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Bachelor Thesis
Attitudes towards commercial surrogacy among
medical professionals in the Czech Republic

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BACHELOR THESIS ASSIGNMENT

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Economics Policy and Administration
Business Administration

Thesis title

Attitudes towards commercial surrogacy among medical professionals in the Czech Republic

Objectives of thesis

This thesis will investigate attitudes towards the issue of commercial surrogacy among medical professionals in the Czech Republic and compare them with the attitudes of non-professionals. There is extensive debate about the ethical and legal permissibility of paying for surrogacy, and different legal frameworks worldwide make possible a complex and unregulated global market. Defenders of surrogacy argue it should be defended on the basis of free choice, self-ownership and mutual benefit, while opponents worry about exploitation, gender and social inequality, and the apparent commodification of human life.

The thesis will consider how these debates are seen by medical professionals in the Czech Republic and compare these to general social attitudes, in order to develop a greater understanding of the issue and how it might be best regulated and practiced.

Methodology

Develop a literature review covering contemporary issues in commercial surrogacy, including legal and ethical debates, existing legal frameworks worldwide, and proposed alternatives and regulations. Carry out qualitative research into attitudes towards commercial surrogacy through the use of interviews with medical professionals and trainees in the Czech Republic, and comparison with non-professionals.

The proposed extent of the thesis

40-50 pages

Keywords

Commodification, Commercial Surrogacy, Medical Ethics, Attitudes

Recommended information sources

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Declaration

I declare that I have worked on my bachelor thesis titled "Attitudes towards commercial surrogacy among medical professionals in the Czech Republic" by myself and I have used only the sources mentioned at the end of the thesis. As the author of the bachelor thesis, I declare that the thesis does not break copyrights of any their person.

In Prague on _____

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Attitudes towards commercial surrogacy among medical professionals in the Czech Republic

Abstract

This bachelor thesis is based on topic attitudes towards commercial surrogacy and is written to enlighten the reader about this issue and the impact that it has on society in general. I tried to take into consideration many different points of view, focusing specifically on two groups the general population and medical professionals. The Practical part of this thesis is focused on the interviewing of medical professionals from different age groups, from freshly graduated MDs to long time practitioners. Furthermore, I attempted to interview the nonprofessional population to discover the basic awareness of this issue.

Keywords: Surrogacy, Commercial surrogacy, Ethic, intended parent, surrogate mother, surrogate motherhood, legislation, psychological aspect, exploitation, Commodification

Postoj ke komerčnímu náhradnímu mateřství v profesionální komunitě v České republice

Abstrakt

Tato bakalářská práce na téma postoj ke komerčnímu náhradnímu mateřství v profesionální komunitě jsem se rozhodl psát, abych rozšířil čtenářovo povědomí o této problematice a jejím dopadu na společnost. Mojí snahou bylo poukázat na všechny aspekty a vzít v potaz různé uhly pohledu. Především jsem se zaměřil na dvě skupiny populace a jejich posouzení této problematiky. Zaprvé všeobecnou společnost a zadruhé profesionální lékařskou komunitu. Praktickou část této práce jsem zaměřil na rozhovory s lékaři různých národností, věkových skupin a délky praxe. Jako druhou skupinu jsem zvolil širokou veřejnost, kde jsem chtěl zjistit celkové povědomí o této problematice

Klíčová slova: náhradní mateřství, Komerční náhradní mateřství, Etika, zamýšlený rodič, náhradní matka, náhradní mateřství, legislativa, psychologické aspekty, využívání, komodifikace

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1 Introduction

Surrogacy, also known as substitute motherhood, is a highly controversial topic not only in Czech Republic but also in many other parts of the world. This topic is very regionally sensitive. Every country has slightly different opinions in terms of legal, religious and cultural attitudes on the subject.

Surrogacy as a topic, has affected me because it is an important issue. This is especially true in modern society, where more and more people are deciding to postpone having a child until their 30s. This then increases the potential risk of not being able to have a child or might introduce some complications. Not only this, but other factors are in play and therefore the involvement of another woman (a surrogate mother) might be the only option to have a child. This surrogate mother needs to be willing to take upon herself the task of carrying, giving birth to child and afterwards giving up all claims on this child to the contractual parents.

Another reason that I chose this topic is that I was aware of this issue and wanted to investigate the impact of the surrogacy on the parents awaiting their child, the surrogate mother herself and how society sees this issue.

As a main objective of this bachelor thesis I decided to seek the legal state of surrogacy in Czech Republic and other countries. To investigate problems of surrogacy, legitimacy of commercial surrogacy.

Furthermore, to discuss the legal aspects and legal ramification for parents that are not willing to take the new-born child as stated in contract. This is mainly the problem of children born with some form of defect or disability.

2 Objectives and Methodology

2.1 Objectives

The main objective of this thesis is to investigate the ethical and commercial arguments surrounding surrogacy, especially focusing on the issue of compensation and commodification of women's bodies.

2.2 Methodology

To truly comprehend the ethical dilemma of surrogacy, it seemed to me that I should focus on people that have the most contact with the potential mothers (surrogate and intended) and are the people giving them advice. I chose to interview a number of medical professionals, some with experience and some that were recent graduates of universities to see how these opinions differ. In addition, I interviewed men and women from the general population to see how they felt about this issue, as it might someday impact their lives. These interviews were mainly focused on Czech respondents.

The literature part will be focused on the legal side and the general argument surrounding this topic. I specifically focused on laws, history, different types of surrogacy and the ethical discussion in general.

As a conclusion, I will compare all of the different arguments, from average respondent, medical professionals and researched literature.

3 Theoretical Part – literature review

3.1 Motherhood

Before we start talking about surrogacy, we need to acknowledge the role of motherhood. Even though surrogacy is relatively new, the institution of parenthood, or motherhood in particular, is as old as humanity itself. This might cause problems for potential surrogate mothers and couples seeking such help because in many countries by law, for instance in The Czech Republic, a “mother is the woman who gives birth to the child” (1)

3.2 Definition of surrogacy

It is a medical process in which a couple searches for a substitute mother that will carry and give birth to their children instead of the biological mother. This is best illustrated by the definition from ESHRE Task Force on Ethics and Law 10, Surrogacy:

“a Surrogate mother implies a woman who becomes pregnant and gives birth to a child with the intention of giving away this child to another person or couple, commonly referred to as the “intended” or “commissioning” parents.” (2)

Most commonly, this is done because of medical conditions of the “intended” mother which are deemed too risky for her to carry and give birth to a child. In some cases, there might be some other non-medical reasons to use a surrogate mother, especially in the modern age where pregnancy does not suit the lifestyle of the “intended” mother either for career or aesthetic reasons.

