justification for such a ban. In Article 3 it states 'human dignity' is to be 'fully respected'. But it also acknowledges that 'the impact of the life sciences on future generations, including in their genetic constitution, should be given due regard'. There is a concern that we may lose our sense of what is human. But do we know what being 'human' is? As already indicated in this essay, there have been shifts in our understanding of this.

### A Right not to Be Born?

What of the couple who discover that the foetus being carried is so damaged that the child who will be born will have a life of no quality at all? Of course, it is difficult to judge quality. A child who knows no difference may tolerate more than we might objectively suppose. The substituted judgement test, sometimes employed,<sup>36</sup> is not helpful. But let us say that the child's life, to quote an early English case, is going to be 'demonstrably so awful'.<sup>37</sup> The law permits the pregnancy to be terminated (Abortion Act 1967, s. 1(1) (d)). Should we also say that there is a responsibility to do so? Abortion is a rights issue: does it also translate into a matter of responsibility?<sup>38</sup> Feinberg (1984) argues that biological parents 'do not harm' a child even if the child comes into existence in a state that makes 'life worth living' impossible. But it is still possible, he argues, to talk of a right not to be born. He refers to the 'plausible moral requirement' that

no child be brought into the world unless certain very minimal conditions of well-being are assured, and certain basic "future interests" are protected in advance, at least in the sense that the possibility of his fulfilling those interests is kept open. When a child is brought into existence even though these requirements have not been observed, he has been wronged thereby. (Feinberg 1984, 101)

Feinberg concedes that not all interests should qualify for prenatal legal protection, but only the very basic ones whose satisfaction is indispensable. But he lists a large number of these including blindness, deafness and even 'economic deprivation so far below a reasonable minimum as to be inescapably degrading and sordid' (ibid., 99). Harris, rightly, finds the list 'astounding' (Harris 1992, 91).

Are there people who would have been 'better off unborn'? And does this mean that there is a responsibility to abort them? It may be best to start by asking whether it can be better to be 'better off dead'. For Steinbock this phrase suggests that 'life is so terrible that it is no longer a benefit or a good to the one who lives'

(Steinbock 1992, 120). Feinberg offers a thought experiment in which we are given the opportunity after death to be reincarnated 'but only as a Tay-Sachs baby with a painful life expectancy of four years to be followed by permanent extinction or [we] can opt for permanent extinction to begin immediately' (Feinberg 1986, 164). He is of the opinion that we would have to be 'crazy' to select the first option, and that if required to make the choice for a loved one we would also opt for immediate non-existence. However, non-existence is rationally preferable only if all interests, present and future, are 'doomed to defeat'. Such a test works optimally where there is chronic pain combined with such severe mental retardation that the child will not be able to develop any compensating interests.

There are actually two different questions. One asks whether we might be acting wrongly to bring children into existence because of what is wrong with those children; the other whether it is wrong to bring children into the world when we cannot adequately parent them. Mill, writing in 1859, (1972, 239) saw this latter question long before anyone was considering either of the two questions – the former for obvious reasons. For Mill, to bring a child into the world 'without a fair prospect of being able, not only to provide food for its body, but instruction and training for its mind, [was] a moral crime', one against the child and society. It is politically incorrect to ponder the implications of Mill's concern today. It takes us back to the question, considered earlier in this essay, of the licensing of parenthood.

I will concentrate here on the first question. The complexity of this is well brought out by comparing two examples given by Derek Parfit. He invites us to consider the dilemmas faced by two women.

The first is one month pregnant and is told by her doctor that, unless she takes a simple treatment, the child she is carrying will develop a certain handicap ... Life with this handicap would probably be worth living, but less so than normal life. It could obviously be wrong for the mother not to take the treatment, for this will handicap her child. (Parfit 1976, 76)

One can pause and ask: what if the 'treatment' alters the genetic composition of the child, changing its identity into that of a different person? This has teased philosophers (Agar 1995; DeGrazia 2005; Holtug 1993; Persson 1995; Zohar 1991) but need not detain us. Has a healthy B lost anything of value in being an unhealthy A? Parfit's second woman

is about to stop taking contraceptive pills so that she can have another child. She is told that she has a temporary condition such that any child she conceives now will have the same handicap, but that if she waits three months she will then conceive a normal child. (Parfit 1976, 76)

In Parfit's view it would be as wrong for the second woman not to take her doctor's advice as for the first woman.

