

Non-medical egg freezing sponsored by employers: an ethical evaluation



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Abstract

Apple and Facebook offer their female employees financial support for freezing their eggs, so that they can postpone pregnancies to a later point in time that clashes less with their careers. I would like to make an ethical evaluation of this policy. Hence, my research question is the following: is non-medical egg freezing sponsored by employers morally laudable, morally permissible or morally impermissible? I will give an overview of the (dis)advantages of non-medical egg freezing and evaluate whether some of these (dis)advantages are legitimate violations or promotions of morality. I will conclude that there are more violations of morality than promotions of morality. In my chapter on corporate responsibility, I will conclude that firms carry moral responsibility due to the unequal relationship between employer and employee and the sphere of influence of firms. Finally, I will apply the conclusions of the previous chapters to three cases. I will conclude that due to the prevalence of violations of morality sponsored non-medical egg-freezing is morally impermissible. The question that remains at the end of this thesis is the following: why do Facebook and Apple want to offer non-medical egg freezing to their employees? I will conclude that even though Facebook and Apple may have actually had good intentions, they have failed to recognize the fundamental ethical nature of the case of non-medical egg freezing and the responsibility that comes with it.

1. Freezing eggs: an introduction to the case

1.1 Motivations of Facebook & Apple

Facebook and Apple now offer to cover their female employees' costs for egg freezing for non-medical¹ reasons (in what follows: 'non-medical egg freezing'). They see this as an investment in women by helping them to have the life they want in a way that is not restricted by 'nature's deadline'. Apple states that they care deeply about their employees and their families and that Apple is always looking for new ways to support their employees by giving them the health care programs they need.² Another reason why Apple and Facebook might be offering this perk, has to do with their workforce: their workforce consists for approximately 70% of males. Offering this benefit might attract more females to the company. COO³ of Facebook, Sheryl Sandberg also states that personal reasons were involved when deciding to offer this perk to employees. Facebook had a female employee with cancer who told them she would be infertile after her treatment and that she was not able to pay for egg freezing. They decided to pay for her and wondered: why not offer this procedure to everyone who needs to prolong their fertility?⁴ Facebook and Apple are known for the generous health care programs they have for their employees. They pay for IVF,

¹ I am aware of the discussion initiated by Angel Petropaganos concerning medical and non-medical egg freezing. She argues that this distinction is problematic, since women who suffer from age-related fertility loss, often had no realistic option at hand within the given time. Because of this, Petropaganos argues that this is a medical issue as well. This is a very interesting discussion and I do recognize that it is often the case that women who suffer from age-related fertility loss often had no realistic option at hand within the given time. However, I do not think this makes it a medical issue. The time women have to reproduce is limited by our nature and this loss of fertility, even though it may vary between women, will happen to all women. Even when a woman cannot become pregnant any longer, because of age-related fertility loss, this is not a medical issue. It is not a medical issue, since that would imply that there is something 'wrong', something that must be cured, with one of the stages of womanhood. Petropaganos also argues that the situation in which a woman suffers from age-related fertility loss is a frequent event in our society, since our society is not designed to combine work and family life. This would make it a societal issue, but that does not give me a reason to stop using the terms medical and non-medical to distinguish between different types of egg freezing.

Angel Petropaganos, Chapter 17: Reproductive 'Choice' and Egg Freezing, *Oncofertility: ethical, legal, social and medical perspectives* (Springer: New York, Dordrecht, Heidelberg, London, 2010), 224.

² Mark Tran, Apple and Facebook offer to freeze eggs for their female employees, *The Guardian* (published on 15 October 2014), <http://www.theguardian.com/technology/2014/oct/15/apple-facebook-offer-freeze-eggs-female-employees> (last accessed on 4 April 2016).

³ COO stands for Chief Operating Officer. A CEO is the leader of the company, who is in charge of the missions, goals and policies of the company. Even though a COO still reports to the CEO, a COO also carries a lot of responsibility and is involved in most of the issues the CEO is involved in. Vice presidents are often named COO.