3.3 Types of surrogacy

3.3.1 Types of surrogacy based on conception

3.3.1.1 Traditional

This is the more traditional and older version. It is based on the surrogate's mothers' egg being fertilized by the sperm of donor and used to create embryo. This results in the future child being a mix of the father and surrogate mother's DNA. Therefore, this brings potentially additional complications of the post partem parental right or legal authority over the baby because it bears half the mothers DNA and is technically her child by birth and genetics. (3)

3.3.1.2 Gestational

In this type of surrogacy, the process of fertilization is done in vitro, and the intended couple will use their intended father's sperm and intended mother's egg. The egg is fertilized and implanted to the uterus of the surrogate mother. It is the most common type of surrogacy today because it enables both parents to further their genetic material. The child will be tied to both intended parents and the surrogate mother serves only as a vessel to carry and give birth to the baby. (4)

3.3.2 Types of surrogacy based on intention

3.3.2.1 Altruistic

Altruistic surrogacy means that the mother is doing it without the incentive of financial compensation. This usually occurs in a family environment where the act of helping is enough for the surrogate mother. Although there is no compensation in sense of financial gain or any kind of material reward for the surrogate mother, this type of surrogacy compensates the mother for any surrogacy related expenses. (5)

3.3.2.2 Commercial

Commercial surrogacy results in compensation for the procedure for the surrogate mother. Either financial or otherwise beneficial in addition to compensation for surrogacy related expenses. (5)

3.4 History of surrogacy

3.4.1 From bible to a vial

What is the history of surrogacy? It might seem that this institution is fairly new and could only be possible because of recent developments in medicine. However, this would not be true. Surrogacy in its most basic form (so called “Traditional”) dates from ancient Egypt. The Christian Bible (Old Testament) mentions a woman using a female slave to carry her child:

“Abraham’s wife bore him no children. She had an Egyptian slave-girl whose name was Hagar, and Sarai said to Abraham, “You see that the Lord has prevented me from bearing children; go into my slave-girl; it may be that I shall obtain children by her.” (6)

Of course, in this kind of surrogacy the child would not carry both parents’ genetic material.

This did not change until the 20th century, when progress in medicine led to the first IVF (in vitro fertilization) IVF is the process of fertilization of an egg by sperm outside of a human body. The first child born in this way was Louise Brown, and she was born on July 25th, 1978. Since then, IVF has become a common procedure that has resulted in over 5 million births worldwide. The subsequent years have brought rapid progress that has allowed more infertile couples to have their own genetic babies. (7)

Advances in medicine have made it much easier for potential parents to resolve their problems with childbearing through surrogacy. However, in many countries progress in medicine has been so rapid that it has raised questions about ethical dilemmas and law-making processes that would facilitate such procedures.

3.5 Legal aspects of surrogacy

3.5.1 Legal aspects of surrogacy in Czech Republic

Surrogacy is not regulated by law in Czech Republic. There are no specific bills that condone or approve this kind of transaction/service. Most of the cases surrounding surrogacy in Czechia are done based on constitutional law no. 2/1993 Sb, which states “All citizens may do that which is not prohibited by law; and nobody may be compelled to do that which is not imposed upon them by law.”(8). Currently, the only process to make a surrogate child as your own is through a process called adoption (osvojení). To this day there is no known case in which the Czech court of law would consider surrogacy illegal.

If an infertile couple complies with all the requirements for using this method, the process of inserting embryo to the surrogate mother can begin so that a child can be born. This might seem easy, but unforeseen complications may arise, and Czech law is not very specific and may not be fully equipped to deal with them. For example, how to ensure that intended parents will get the baby or how to protect the surrogate mother if the intended parents will change their minds during her pregnancy, and these are just two of the obvious problems. Right now, there is only verbal contract and the will of the parties involved that ensures the process will be fulfilled. A surrogate mother as it stands, is the true mother with all parental rights and to transfer these to the intended couple, she needs to abide the Czech law and transfer the rights over the child to the intended parents by means of Establishing and Disputing Parentage and/or Adoption. On 1st January 2014, a new civil code was passed and contains the first mention of surrogacy in the Czech legal system in code no. 89/2012 Sb.: “Adoption is excluded among persons related in direct line and between siblings.” (9) This does not apply in the case of surrogate motherhood.

3.5.1.1 Establishing parentage

In Czech law, motherhood is automatically established by civil code § 775 “A mother is a woman who has given birth to a child.” (1) For the father things are more

complex and depend mostly on the status of a birth mother. If the mother is married than the civil code §776 stipulates “ If a child is born in a period between the date of entering into marriage and the three hundredth day after the marriage terminated or was declared invalid, or after the mother’s spouse was declared absent, the mother’s spouse is presumed to be the father.” In this case there is potential for the father to dispute the fatherhood in separate court based on civil code §785 “ [1] A husband may deny his paternity in court within six months of becoming aware of facts constituting reasonable doubt that he is the father of a child born to his wife, but no later than six years after the birth of the child. He denies paternity against the child and mother, if both are alive; if one of them is dead, against the other; if both of them are dead, the husband does not have this right. [2] If, within the six-year time limit for denial, legal capacity of a husband was limited in a way making him unable to deny paternity, the paternity may be denied by his guardian appointed for this purpose by a court, within six months from the appointment by the court.”(10) This court process might take months and only after the process is settled, adoption can be started.

On the other hand, if the mother is single, widowed or divorced the process of fatherhood is much easier. Based on the civil code §778 “If a child conceived through artificial insemination is born to an unmarried woman, the man who gave consent to the artificial insemination is presumed to be the child’s father.”(11) So in such cases a genetic father can take the role of fatherhood even during pregnancy of the surrogate mother. Afterwards, only the genetic mother needs to file for adoption and the surrogate mother needs to approve it.

3.5.1.2 Adoption process

Based on Czech civil code §794 adoption means “Adoption is to be understood as taking a person of another to be one’s own.”(12) This leads to the largest hurdle in surrogacy process in Czech Republic, because as civic code §809 states “Adoption requires the consent of the parents of the child being adopted.”(13) And this might result in the unwillingness of the birth parents or birth mother to consent with adoption and there is no way to make them consent. Even after they give such consent it is not yet over as stated in civil code §817 “Consent to adoption may be

withdrawn within three months from the date on which it was given.” (14) This whole process must be completed in the courts and there is no guarantee that the court will give approval for the adoption. One more factor, is the need for the approval by child social security services in this process.

Any contracts that would alter any part of the legal process of adoption are considered null and void by law. Adoption is the only legal way for an intended mother that did not give birth to the child to become a real mother by law.