The first case is relatively uncontentious, but the second is far from straightforward, as Parfit himself acknowledges. In his *Reasons and Persons* (Parfit 1984, 358-359) he uses the example of the 14-year-old girl who wants a child. He notes we might say to her: 'You should think not only of yourself, but also of your child. It will be

36 *Re J (A Minor) (Wardship: Medical Treatment)* [1991] 1 FLR 366, 383-384 per Taylor LJ.

37 *Re B (A Minor) (Wardship: Medical Treatment)* [1981] 1 WLR 1421, 1424 per Templeman LJ.

38 See Hursthouse 1991.

worse for him if you have him now'. But, of course, it will not be 'worse for him', for clearly if she has a child later it will not be the same child. Similarly, if the woman takes the advice she deprives a potential person, albeit one with a handicap, of the chance of having a life. It is his/her only chance: he/she may be glad to have the opportunity. Locke (1987), using a similar example to Parfit's second case, invokes what he calls the 'Possible Persons Principle' – 'in judging the rightness or wrongness of an action or decision we need to take account not merely of those who actually do, or will, exist, but also of those who would have existed if there had been a different action or decision'. However, acceptance of this principle would have enormous repercussions, not least for abortion. If, therefore, the second case can be explained by a more limited (or at any rate different) principle, it would be better to invoke this.

In seeking this, it is well to remember Richard Brandt's observation that 'no person is frustrated or made unhappy or miserable by not coming to exist' (Brandt 1974). Appealing to the concept of deprivation may assist us to understand the differences between being born with a handicap and not being conceived. Steinbock (1992, 74) puts it thus: 'the point of morality is to make people... happy, not to make more happy people'. We may thus be able to conclude that the woman in Parfit's second example also does the right thing if she postpones conception and avoids having a handicapped child. But suppose the second woman is told that any child she bears, now or in the future, will be handicapped, should she avoid conception? Unlike the woman in the second case, she will be depriving herself of the interest in being a mother (though the value of this interest may be diminished in those circumstances), but again it cannot be said that she is depriving anyone else of life.

But if failing to have a child is not wrong, having a child may, in certain circumstances, be wrong. Indeed, the belief that a child may be wronged by being brought into existence in certain circumstances has given rise to so-called 'wrongful life' actions.

The first case is *Zepeda v Zepeda*.<sup>39</sup> The injury claimed here, by a healthy child, was having been born illegitimately. The case was brought in 1963, when considerably greater stigma attached to illegitimacy (in Illinois, where the case was brought, as well as in the United Kingdom). Recovery was denied by courts which, unsurprisingly, feared the floodgates would open if it were permitted. The American courts have since distinguished between being born under adverse conditions and being born with a severe handicap or fatal disease. A clear statement of this distinction can be found in Justice Jefferson's judgment in *Curlender v Bio-Science Laboratories*,<sup>40</sup> a case where a child was born suffering from Tay-Sachs disease:

A cause of action based upon impairment of status – illegitimacy contrasted with legitimacy – should not be recognizable at law because a necessary element for the establishment of any cause of action in tort is missing, *injury*, and damages consequential to that injury. A child born with severe impairment, however, presents an entirely different situation because the necessary element of *injury* is present.

But what constitutes an injury? Is it an 'injury' to be born a girl? Does the answer to this depend on culture and community? Is it an injury to be born gay rather than heterosexual? Or to be born with criminal propensities?<sup>41</sup>

The courts have not been very receptive to wrongful life claims, though they have succeeded in a number of American states.<sup>42</sup> The English courts have rejected the concept. In *McKay v Essex Area Health Authority*,<sup>43</sup> the Court of Appeal expressed the view that 'the difference between existence and non-existence was incapable of measurement by a court'.<sup>44</sup> Ackner LJ said that he could not accept that 'the common law duty of care to a person can involve, without specific legislation to achieve this end, the legal obligation to that person, whether or not *in utero*, to terminate his existence'.<sup>45</sup> Such a proposition, he thought, ran wholly contrary to the concept of the sanctity of human life.

It is not surprising that courts should have had problems with the concept of wrongful life. Their concern are concrete and do not involve 'meditation on the mysteries of life' (as one court put it).<sup>46</sup> But we can delve into more abstract questions. It may be that if one can sustain a reasoned argument for a moral right not to be born that this will provide the foundation for a legal action in tort. My concern, though, is with moral entitlement, and the moral duties of potential parents.

Since we now regard parental responsibility as integral to an understanding of parent/child relations, what are the implications of this before the child is born? Does it cast any light on the constraints, if any, on having children? The law draws the line between parental autonomy and parental responsibility at 'significant harm'. It is at this level that intervention is pitched. Does this offer clues as to what may be expected of those endowed with parental responsibility?