⁴ Charlotte Alter, Sheryl Sandberg Explains Why Facebook Covers Egg-Freezing, *Time* (published on 24 April 2015), <http://time.com/3835233/sheryl-sandberg-explains-why-facebook-covers-egg-freezing> (last accessed on 22 June 2016).

surrogates and parental leave. Hence it is unlikely that Apple and Facebook are companies that do not want their employees to reproduce. That being said, these statements do not say anything about wanting women to work during their thirties either.⁵

1.2 Relevance

Even though Facebook and Apple may have the best intentions when offering to pay for non-medical egg freezing, this does not mean this policy is unproblematic. Certain questions come to the forefront when we think about an employer paying for the egg freezing of an employee: is the employee now expected to postpone parenthood at least a few years to make the treatment 'worth it'? If an employee moves to another company or another employment situation (such as being unemployed or self-employed), can she still use her frozen eggs free of charge? Should all female employees at least consider the option to freeze their eggs when they are at a crucial point in their career? These questions give us an idea of the many dimensions that we should look at when we are evaluating non-medical egg freezing. Examples of these dimensions are the following: the medical and financial dimension of egg freezing, the responsibilities and possibilities that are morally suitable for the employer and the consequences that sponsored non-medical egg freezing will have on our society. This multidimensional character is exactly what makes non-medical egg freezing sponsored by employers such an interesting case to ethically evaluate.

1.3 Research question and structure of this thesis

In this thesis I want to answer the following overarching question: is non-medical egg freezing sponsored by employers morally laudable, morally permissible or morally impermissible? To answer this question I will start with a description of the medical procedure and its costs, risks and effectiveness. After discussing the medical dimension, I will give an overview of the advantages and disadvantages of non-medical egg freezing. I will include the medical advantages and disadvantages as discussed in the second chapter. In this

⁵ MeiMei Fox, Apple and Facebook cover egg freezing costs: why is this a controversy?, *Huffpost Women* (published on 20 October 2014), http://www.huffingtonpost.com/meimei-fox/apple-facebook-cover-egg-b_6015962.html (last accessed on 22 June 2016).

chapter I will also identify the moral elements of these advantages and disadvantages and discuss in how far these claims are justified: are we dealing with a legitimate moral disadvantage or can this be put in reasonable perspective? I will end this chapter with a list of legitimate, moral advantages and disadvantages which we shall later apply to the case of non-medical egg freezing sponsored by employers. These legitimate moral (dis)advantages are either violations of morality or promotions of morality. However, before getting to that, I will discuss corporate responsibility. Do employers carry moral responsibility for the perks they offer? I will argue that firms can carry responsibility and that they do in this case. After looking at the unequal relationship between employer and employee and the sphere of influence of firms, and by that employers, I will conclude that this is the reason why we should ascribe moral responsibility to firms who offer non-medical egg-freezing.

As discussed earlier: Apple states that it started offering medical egg freezing and wondered why they would not offer this perk to all the employees. However, this implies that the offering of egg-freezing will be beneficial/advantageous for employees in medical and non-medical cases of egg-freezing. I will examine whether this is really true by applying the legitimate moral advantages and disadvantages of (non-medical) egg-freezing to the following cases: (1) the case of sponsored egg freezing for medical reasons such as cancer; (2) the case of sponsored egg freezing when a woman, who currently has no opportunity to start a family through reproduction, will likely be infertile in a few years and (3) finally the case of postponing parenthood by using sponsored egg freezing to further your career. It will become clear that the advantages and disadvantages apply differently to the three different cases. Whereas a woman in case 1 clearly benefits from egg-freezing, this is doubtful in case 2 and 3. I will explain why these advantages and disadvantages apply so differently and look at the work of Heidi Mertes, to see if we can formulate conditions which have to be satisfied to make non-medical egg-freezing beneficial in cases 2 and 3. Even though it is possible to formulate such conditions, I will conclude that these conditions are impossible to realistically satisfy. In case 2 and 3 the disadvantages, which are violations of morality, strongly apply whereas there is little to no promotion of morality. Since these violations of morality cannot be taken away by formulating conditions, sponsored non-medical egg freezing is morally impermissible.