3.5.2 Possibility of compensation for surrogate mother in Czech Republic

Surrogacy in Czech Republic must not be financially compensated, this is in direct violation of the principle that the human body and organs are not to be sold or rented based on the European treaty no. 164 Convention on Human Rights and Biomedicine. (15) However, surrogate mother is entitled to compensation for all expenses that arose during pregnancy and birth of surrogate child. Czech law does not take into consideration what amount of money is adequate or how this compensation should be paid. This is all based on the surrogate mother and genetic parents. No contract on this topic is legally binding and will not hold up in a court of law in Czech Republic.

3.5.3 Complications of Adoption and surrogacy process in general

A child born by assisted reproduction is by Czech law the same as a child born of natural conception and pregnancy. A child born through artificial insemination of a surrogate mother is more of a grey area. Today in the Czech Republic, there are no laws or norms that would make it clear on how to approach this complex situation. From this vacuum arises many notable concerns for the couples seeking this kind of help and reproduction assistance, in addition to, for the surrogate mother herself.

Most notably as Czech civil code §775 stipulates that woman who gives birth is the legal mother. (1) What happens if the surrogate mother decides to not surrender her rights to this child? Even though the mother might not be genetically connected

to the child, there is no legal way to force her to give up her rights to the child. What's more, is that if this is an in vitro fertilization process and the biological father is known, there are obligations for him to help raise and provide for the child.

Another big concern is from the viewpoint of the surrogate mother. What if the child is born with a birth defect, or there are other unforeseen complications during pregnancy? During the whole process the surrogate mother might become unsuitable or prone to activities such as smoking, drinking and based on this the contractual parents might not want to assume a baby born from such a pregnancy. Or if the intended parents decide during the surrogacy process that they no longer are interested in the child maybe based on their own separation or perhaps death in the family. What happens to the surrogate mother that was supposed to carry the baby to term and now suddenly needs to take care of it.

Based on these few concerns, it is necessary to explain all the potential risks involved with such a complex procedure before it begins. All of the legal aspects and processes should be explained to both parties and they should establish beforehand how, when and what will they be handling before during and after pregnancy.

3.5.4 Price of human life/price of a baby

Interestingly, when we start talking about commercial surrogacy we need to think about price. What would be adequate compensation for such complex endeavour. Let's start by breaking it down to its components. In Czech Republic first comes the process of artificial insemination which is about 20 000 CZK (16), that is per insemination. Often times, it takes two or three attempts for a successful insemination. Carrying the child and labour might be in a range of 50 000-100 000 CZK, depending on the number of procedures, tests and the type of labour itself. If it is a natural labour, it might be less, but surgical procedures might increase the price to higher levels. So, if we look at just normal medical procedures without any complications the price may range from 100 000 – 150 000 CZK. All of this can be calculated from the costs of the equipment, drugs and hourly rates of the

practitioners. Then comes the second and controversial aspect of how to evaluate the price of human being, the price of child. (17)

What stood out to me as a good way is to consider the price calculated by Czech highest court which considers the amount of 10 051 200 CZK. Of course, this is a theoretical price, which is largely influenced by the age, status, health and many other aspects that are run through rigorous analysis and this price will vary based on these aspects.

Considering this, it seems to me that the surrogacy reward should be aligned with these numbers and since the child and price must be paid out based on the contract, even if the child is born or there is complication leading to the child not being born. In the Czech Republic a regular compensation is between 250 000-500 000 CZK. (18)(19)

3.5.5 Legal aspects of surrogacy outside of Czech Republic

Surrogacy rights are not yet protected by any international law. This means that it falls upon individual countries to create appropriate regulation. It is difficult to cover all the aspects of surrogacy in the world because it differs based on reasons such as political, social, and religious. There is no firm consensus about this problem, even in the EU. Some countries have completely banned surrogacy in all its forms. Others do permit altruistic types of surrogacy and last but not least there are some countries that allow both types of surrogacy and do not regulate it. First, I would like to give a general overview of the world based on the types of allowed surrogacy.



Figure 1 Surrogacy laws by country (40)

As we can see in Figure 1, the world map is divided into five groups; States that allow commercial and altruistic surrogacy GREEN (Russia, Ukraine, USA states), states that allow just altruistic surrogacy Orange (some Canadian states some USA states, UK, Australia), those who ban this practise out right RED (France, Spain, Germany), the fourth group for which we either no specific legal regulations concerning Surrogacy BLUE (such as Czech republic, Slovakia, most of South America, Mexico) and finally those countries where no data is available GREY.

3.5.5.1 Legal aspects in Europe

In Europe the laws surrounding surrogacy are strict. Most countries, such as France, German, Spain, Italy, Norway, Sweden, Finland, Croatia, Malta and Switzerland as we can see on the map have banned it out right. Then we have a group of countries where surrogacy is regulated. In England, only altruistic surrogacy is possible, and the process works very similarly to that of the Czech Republic where the surrogate mother needs to give up the rights to the intended parents. Similar such country is Slovakia, they have a similar stance towards surrogacy which is covered in previous chapters. The only two countries in Europe that allow surrogacy for altruistic and commercial gain are Russia and Ukraine.

3.5.5.1.1 Russia

In Russia, commercial and altruistic surrogacy is allowed for heterosexual partners and even for singles seeking to have a child. For a single potential parent, it does not matter if it is a single mother or single father. Surrogacy is here for Russians and for foreigners. The Russian surrogacy system is based on written consent about participation. If the surrogate mother is married, her husband must agree. The only requirement to become a surrogate mother in Russia is to be within 25-35 years old and have a prior birth. For the surrogacy, there needs to be medical reasons. The Russian system is not perfect and does have some loopholes that can be exploited from the side of the surrogate mother and the intended parent. In general, the surrogate mother has the final say if she will give up the child or not. The price of surrogacy in Russia may vary from 35,000-55 000 USD (20)(21)

3.5.5.1.2 Ukraine

Since Ukraine has a very liberal laws concerning surrogacy it has become a sought-out country for this practice. Many surrogacy clinics have become popular and are especially focused on foreigners. Surrogacy is allowed for heterosexual partners. A surrogate mother can be woman who is between 20-40 and she needs to have at least one prior birth. This is mainly due to the Family code of Ukraine Chapter 12 article 123 point 2 which stipulates that “If an ovum conceived by the spouses is implanted to another woman, the spouses shall be the parents of the child.” Which means that after the birth of such a child, there is no need for the process of adoption and the childbirth parents are the intended parents. This is especially attractive to foreigners traveling to Ukraine for this procedure since there is no legal hassle with changing the legality from the surrogate mother to the intended parents. Interestingly, Ukraine signed the charter Convention for the protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: The Convention on Human Rights and Biomedicine of which partly focuses on the illegal financial gain based on the human body and its parts. However, since it was signed in 2002, it has not been ratified in Ukraine and thus has not gone into effect. The price of surrogacy may vary from 30 000-40 000 USD. (15)(21)(22)(23)

3.5.5.2 Legal aspects in the world

As in Europe, global surrogacy practises vary very much. I will focus on a few countries that allow either both altruistic and commercial surrogacy and those that allow only altruistic.