Parental responsibility is a normative standard by which to judge the decisions and actions of parents or of those who wish to become parents. What it will look like will depend upon how it is justified. John Eekelaar, writing of parents' moral obligation to care for their children, has demonstrated that contractarian theories, motivated at least in part by self-interest, cannot really account for the obligation to care (Eekelaar 1991b). He found the true basis for these moral obligations in Finnis's

41 This was highlighted in the *Mobley* case in Georgia, USA in 1995.

42 California: see above, n. 40; New Jersey: *Berman v Allen* 404 A 2d 8; Washington: *Harbeson v Parke-Davis Inc.* 656 P 2d 483 (1983).

43 [1982] 2 All ER 771.

44 Ibid, 790.

45 Ibid, 787. 'Wrongful life' has also been rejected in Canada: *Cherry v Borsman* (1992), 94 DLR (4th) 487 and South Africa: *Friedman v Glickson* 1996 (1) SA 1134. Israel has allowed it: *Zeisov v Katz* (1986), 40(2) P.D. 85, and so has France: *X v Mutuelle d'Assurance du Corps Sanitaire Français et al.* (2000), JCP 2293 (the *Perruche* case). This case encountered criticism in France from the medical profession, as well as the anti-abortion lobby and disabled support groups, and the government was forced into initiating emergency legislation. The Dutch courts have also now recognised the wrongful life action in the *Molenaar* case (see *X v Y*, Court of Appeal in The Hague 26 March 2003, discussed by Nys and Date 2004, and since upheld by the Supreme Court). The literature on wrongful life is vast: although quite old, I would single out Morreim (1988) as offering particularly interesting insights.

39 190 N.E. 2d 849 (1963). See also *Williams v State of New York* 223 N.E. 2d 343 (1966).

40 106 (al. App (3d) 811, 165 Cal Repts. 477 (1980)).

46 In *Curlender v Bio-Science Laboratories*, above, n. 40.



theory of human flourishing (see Finniss 1980, 80-99). Finniss sees the procreation and education of children as 'an indistinguishable cluster of moral responsibilities' (ibid., 83). Eekelaar's arguments have equal force in our context.

To exercise parental responsibility is to put the interests and welfare of children (or future children) above one's own needs, desires or well-being. There may be disputes as to what is in a child's best interests, but there is an irreducible minimum content to a child's well-being, and this must be satisfied by anyone carrying out the role of, or purporting to become, a parent.

This means that the very young should not become parents. Whether it also means that older people should also consider not having children is debatable. The debate has focused on the post-menopausal woman, but applies equally to older men. With more time on their hands, more experience and perhaps more money such people may be excellent parents. Our intuition (or is it our prejudice?) sets its face against them, but the arguments against fertility treatment for post-menopausal women do not stand up to critical examination (Cutas 2007; Fisher and Sommerville 1998). Are couples in their sixties who have children acting irresponsibly? If they can more than meet their child's needs for the 'basic goods' of human flourishing, and if their parenting reaches or exceeds minimum standards ('the significant harm' test), why should we place obstacles in their way?

## Conclusion

To view the problem through the lens of parental responsibility is to focus on the decision-making process. It is to recognise the commitment involved in bringing a child into the world. It is to acknowledge that having children is an exercise of commitment to love, nurture and care. It is to accept that parents should want the best for their children. To exercise parental responsibility – I use the concept normatively, not descriptively – is to plan parenthood sensibly, and with empathy for the needs and future of the child. It is thus not an exercise of parental responsibility to bring a child into the world whose life will be demonstrably awful. Nor is it an exercise of parental responsibility to bring a child into the world when that child will be cruelly deprived of all, or most, of the basic goods of human flourishing.

I have in the past been critical of those (Onora O'Neill is a good example) who have argued that adults' duties are more important than children's rights (Freeman 1992). O'Neill (1988) believes that taking rights as fundamental in ethical deliberation about children has neither theoretical nor political advantages. In emphasising responsible parenthood, in focusing on obligations, on agents rather than recipients, I do not resist from a commitment to the importance of taking children's rights seriously. Rather I begin to formulate a right overlooked by legislation, international<sup>47</sup> and national – the right to have responsible parents. Once a child is born, responsibility is more recognisable. This chapter has focused on decisions pre-birth. An article in preparation, for publication elsewhere, will examine the right to responsible parents

as it is tested in important day-to-day decisions on such matters as education, medical treatment, punishment and religious upbringing.

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47 It is not in the United Nations Convention on the Rights of the Child of 1989.



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