In the rest of this chapter I will focus on the question that remains after reading this thesis: why do Facebook and Apple really want to offer non-medical egg freezing to their employees? Why do they want to offer this specific procedure? I will conclude that even though Facebook and Apple may have actually had good intentions, they have failed to recognize the fundamental ethical nature of the case of non-medical egg freezing and the responsibility that comes with it.

2. The medical dimension

In this chapter I start with a description of the medical procedure. Subsequently I will discuss the risks, effectiveness and burden of the treatment. I will also look at the alternatives of egg freezing. The goal of this chapter is to gain a better understanding of egg freezing so that we have a clear idea of what is to be evaluated.

2.1 The medical procedure

I will start with describing the medical procedure that women who have the desire to freeze their eggs must go through. I will describe the procedure used by Extend Fertility, a private clinic that specializes in egg freezing. I decided to focus on a private clinic, since this is where the practice of egg freezing for so-called 'non-medical reasons' takes place. This has consequences for the procedure: since Extend Fertility is a private clinic, their primary goal is to make a profit. A health care professional who works in public health care might be more concerned with the costs and the actual chances for the treatment to be successful and employ stricter entrance criteria. Extend Fertility claims it does not want to be "paternalistic" and allows women up to 40 years old to freeze their eggs, even though the procedure has a larger success rate when a woman freezes her eggs before turning 35.⁶ Apart from their testimony, it makes sense to assume that Extend Fertility also has business reasons to allow women up to 40 to freeze their eggs: the majority of women who contact Extend Fertility are in their late thirties.⁷

If a woman is allowed to start with the procedure, the procedure goes as follows: she must take a birth-control pill for three weeks and give herself injections containing ovary-stimulating drugs for one and a half to two weeks. During this period she is monitored by physicians to see whether or not the effects of the drugs are within the normal range - she is allowed to continue the process if this occurs. A doctor will retrieve the eggs with a transvaginal catheter from the woman after a mild doses of anaesthetics is administered.

⁶ Karey Harwood, "Egg Freezing: A Breakthrough for Reproductive Autonomy?", *Bioethics* (Volume 23, Number 1, 2009), 41.

⁷ Harwood, *Bioethics*, 41.

The doctor will retrieve all the eggs that have become 'available' by the use of the hormones and, independent of the number of eggs that have been retrieved, this is what can be frozen.⁸ Currently eggs are frozen through a new vitrification technique called Cryotop.⁹ This technique freezes the eggs quicker than the old techniques and has made the procedure of egg freezing more reliable: damaging ice crystals do not have a chance to form.¹⁰

Egg freezing is a costly procedure. Nevertheless, costs may vary between different clinics. Extend Fertility asks between \$10.000 and \$13.000 for the retrieval process and between \$2.000 and \$4.000 for additional medication. The annual cost to store one's eggs totals \$440, with the exception of storage in the first year, which is included in the price of the procedure. However, it is possible to get a discount when one decides to store one's eggs for multiple years beforehand.¹¹

If a woman wants to become pregnant with the use of frozen eggs, she needs to use IVF or ICSI. The process of retrieving eggs for IVF or ICSI is the same as for egg freezing, but in the case of egg freezing the eggs are frozen and used at a later moment. IVF is necessary to fertilize the egg and to put the egg into the uterus. In the case of IVF egg and sperm cells are put together in a lab, and then the fertilized egg is placed into the uterus. In the case of ICSI the sperm is injected with a needle into the egg. It is strongly recommended to use ICSI rather than IVF after egg freezing, since the outer layer of the egg hardens after the egg freezing process.¹² Since woman who use frozen eggs have to use IVF or ICSI, this means that offspring born out of frozen eggs is exposed to all the medical risks associated with IVF or ICSI and the risks of egg freezing.