3.5.5.2.1 United states of America

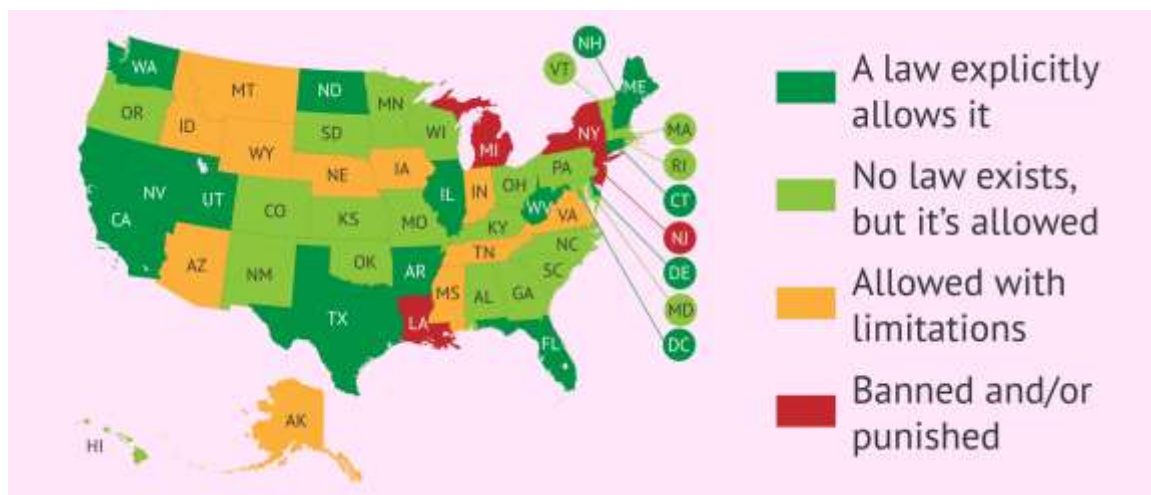


Figure 2 Surrogacy in USA (24)

In United states of America, the legality of surrogacy varies from being banned to being legal at the commercial level. We can distinguish between 4 different approaches; Surrogacy-friendly states with an explicit law for example, Surrogacy-friendly states without a law, States where surrogacy is allowed with limitations and States where surrogacy is banned and/or punished.

This division makes it harder to decide where in America one can make this procedure happen. The price varies from 120 000-180 000 USD. (24)

3.5.5.2.2 Canada

Again, we see a division between Canadian provinces about surrogacy. In general, surrogacy is a legal procedure here and the surrogate mother is considered legal mother. In this case there is only the option of altruistic surrogacy.

Total cost of surrogacy in Canada is approximately 85 000USD.

3.5.5.2.3 Georgia

Commercial surrogacy is possible here. The couple is considered to be the parents in case of childbirth with the responsibility and authority ensuing from it. A donor or a “surrogate mother” has no right to be recognized as a parent of the child. Total cost of surrogacy is between 20 000 -54 000USD (25)

3.5.5.2.4 Mexico

Surrogacy in Mexico has been legal in Tabasco since 1997 after a state civil code modification. It is stated that “a child born from a surrogate mother would legally belong to the parent who contracted the birth.”. After 2016, new laws were introduced that prohibited internationals seeking surrogacy in Mexico as well as same sex and single heterosexuals from using surrogacy.

Currently only heterosexual Mexicans between the ages of 25-40 are permitted to seek surrogacy on condition that it is medically necessary. (26)

3.5.5.2.5 India

India, which was a very popular country for surrogacy based on having almost no laws against surrogacy, as well as affordability by surrogacy agencies where such a surrogacy would cost between 10 000- 28 000USD. In the past, homosexual and heterosexual surrogacy was allowed or rather tolerated. This all changed in 2005 when a new recommendation on surrogacy was published. Exploitation of India’s mothers led the government to further restrict the laws surrounding surrogacy. Especially the act of November 4, 2015 that forbade foreigners from seeking surrogacy in India. (27)

3.5.6 What about the children?

The last thing that I would like you to consider is the case of the children themselves. Some parents that took the route of surrogacy in different country might struggle to prove that the child is theirs and the surrogate mother will not take it either. This

technically creates nationless children that cannot travel back to the country their parent is from.

To this day there is no sufficient legal process or international law or agreement on how to handle this type of situation and it is handled on a case by case basis for each individual country to assess this situation. Measures to prevent statelessness were introduced in some countries such as India by “abolishing Commercial Surrogacy involving foreigners completely so as to avoid complications involving statelessness.” (28)

3.5.7 Interesting cases surrounding surrogacy

In this chapter I would like to point out and summarize some interesting cases surrounding surrogacy and the ruling that came out.

3.5.7.1 Baby M

This case revolves around a surrogacy contract in New Jersey, USA that was signed in February 1985 between William Stern and Marry Beth Whitehead. It was supposed to compensate Mrs Whitehead for insemination by Mr. Stern’s sperm, conceiving a baby and afterwards giving up parenthood rights over such baby to its biological father and his wife Mrs Stern. After the birth however, Mrs Whitehead decided to keep the baby. This led to a court case concerning their surrogacy contract. The court decided that in this case the contract is void because it violated Statutory provisions of the state: “we find the payment of money to “surrogate” mother illegal, perhaps criminal and potentially degrading to women” thus the biological parents were named as Mr Stern and Mrs Whitehead. So legally the parents, were the intended father and surrogate mother. Afterwards only a case about custody was to decide who is most suited as a custodian of the child. This court ruled that: “we grant custody to the natural father, the evidence having clearly proved such custody to be in the best interest of the infant,” This court ruled in favour of Mr Stern. The most significant part of this case is the fact that it raised significant attention to this complex problem. Especially in regard to family and rights over new-borns. The ruling of New Jersey court established precedence of the role of a birth mother over a contract. Thus, settling this dispute until gestational surrogacy became possible. (29)