2.2 Risks, effectiveness and the burden of the treatment

The British Fertility Society (from now on: BFS) does not encourage egg freezing as a

⁸ Harwood, *Bioethics*, 42.

⁹ Imogen Goold and Julian Savulescu, In favour of freezing eggs for non-medical reasons, *Bioethics* (Volume 23, Number 1, 2009), 48.

¹⁰ Harwood, *Bioethics*, 40.

¹¹ Harwood, *Bioethics*, 42.

¹² John Schnorr, IVF with frozen eggs, *AttainFertility* (published on 28 march 2013), <http://attainfertility.com/article/ivf-frozen-eggs> (last accessed 16 June 2016).

procedure for healthy women and the American Society for Reproductive Medicine (from now on: ASRM) has even made an appeal to fertility clinics to stop offering egg freezing to healthy women.¹³ They consider the treatment experimental, since postponing parenthood with the use of egg freezing ('beating the biological clock') will always reduce the chance of becoming a parent if compared to reproducing at 'nature's time'. The ASRM states that women who use egg freezing for medical reasons, such as having their fertility destroyed by chemotherapy, are more suitable candidates for this procedure: "the gamble of egg freezing is more justifiable if it is the patient's last best hope to preserve a normal biological function."¹⁴ Women who have their fertility destroyed by chemotherapy need to use egg freezing to become pregnant, at least if they do not want to use donor eggs.

The ASRM is also concerned with the health of women who use frozen eggs to become pregnant and the health of their future offspring.¹⁵ Due to the use of medicine during the procedure, women's ovaries may under-stimulate, which stops the cycle, or over-stimulate, which has health risks and can result in hospitalisation. If either under- or overproduction happens at Extend Fertility, the woman is not allowed to undergo the procedure.¹⁶ There are also other health risks for women who have used frozen eggs to conceive at an older age: they are more likely to suffer from complications and diseases and the labour mortality rates are four times higher.¹⁷

Goold & Savulescu point out that it is remarkable that the ASRM uses this argument to convince clinics to stop offering egg freezing to healthy women, since risks associated with IVF are very similar.¹⁸ It is logical that the risks associated IVF are very similar, since the retrieval procedure for IVF and egg freezing is the same. The only difference is that in the case of egg freezing the eggs are frozen and stored. Those who oppose egg freezing for 'non-medical reasons' have argued that there is not enough research on the health of the

¹³ Goold and Savulescu, *Bioethics*, 47.

¹⁴ Harwood, *Bioethics*, 43.

¹⁵ Angel Petropanagos, Chapter 17: Reproductive 'Choice' and Egg Freezing, *Oncofertility: ethical, legal, social and medical perspectives* (Springer: New York, Dordrecht, Heidelberg, London, 2010), 225.

¹⁶ Harwood, *Bioethics*, 42.

¹⁷ Goold and Savulescu, *Bioethics*, 53.

¹⁸ Goold and Savulescu, *Bioethics*, 48.

individuals who are born out of frozen eggs.¹⁹ However, the article written by Goold & Savulescu was published two years later than the statements of the ASRM and the BFS and they point out that recent research shows that individuals born out of frozen eggs seem to develop normally.²⁰

As stated earlier: a woman who wishes to use frozen eggs must use IVF or ICSI in order to become pregnant. This means that offspring born from frozen eggs are also exposed to the medical risks associated with IVF or ICSI. There is still an ongoing debate about the chance of birth defects associated with IVF or ICSI. It is hard to investigate what exactly the reason is of the birth defects. Is it inherent to the procedure or is there an increased chance of birth defects due to sperm or egg defects associated with infertility?²¹ On the website of Attain Fertility it is stated by dr. Estil Straw that the problem of tracing birth defects is not only associated with IVF or ICSI: “The cause for about half of all birth defects remains unknown.”²² The percentage of birth defects for couples that conceive naturally is between 3% and 5%. Early studies, conducted in the late nineties and the early 2000s, found that the chance of having a child with a birth defect might be between 6% and 8% for couples who use IVF to conceive.²³ However, more recent studies doubt this conclusion. They state that the chance of having a child with a birth defect only slightly increases or does not increase at all after using IVF to conceive. It is hard to name a specific percentage due to the ongoing debate.²⁴ However, as stated by dr. Estil Straw: the literature is fairly consistent in noting some increase in birth defects with IVF.²⁵ It must also be noted that most of the birth defects are not fatal and can be treated.²⁶

¹⁹ Harwood, *Bioethics*, 40.

²⁰ Goold and Savulescu, *Bioethics*, 48-49.

²¹ The Patient Education Website of the American Society for Reproductive Medicine, Fact Sheet: In vitro fertilization (IVF): what are the risks?, https://www.asrm.org/FACTSHEET_Risks_of_In_Vitro_Fertilization (last accessed on 7 June 2016).

²² Estil Y Strawn, Birth defects and IVF, *AttainFertility* (published on 17 January 2012), <http://attainfertility.com/2012/01/dr-estil-strawn-birth-defects> (last accessed on 22 June 2016).

²³ Strawn, *AttainFertility*, <http://attainfertility.com/2012/01/dr-estil-strawn-birth-defects> (last accessed on 22 June 2016).

²⁴ Strawn, *AttainFertility*, <http://attainfertility.com/2012/01/dr-estil-strawn-birth-defects> (last accessed on 22 June 2016).

²⁵ Strawn, *AttainFertility*, <http://attainfertility.com/2012/01/dr-estil-strawn-birth-defects> (last accessed on 22 June 2016).

²⁶ Strawn, *AttainFertility*, <http://attainfertility.com/2012/01/dr-estil-strawn-birth-defects> (last accessed on 22 June 2016).

Another reason the ASRM gives for their statement concerning egg freezing for ‘non-medical reasons’ has to do with false hope women might receive: “the promise of future fertility that may or may not materialize.”²⁷ The advertisements of Extend Fertility are a clear example of how this false hope is created:

“Freezing eggs offers women planning to have children after the age of 35 the opportunity to effectively slow down their biological clocks. Extend Fertility’s service gives women the unprecedented chance to store their eggs during their reproductive prime for use when they wish to start or expand their families.”²⁸

The statements of the BFS and the ASRM were published in 2007, the articles by Harwood and Goold & Savulescu were published in 2009 and the article by Petropanagos was published in 2010. This information is relevant, since the new vitrification method used to freeze eggs, which the ASRM and the BFS were not able to incorporate in their statements, has increased the chance of a live birth.

Even though Harwood and Goold & Savulescu both possess the information about the new vitrification method, they do not voice similar opinions on the success of egg freezing. Harwood recognizes that the chances of success have increased, but emphasizes that there are still more frozen eggs required than fresh eggs, since a lot of eggs get lost during the thawing process. Savulescu on the other hand compares the success rates of frozen eggs with the success rates of fresh eggs implanted through IVF and states that the success rates are almost similar.

Harwood and Goold & Savulescu have differing judgements on the success rates of egg freezing and there is still much debate going on about the different results and studies.²⁹ However, it is reasonable to assume the following about egg freezing at this particular moment in time: the success rate of egg freezing has significantly improved thanks to the new vitrification method which freezes eggs more quickly. If women would freeze their eggs

²⁷ Harwood, *Bioethics*, 40.

²⁸ Harwood, *Bioethics*, 40-41.

²⁹ Sophie Arie, is too much hope placed on egg freezing?, *The British Medical Journal* (published on 6 November 2015), 1-2.

at an earlier stage in their lives, the success rates of egg freezing would probably go up even more, since it is the age of the egg that counts, not the womb. Women over the age of sixty have become pregnant by using younger donor eggs.³⁰ Egg freezing has the possibility to prolong the time in which you can reproduce a child with who you have a biogenetical connection. However, egg freezing does not guarantee that you will be able to reproduce. Postponing parenthood for 'non-medical reasons' through the use of egg freezing can reduce your chances of becoming a parent compared to reproducing at 'nature's time'.