3.5.7.2 Johnson vs. Calvert

On January 15, 1990 Crispina and Mark Calvert decided to enter into a gestational surrogacy agreement with Anna Johnson. This was primarily due to Mrs Calvert having previously undergone a hysterectomy which prevented her from bearing children. This contract was to take Mr Calvert's sperm and Mrs Calvert's egg and implant it into Mrs Johnson's womb, which she would carry out to term and after the birth, relinquish the parental rights to the Calvert's. Part of this agreement was a series of 10 000USD payment, and a 200 000 USD life insurance policy paid by Calvert in the name of Mrs Johnson. During the pregnancy both sides fell out of favour with each other. Mr. Calvert felt that Mrs Johnson mislead them when she did not disclose her still births and miscarriages and Mrs Johnson thought the promised life insurance was not enough. This all led to a court case in which both mothers (surrogate and genetic) had a strong case, since one was mother on the birth right bases but the other on the genetical basis. Thus, both satisfying the parentage Act, the only California statute defining parental rights, Mrs Calvert on basis of genetics and Mrs Johnson on basis of giving birth to the child. In the first objection of Johnson about surrogacy was the contract being in violation of penal code section 273 prohibition of payment for adoption. The court ruled that the surrogacy contract was legally binding on the basis of "the payments to Anna under the contract were meant to compensate her for her services in gestating the fetus and undergoing labour, rather than for giving up "parental" rights to the child." The meaning of the ruling was to establish that the payment was for the service not for buying a child. In her second attempt to appeal, on the grounds that the surrogacy contract was exploiting women. The court ruled yet again in favour of the intended parents: "there has been no proof that surrogacy contracts exploit poor women to any greater degree than economic necessity in general exploits them by inducing them co-accept lower paid or otherwise undesirable employment." So, in the end the genetical mother became the true legal mother. (30)

3.5.7.3 Comparison

Both cases seem very similar, but in each case the court ruled differently. The major difference is in how the mother means to provide and prove her status of motherhood. In the case of the Calvert's, Mrs Calvert was genetically related to the child. On the other hand, Mrs Whitehead was a mother by birth information thus ruling her the mother rights.

To the similarities we can see that in the end, both the intended parents did manage to obtain custody and parental rights, but the process was far from easy. In the case of baby M, the father's custody over the child was based on him being better suited to take care of the baby and in case of Johnson v. Calvert it was based on the surrogacy contract and payments based on compensation for the gestation period as well as birthing the child. In the end, parental rights for both intended mother and father were awarded.

3.6 Ethical questions of surrogacy

3.6.1 Commodification

One of the major ethical problem concerning surrogacy is commodification of mothers and babies. In the eyes of some, commercial surrogacy turns woman into a product and babies into an object that can be sold. As Anderson would put it, “Surrogacy degrades children by reducing their status to that of commodities” (37) This risks opening doors the realm of selling people. Which the first ruling of New Jersey court in the case of Baby M states: “We have no doubt whatsoever that the money is being paid to obtain an adoption and not, as the Sterns argue, for the personal services of Mary Beth Whitehead”.(29) This simply means that they consider the payments as a way to ensure adoption of her unborn child. In case of surrogacy, specifically the renting of the womb as Brennan and Jaworski talk about in their book “Markets without Limits”, “surrogacy services express the idea that women are mere incubation machines” (31) But is this really that different from what we already take as granted? Markets where we can buy/sell human parts as hair for wigs, bodies for sexual practices, our skin for human billboards, or even the precursors and keystones for surrogacy itself human sperm or eggs? These aforementioned might seem to some as part of a noxious market on the border with legality. This division if it is or is not partly a noxious market makes society’s opinion highly polarized. This is mostly decided on a state by state basis and its lawmakers to ensures the legality of certain markets. (31)(39)

3.6.2 Exploitation of woman

As with any other part of the human body, some consider it disrespectful and potentially harmful to open this to free market. Interestingly Brennan and Jaworski in their book “Markets without Limits” argue that: “Elizabeth Anderson has no problem with you having casual sex or with you serving, for free, as a pregnancy surrogate for your infertile sister. But she doesn’t want people to sell sex or surrogacy. For her, you can give it away, but you can’t sell it - and others shouldn’t buy it.” (31) But once you start mixing in the compensation it opens the door to

polarizing debates especially in the realm of ethics and morality. Furthermore, she points out the fact that once you open this debate there will be others that will try to facilitate and take part in to further exploit woman who are willing to be surrogate and desperate parents that cannot have kids and surrogacy is their only option. This is especially harmful in poorer countries where rich parents from other parts of the world may come to have this procedure done for little cost. This price difference is mainly due to poorer standards and lower income. Even in countries where commercial surrogacy is legal, the usual main target surrogate mother is one that is financially desperate. Taking it a step further, other markets will emerge related to this process to make it easier and more readily available. This can already be seen by the development of facilities and clinics in countries that promote or allow commercial surrogacies. In support of this argument, the findings of poor treatment of women in Ukraine by these clinics. Some clinics would not release the payments if the mothers did not obey strict rules during pregnancies or ended up miscarrying. (32)(33)

3.6.3 Will of the surrogate mother and her free choice

We should consider the free will of woman and their right to do what they want. Especially in some poor country, surrogacy might be a way to earn more money than they ever could because of their poor socio-economic status. For instance, in India surrogacy was a way to earn compensation equal to 24-36 times of monthly work. Plus, this might be a way for a woman with family to help another to have family of their own.

3.6.4 Mother-child bond

A critical part of ethical debate on surrogacy is the talk about bonding between the mother and child before, during and after pregnancy. This bond has not been thoroughly investigated and there has been little explanation on the cause or even of its existence. This unknown fact is especially hard to predict which leads to making and designing a surrogacy contract extremely difficult. Not even a previous pregnancy can be an assurance that the surrogate mother knows what she is getting herself into and is fully aware of potential consequences and emotional attachment.

This can be illustrated by the judgement in the case of Baby M: “The natural mother is irrevocably committed before she knows the strength of her bond with her child. She never makes a totally voluntary, informed decision, for quite clearly any decision prior to the baby’s birth is, in the most important sense, uninformed, and any decision after that, compelled by a pre-existing contractual commitment ... The interests are of little concern to those who controlled this transaction.”(29) A good point is made by Anderson when she says that “if you make a surrogacy contract before the pregnancy it might not consider this bond that might be created and to force a mother to give up her child is unethical.” In her own words: “The demand to deliberately alienate oneself from one's love for one's own child is a demand which can reasonably and decently be made of no one. Unless we were to remake pregnancy into a form of drudgery which is only performed for a wage, there is every reason to expect that many women who do sign a surrogate contract will, despite this fact, form a loving attachment to the child they bear.” (37)

This is further analysed in the opinion of Anne Phillips, where she states that she would be a proponent of every contract being made with the clause that would allow the surrogate mother to change her mind, even during and after labour.

However, in the opinion of the genetical parents, this might be unacceptable, and they might see this clause as a potential loophole to stealing of their genetic baby. Furthering this when investigating mother child bond might be established even after the birth between genetic mother and child. This topic is nicely summarized by Kathrine Dow in her work surrounding ideas of Scottish woman women about and the mother-child bond: “While surrogacy seems on the one hand to challenge fundamental values and axioms of kinship and parenting, it also causes people to reproduce normative ideas about the nature and ethic of motherhood.” (34) This seems to me as to be an indicator that for Dow, this bond is being made during the labour and the intended mother is inherently missing something that she cannot get. And she is missing out the great part of the bonding ritual.