I also wish to discuss the pain and discomfort a woman can experience during the treatment. I will only discuss the pain and discomfort directly associated with the procedure, not the pain of one of the risks, such as the ovarian hyperstimulation syndrome (OHSS). Since the experience of egg freezing may vary from woman to woman, and even from procedure to procedure, it is hard to determine how painful the procedure precisely is. Egg freezing is often described as a procedure that is pain free. Even though it is possible that a woman does not experience any significant pain during the procedure, there have been some women who did experience pain and discomfort. Pain and discomfort can occur during the injection of hormones. However, pain and discomfort can also be the result of the hormones, examples of this are bloating and nausea. The hormones can also lead to mood swings and migraine.³¹ Pain and discomfort may also occur during the harvesting of the eggs. In this case it is a trade-off, it often hurts more when a lot of eggs are harvested. However, this can lead to a bigger chance of having enough good eggs.³² Eleanor Morgan describes the discomfort and pain she experienced during her fertility treatment. This included morning sickness which lasted for ten days during the period of hormonal injections and heavy cramps until a week after the harvesting of the eggs.³³ From her article it becomes clear that a fertility treatment can cause serious discomfort and pain. Pain associated with fertility treatments can also be mental or emotional pain. As stated by Pamela Tsigdinos: "people

³⁰ Goold and Savulescu, *Bioethics*, 48.

³¹ UMC Utrecht, IVF: bijwerkingen en complicaties, <http://www.umcutrecht.nl/nl/Ziekenhuis/Ziekte/IVF/bijwerkingen-en-complicaties> (last accessed 22 June 2016).

³² Terence Lee, Is IVF painful?, *Fertility File: The inside view from a reproductive endocrinologist* (published on 24 January 2009), <http://fertilityfile.com/2009/01/24/is-ivf-painful> (last accessed 22 June 2016).

³³ Eleanor Morgan, I had my eggs frozen. I wish someone had told me how difficult it was, *The Guardian* (published on 21 October 2015), <http://www.theguardian.com/commentisfree/2015/oct/21/women-fertility-egg-freezing> (last accessed 22 June 2016).

coping with fertility failures are as distressed as cancer patients. Many others suffer depression and post-traumatic stress disorder.”³⁴

Apart from the physical and mental pain associated with fertility treatments, it is clear that we are dealing with an intense procedure. Women need to be checked before the treatment can begin. Hormones need to be injected. There will be hospital visits to check whether the procedure is going well. A woman needs to be (lightly) sedated before the harvesting of the eggs. And finally, the egg must be fertilized and placed into the uterus at the desired time. However, the trajectory for most women is longer and more intense. In most cases some parts of the treatment need to be repeated. One round of harvesting is often not enough to secure enough eggs for multiple IVF attempts and the chance of becoming pregnant after an IVF attempt is only 25%.³⁵

2.3 Alternatives for the medical procedure

In most of the articles that focus on egg freezing, little is said about the alternatives for egg freezing. However, in the article by Goold & Savulescu the alternative of freezing embryos is discussed. Petropaganos discusses alternatives that deviate from the standard concept of the family, such as adoption and using a sperm donor to become pregnant without having a partner.

It is possible to freeze your eggs, but it is also possible to freeze embryos. However, egg freezing has certain advantages that freezing embryos does not. Freezing embryos can be problematic for people who hold the view that an embryo is a person from the moment of conception and by that it has certain rights and is not something you can freeze. This is not the case when we freeze eggs instead, since these eggs are clearly not persons yet. Another advantage of egg freezing over embryo freezing is that it will not create a problem if the relationship between the woman and man who contributed to the embryo ends.³⁶

³⁴ Pamela Mahoney Tsigdinos, The Sobering Facts About Egg Freezing That Nobody’s Talking About, *Wired* (published on 24 October 2014), <http://www.wired.com/2014/10/egg-freezing-risks/> (last accessed 16 June 2016).