3.6.5 Social stigma surrounding surrogacy

In many countries there are pressures for family to be “normal” and acts such as surrogacy might be considered socially unacceptable. This starts in families where the processes of surrogacy might damage the relationship between mother and her own children or husband. This specifically applies in case of the surrogate mother being relocated to surrogacy clinics where she can be monitored. Such clinics raising her own children or further deepening her relationship with them or their father. Furthermore, this has an impact on their daily tasks that needs to be undertaken by other members of family.

Another aspect is the outside world that might consider her pregnancy with a strangers’ baby as unnatural or even as a case of adultery. This might cause the surrogate mother significant humiliation, not only during the pregnancy, even later when she returns without the baby.

3.6.6 So many controversies so why we do it?

As the population ages and the age of first-time mothers is increasing, it is more likely that they might have struggles with having kids. For some couples, a mother’s surrogacy and adoption might be the only option to obtain an offspring. In these cases they might decide to go with the surrogacy option since this option will give them technically their own offspring that will be a genetic mix of the true genetic parent in contrast with adoption which will only give them a child but not child of their own so to speak. Today more and more homosexual pairs are seeking the chance to have a child and as stated previously even these pairs might want at least 50% their child so they might seek surrogacy. (35)

In contrast with the previous statements, surrogacy itself might help the surrogate mother to rise in term of her own socio-economic levels, especially in poorer countries. This might be a life altering injection of cash to the family and to the surrogate mother. The benefits might outweigh the ethical aspects at least from certain point of view.

4 Practical Part

This section of the manuscript focuses on my own research. The research is primary obtained through the interviewing of three medical professionals with over 20 years of experience in the fields of Gynaecology, radiology/mammalogy and General practitioner, one young medical professional from field of cardiology and four regular citizens with varying levels of experience and knowledge in the field of medicine and on this topic in general. The main reason I chose this representation of the population is to see how the opinions of general medical professionals align with my literature review and to further see how they compare with the views of the general public. Due to the sensitivity of the topic, my respondents decided to stay anonymous. All of the interviews were done in the Czech language and translated by the author of this thesis.

4.1 Respondent

Respondent	Age	Gender	Education	Occupation	Kids
General population 1	27	Female	Master's degree in chemistry	Pharmaceutical industry	0
General population 2	21	Male	High school with state exam	Student	0
General population 3	27	Male	Bachelor's degree	History student	0
Medical professional 1	25	Male	Medical degree	MD cardiology	0
Medical professional 2	58	Male	Medical degree	MD Gynaecology	2
Medical professional 3	56	Female	Medical degree	MD mammalogy and radiology	2
Medical professional 4	78	Female	Medical degree	MD general practitioner in retirement	2

Table 1 Respondent designation

By looking at an overview of my demographic, the comparison is not just between medical professionals and the general population, but also that of an older and younger population.

4.2 Questions

- Could you please briefly introduce yourself and tell me how in depth is your knowledge about surrogacy? (In your opinion)
- What kind of surrogacy is most viable? (Altruistic, Commercial)
- If commercial surrogacy is possible, what would you consider an adequate compensation?
- How much should the surrogate mother be involved in life of the child after the birth?
- Do you think there is some mother child bond during and after birth? Should this be considered surrogacy?
- Should the surrogacy contracts be 100% legally binding documents with overruling power over the decision of either surrogate mother or intentional parents?
- What do you think about surrogacy tourism?
- What kind of impact you think surrogacy might have on a family of surrogate mother?
- Surrogacy for conventional heterosexual couple's vs homosexual couples?
- If you would be in situation of having an option of surrogacy would you do it? Or what other options would you seek or recommend?

These ten questions formed the basis of my practical part. Most of them resulted in many sub questions that furthered the depth of the information extracted from the respondents.

4.3 Responses compartmentalised based on questions relations

4.3.1 Establishing the background knowledge

The first questions after establishing the demographic facts of the respondents concerned their fundamental knowledge about this issue. All my respondents did

have at least a fundamental idea about what surrogacy is and could easily discuss the issues surrounding it. The respondents from the general population spoke mostly about second-hand conversations and opinions and used TV and the internet as a main source. The medical professionals drew most of their knowledge from medical journals, books and internet research, with some having direct contact with surrogate mothers.

4.3.2 Division between commercial and altruistic surrogacy

When discussing commercial and altruistic surrogacy is where we first begin to see wider differences between the general population and medical professionals, and further between the genders of my respondents. Mostly the consensus among general population was that surrogacy is something that is very mentally and physically demanding on the surrogate mother; thus, some compensation is necessary. As respondent one said:

“I would certainly need some kind of reward, or it would have to be someone dear to me to the extent I would be willing to do such difficult task for him/her. The only case in which I would consider an altruistic version of surrogacy would be for a family member.”

With regard to the medical community, the consensus was mainly in support of altruistic surrogacy. Respondents 2, 3 and 4 mostly agreed that the commercialisation of women for surrogacy purposes might lead to exploitation especially in poor regions or economically challenged communities. Interestingly, most of them would not have a problem with compensation on a gift basis. This would mean that the surrogacy would be done for altruistic purposes with no reward in sight, but afterwards to show gratitude to the surrogate mother with a gift. Medical professional 2 answered:

“I believe that commercial use of body, organs or any parts should be limited to minimum if not banned at all. In this case we talk about all the above, because taxation on the health and body of surrogate mother is high and by commercialising this procedure, we are by proxy renting the body and reproductive organs of such

mother. This might lead to exploitation of less fortunate that are basically the most vulnerable to getting some money no matter what.”

4.3.3 Commercial surrogacy reward

In direct relation to the first question, the second question asks about adequate compensation. Most of the General population respondents did not have problem naming specific number as a reward. This really varied between 200 000CZK to 2 000 000CZK. Which when compared to the median yearly income of about 495 000CZK (36), ranges from 0.5x to 4x of yearly income. This number was argued for mostly on basis of monthly income compensation for the time spend carrying the child.

Medical professionals had a much more reserved attitude toward this question, mostly stating it would be impossible to name a price. In general, if there would be a price it would depend on the parties negotiating it to consider the circumstances. I would also like to highlight Two outliers I would like to point out were medical professional 1 who talked about:

“I am not sure, but I think I read that the value of human life was established about 2 000 000CZK. So, considering this a point to start I think that in our society and economy level 200 000CZK would be a fair reward for surrogate mother plus all expenses with the procedures.”

This would suggest there is a value that can be assigned to a life and we can calculate it. What he clarified further is that this is based on juridical compensations in the case of death. The second outlier is medical professional 4 stated:

“If there should be a price it should be equivalent of the mother’s monthly income plus extras for the whole duration of the labour and even after birth till, she fully recovers.”

This suggests that the reward should be in direct relation to the surrogate mother's labour.

4.3.4 Mother/child Bond

As far as the concept of Mother-Child bonds, all respondents agreed that there is definitely some type of bond between mother and child. Most of the respondents argued about prenatal and event post-natal bonding. The general population primarily suggested that the social/emotional bond is made and the impacts a mother's decision to give the child up at birth. General respondent 2 stated:

“Although there is no clear evidence if there is or there is no bond. Or if there is what propels it. I feel and from what I have seen think that there certainly is some bond during and even after pregnancy. Surrogate mother should not be considered only as a means to a baby but as a part of the kids' life at least in the beginning. I cannot imagine the weight on psyche of mother that has to give up her child even thou it is genetically not hers.”

Important aspect when talking about mother-child bond is if the respondent is parent himself. Respondents with their own children had much more influential response as we can see with medical professional respondent 3:

“This comes to me as a mother and I think bond is definitely made during labour, pregnancy and even and especially during post partem care. 9 months in mothers' belly of feeling the baby growing starting to kick, plus all the necessary procedures an expecting mother needs to go through will inevitably create some form of bond.”

4.3.5 Post-natal involvement of surrogate mother

This question had very split answers from the respondents, not only from the medical community, but from the general population as well. Respondent 2 from general population suggested the following idea:

“Mother even surrogate one is part of the baby’s life. I think she should be involved until the kid needs her. That in my mind involves at least the period until it can transfer to solid foods. From that point her involvement should be gradually reduced so that the baby is not confused and will accept the genetical mother as his only mother.”

This would in my mind put great strain on the surrogate mother, and potentially deepening her bond with the child and her unwillingness to give up the child. Furthermore, impeded the potential of the intended mother to form her own bond with the child. This was mainly discussed in the medical community and most suggested an immediate separation. Which would in their opinion benefited the psyche of both mothers and the child. Medical professional 3 suggested the following insight:

“There should be no further involvement beyond what is specified among both sides. Best would be no involvement of mother after birth so that the intentional mother can start forming her own bond between her and the new-born.”

Medical professional 1 suggested a different, more diplomatic approach.

“Most important is to negotiate it this beforehand. I think that surrogate mother should keep feeding the baby and be involved or at least give the milk to the genetic mother. Past that time, she should step aside.”

Respondent 4 added to the discussion.

“This question can have two answers depending on which type of surrogacy we chose. In case of altruistic type, it is clear that if mother is a relative, for instance, mother of the intended mother, to the child she will definitely have to stay in his life for some time or even forever. In the case of commercial surrogacy, I do not think that the surrogate mother should stay part of the family due to possibility of deepening her connection to the child. Only case would be for nursing but even in this case I think she should just deliver the milk and not interact”

This is an excellent example that highlights problems with surrogacy. There is no clear consensus on what is right and what wrong. Suggesting that further research and inspection is are needed.

4.3.6 Surrogacy contracts legally binding or not?

In this question I tried to investigate further the opinion on the legality of contracts in light of previous questions about the mother-child bond and the preferred type of surrogacy. From the responses gathered, we can conclude that the respondents agree that since the risk mostly lies within the surrogate mother, the intended parents should not have the right to refuse the born child no matter what the reason and the contract should be enforceable. In regard to the surrogate mother, answers are yet again polarized with most acknowledging the risk for the surrogate mother and her previously unforeseen process of bond making with the baby. Two respondents from medical community would be strict and both of them even suggested in previous questions that altruistic surrogacy is the only way, thus making contracts obsolete. But if they lived in a state where commercial surrogacy was legal, they would suggest 100% enforceability, because the mother was fully aware of the consequences when she legally entered into the contract.

Most notably medical professional 2 stated:

“There needs to be decision from both sides of the contract. If they decide to sign, such contract should be legally enforceable no matter the emotional connection of surrogate mother and on the other hand no matter the outcome intended parents must take full responsibility for the new-born.”

Medical professional 4 stated:

“This is mainly a question that should be answered by the state that will provide sufficient legal support. A woman that is entering surrogacy contract well knows what it entails and thus know that the child that she bears will be taken from her. She should not have any say in this matter. And from the side of the intentional

parents it is the same. Both know what they are signing and the risks that it might not go as planned.”

This might seem to some as cruel, but to both medical professionals it seems necessary, especially if you consider the risk of someone other than yourself raising your genetic offspring.

4.3.7 Cross-border surrogacy

All respondents agreed that cross-border surrogacy would be helpful for pairs that have conditions preventing them from having a child of their own and that are living in countries that forbid or otherwise unfavourably regulate surrogacy. Also, most people mentioned that this would be the only case they would allow this practise. I could sense caution surrounding the topic of cross border surrogacy when being done for non-medical or cost purposes. Most representative of feeling is the answer given by general population respondent 1.

“In today global world where everybody is trying to get ahead this is inevitable. If people are looking to other countries for such procedure because for it is forbidden or not efficiently regulate in their country, I would allow it. But in cases where people travel just for their own gain, I would not support that. Meaning just because they do not want to ruin their career with pregnancy or because it is cheaper.”

4.3.8 Impact on surrogate mother family and social circle

Most important for my respondents was communication. If everything is communicated and agreed upon in advance, surrogacy should only impact the family minimally. Some respondents voiced concerns about the children of surrogate mother especially general respondent 2

“I think the burden of pregnancy especially surrogate pregnancy is extreme. The thought that my partner is carrying someone else child is unimaginable even if it would be for some close relative. Overall, it must be hard on the family.”

Opinions from medical community mostly suggest that the impact would be highly influenced by the type of surrogacy, as in medical professional 3 states:

“Altruistic surrogacy seems to me as a way to bond family even tighter. So, I would see only support from family and friends. In case of commercial one that is a different story, this seem to me and I would say even to the social circles that the mother is doing it just for money and will definitely bring some unwanted attention and judgement.”

To me this indicates a well thought out answer. Medical respondent 3 considers judgement of others especially when the surrogate mother is participating in commercial surrogacy. Some people might start talking and gossiping about the one that sells herself for money.

Overall, most people thought that judgment and appearance of friction or problems in family of surrogate mother would come mostly from the outside circles in case of commercial surrogacy.

4.3.9 Surrogacy for homosexual couples

Here, there was a clear division between the young and old and the potential medical community and general population. Most respondents from younger generation see no problem in homosexual couples utilizing surrogacy as an option. Some even called it unfair to restrict this procedure based on sexual orientation. I saw an unease in answering this question from all suggesting a very sensitive topic in today’s society. In medical community almost all answered negatively citing the so called “traditional” family and values. For some this is even a question of religion. As pointed out by medical professional 4

“I am proponent of traditional family. I do not see why gey couples should have kids. In my view that goes against nature and also my religion.”