³⁵ UMC Utrecht, IVF, <http://www.umcutrecht.nl/nl/Ziekenhuis/Ziekte/IVF> (last accessed 21 June 2016).

³⁶Goold and Savulescu, *Bioethics*, 51.

Other alternatives can be found in possibilities for family formation. But these alternatives deviate from the standard concept of the family. The most direct application of this is adoption, but using a sperm donor and becoming a single parent is also one of the options. Petropaganos points out that it is not easy to choose one (or more) of these options, since there are norms and ideals present in our society which favour the married couple that has biological children and even discriminate towards different types of unconventional families. The women that internalize these norms might not be able to see these alternatives as genuine options.³⁷

It should also be noted that adoption is associated with a lot of difficulties for (future) adoptive parents. The research of Charlene Miall shows that a majority of adoptive parents have the idea that society in general differentiates between adoptive parenthood and biological parenthood. One respondent stated that he or she frequently noticed a sentiment in society that was the following: “if they are not born to you, they are not really yours.”³⁸ The idea that adoptive parents are not real parents was one of the three sentiments in society, identified by Miall, which make adoption sound like a ‘second best’ option. The other two sentiments are the following: the importance of the biological tie for bonding and love and therefore qualifying bonding and love in adoption as second best, and the unknown genetic past of adoptees, which would also qualify them as ‘second best’. These sentiments can be very difficult for (future) adoptive parents. Furthermore, research has shown that women who have adopted denigrate their feelings and experiences as mothers. Charlene Miall also shows that it is difficult to announce the decision to adopt: (a) because it was really the announcement of infertility and failure and, (b) because there were negative family responses to adoption and the lack of a biological tie. This again confirms the importance society places on the biogenetical relation between parent and child, but it also shows why reproducing a biological child might be a more favoured option for a lot of women: being able to reproduce children is connected to the idea of being a good and functioning human being. I have only discussed a selection of Miall’s findings on adoption,

³⁷ Petropaganos, *Oncofertility: ethical, legal, social and medical perspectives*, 231.

³⁸ Charlene Miall, The Stigma of Adoptive Parent Status: Perceptions of Community Attitudes toward Adoption and the Experience of Informal Social Sanctioning, *Family Relations* (Vol. 36, No. 1, 1987), 36.

but it has become clear that adoption in our current society can be very challenging.

It may seem like these difficulties with adoption tell us more about the great influence of community values than about adoption on its own. I have chosen not to discuss whether or not raising adopted children is more or less difficult than to raise biological children, since there is still an ongoing debate on this matter.³⁹ Even though the problems of adopting that I have discussed are greatly associated with the reactions and attitudes of the future parents and the community they find themselves in, I still think this discussion has already served its purpose. Namely to show us why adoption may not be a favourable option for many women.

The difficulties for adoption could possibly also apply to other alternatives for the family. In the case of using an (anonymous) sperm donor, there is also a part of the genetics 'unknown'. It is reasonable to assume that these different family formations will also be differentiated by society. This can lead to a stigmatization of the parents of this family and there is a chance that they will also, as a consequence of society's treatment, denigrate their experiences of parenthood.

2.4 Chapter conclusion

I conclude that there are quite some difficulties with egg freezing from a medical point of view. Fertility treatments are heavy treatments, in both a physical and a mental way. Even though the treatments are invasive, the success rates are not high. This has to do with the late age at which women decide to freeze their eggs. The low success rate is problematic, since women who opt for egg freezing do not get enough information about this. Egg freezing is falsely presented as this new method that makes everything possible. The risks of egg freezing include ovarian hyperstimulation syndrome (OHSS), a slight increase in birth defects (since IVF or ICSI must be used to conceive with frozen eggs), but also mental problems like post-traumatic stress syndrome or depression. On top of that, it is quite an

³⁹ I have based this statement on the article by Samantha L. Wilson which is called 'A current review of adoption research: exploring individual differences in adjustment' published in *Youth Services Review* (Version 26, 2004), 687-696. She describes the opposing positions present in the current debates.

expensive treatment.