4.3.10 Would you consider surrogacy yourself?

In this question, I was attempting gauge if respondents were thinking about this issue like something that is not considering them or opposite. I got many answers differing significantly. Main theme here was that nobody wanted to answer just for themselves and would have to talk to their respective partner. Those who agree and would consider it would do it mainly to further their genes and to have kid “of their own” rather than considering adoption. As general respondent 3 said

“If I would be in situation I would go and try the surrogacy process over for example adoption. To further myself not just have a kid that I raise.”

Big decisionmaker in this question was also previous kid experience as medical professional 2 suggested

“Considering I did not have to deal with this challenge and have a kid of my own it is uneasy to answer. I think it would be highly dependent on the situation itself.”

Another close but different point of view might be from medical professional 3

“If I could not have children and should decide between adoption or surrogacy, I would pick third way. Not having kids at all. Call it faith but if it is not meant to be maybe it is not meant to be. But just to emphasise this is opinion is influenced by the fact that right now I have two healthy kids.”

Last but certainly not least interesting opinion on this is surrogacy only in family sense as pointed out by medical professional 4

“I would consider surrogacy only as a service in family. For instance, if my mother would carry my child. If that was not possible, I would choose adoption or just not have kids at all.”

4.4 Results and Discussion

4.4.1 Comparison of respondent's answers

Summarising the above discussion, we can see that the overall differences between the two groups of general public and medical professionals are very clear.

Almost all of the medical professionals took a lot more time to interview and were clearly thinking about the problem and searching for the right answers. In addition, almost all of them were slightly reluctant to answer because of so many implications of surrogacy and its impact on society. This was clearly apparent with the question regarding altruistic vs commercial surrogacy, where in contrast with the general public almost all medical practitioners would agree that altruistic surrogacy was more beneficial to all parties and clearly the ethical choice. The main reasoning behind this was related to the contract and its difficulty to properly encompass and quantify all of the problems of sufficient information disseminated to both the surrogate mother, as well as the intended parents. One thing where both groups of respondents did find common ground was the aspect of the maternal bond. This was overwhelmingly accepted as something that is develops during labour and grows further after birth. Most of the respondents argue that it has an impact on the surrogate mother and her hesitation to release the child. Here was an interesting opinion shared among the medical community that of enforcing the contract no matter the bond or surrogate mother emotion.

Another finding was the discrepancy between male and female respondents. From all the answers I ascertained that females could more deeply relate to the idea of being a surrogate mother.

Lastly, I would like to address the question about surrogacy for homosexual couples. In this question there was a stronger correlation between age and the answer, the general population vs medical population. The answers were based on

the age of respondents. The younger respondents were more open to homosexuals as intended parents.

4.4.2 Comparison of respondent's answers and literature

When talking about the commodification of the process of surrogacy Anderson said, "surrogacy degrades babies into an object that can be sold." This is in direct contrast with most of the general population respondents whose opinion is more lenient and open to financial compensation towards the parents and the process itself. They see it as a way to help others, even if some benefit may be awarded for the surrogate mother.

The second big ethical issue is that of exploitation. We can observe a contrast between the general population that leans more towards openness and does not worry about the implications for surrogate mother, and the medical community that sees commodification and paid contracts might lead to exploitation of women especially those women who are financially desperate. This correlates to the literature view of exploitation and their more pro altruistic views. As Brennan and Jaworski stated: "it is ok to be surrogate for free with altruistic motives". (31)

Another point addressed by the scholars in my literature review is the stigma surrounding surrogacy when it is done for profit. This is in alignment with my respondents, although not all agreed. Most would argue that commercial surrogacy will have some impact on the family of the surrogate mother or her social circles.

5 Conclusion

When I first started formulating this thesis, I had a clear idea of what I wanted to discover. I thought that there would be clear consensus over this. The further I immersed myself into this topic the more controversies discovered. It was an eye-opening year that brought me very close to this problem.

The goal of this work was to analyse the legal background and ethical issues surrounding surrogacy not only in the Czech Republic but all over the world and to compare this analysis to the responses of my respondents that I found in general population and in professional medical community.

The first part I dedicated to analysing this problem as a whole; to better give the reader a basic understanding of the subject matter and to establish some key points. After this I focused on giving the reader some background on the history of this topic from ancient time to the modern world. In the midsection we established the legal aspects in the Czech Republic and around the world with some notable examples. Finally, we discussed some of the ethical issues involving surrogacy.

Another point I would like to make is that we live in a modern world where technological advancements in medicine have given us such possibilities that we can have a baby even when it is outside of the natural process. These advancements will only continue to make greater leaps, maybe one day making this debate obsolete. Imagine if we could use an artificial womb to carry babies for us. However, this leads to the second point, which asks the question is surrogacy ethical. One such point is the idea of fertilization and that for is for many groups seen as unnatural and frowned upon.

In addition to the ethical questions, there is also importance of the contract. Even though we see it as something that we should abide by, we do not always get to. Not everything is meant to be contractual. I am not sure if we are ready to deal with such complex problems. And this is evident in many countries that to this day do

not have any clear political stance and continue to let surrogacy be regulated by laws that existed before certain surrogacy related technologies even existed. An example might be the Czech Republic, where it is possible to have a contract, but it will never hold against the notion that a mother is the woman who gives birth.

This leads us to final point of this thesis; the idea of new laws and new implementation. Especially here in the Czech Republic, we should focus on this as a complex problem from the start. We need to look into ways of connecting and designating a suitable surrogate mother and continue to address legal changes to the surrogacy process that include contractual transparency, and deal with means of compensation to the surrogate mother. And lastly, clearly address and define the process after birth. In the end we should consider priority to make this procedure safe for surrogate mother and the intended parents. A complete ban on surrogacy would be taking a step back. This procedure helps some unfortunate families get what they have always wanted and if they can do it safely and with consent from all parties, I do not think that we should hinder this progress.

Overall, I would like to say that most of my respondents saw this as I do. It made them think about a new concept that they may have not seen as such an important issue.

A big shift in some countries is heading in direction of regulating this procedure but at the cost of equality. Heterosexual couples can participate in the surrogacy process, but homosexual couples cannot. This I find discriminating, especially in this modern and democratic world.

Based on all of this we can conclude that surrogacy is surrounded with many social and ethical concerns. It is not possible to fully grasp this topic and satisfy every party. The legal framework in the Czech Republic and in many other countries should adapt to address this new issue. These changes will need to be implemented gradually so that general population will have time to adjust and adapt.

The last item I would like to point out is that surrogacy is a life altering procedure for those who cannot have children naturally and as such it is in our own interest to promote it and make it a safe and an attainable procedure for all in need and prevent it from becoming a way to exploit others.

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