It may sound like there are enough reasons to be very sceptical about freezing eggs. However, the risks, effectiveness, burden and costs are very similar to those associated with IVF or ICSI. IVF is a generally accepted procedure. If we can accept the risks of IVF, we might need to consider egg freezing in a serious way as well. We could also turn this reasoning around and wonder if it is correct to view IVF as a generally accepted and safe procedure. Another reason to be less sceptical towards egg freezing lies with the lack of alternatives. As I have argued: there is no alternative that is of the same value for most women.

3. Advantages and disadvantages of non-medical egg freezing sponsored by employers

In this chapter, I will give an overview of the advantages and disadvantages of non-medical egg freezing. I will include the medical advantages and disadvantages as discussed in the second chapter. In this chapter I will also identify the moral elements of these advantages and disadvantages and in how far their claims are justified: are we dealing with a legitimate moral disadvantage or can this be put in reasonable perspective? These legitimate moral (dis)advantages are either violations of morality or promotions of morality. These violations or promotions of morality will be used to determine whether sponsored non-medical egg freezing is morally impermissible, morally permissible or morally laudable. To define what a legitimate moral disadvantage is, I will look at the definitions of morality and legitimacy. I will follow Richardson's definition of moral reasoning which is the following: "Moral reasoning is individual or collective practical reasoning about what, morally, one ought to do."⁴⁰ This definition is very suitable for this chapter, since it successfully captures the difference between an advantage or disadvantage which deals with a trivial matter (or other natured, since not everything that is not within the realm of morality is trivial) and a disadvantage or advantage which deals with a moral matter. To make sure we are dealing with a legitimate moral disadvantage or advantage, I will discuss each (dis)advantage to find out if it is true or at least reasonable to assume and whether it can be put in a reasonable perspective or not. Some of the (dis)advantages are hypothetical, because non-medical egg freezing sponsored by employers is not a common practice. However, this does not mean that these hypothetical (dis)advantages are invalid, since they are based on problems that arise in similar cases and practices. I will use this overview and evaluation of (dis)advantages to form a list of conditions which have to be met to determine whether egg freezing in this specific case is morally laudable, morally permissible or morally impermissible.

3.1 Advantages based on the reasons given by women

Harwood, Goold & Savulescu and Petropaganos have all discussed one of the main

⁴⁰ Henry S. Richardson, "Moral Reasoning", *The Stanford Encyclopedia of Philosophy* (Winter 2014 Edition), Edward N. Zalta (ed.), <http://plato.stanford.edu/archives/win2014/entries/reasoning-moral> (last accessed 21 June 2016).

arguments from those who oppose non-medical egg freezing. The main argument of those opposing non-medical egg freezing is that women who make the 'choice' to postpone childbearing should either live with the consequences or fix the problem by reproducing earlier.⁴¹ However this assumes that women who postpone reproducing have such a choice and can easily reproduce at a younger age. Nonetheless, when we look at reasons given by women to opt for egg freezing and the alternatives to egg freezing, we see that this notion of choice is a difficult one and the problem is not one that is easy to fix.

Even though the media has a tendency to portray women who freeze their eggs as businesswomen who choose to do this to further pursue their career, there are multiple reasons for non-medical egg freezing.⁴² It is also possible that a combination of reasons leads to the decision to freeze one's eggs. One of the reasons women give for freezing their eggs has to do with education and work. When a woman wants to obtain an education, it is hard to bear children in the meantime. However, it is important to have a good education, since this has great consequences for your position on the labour market. It has an impact on the likelihood of being employed as well as your salary. This last point is important as well, since the rising costs of living make it necessary to have a good income. This line of argumentation can be used for work as well: if a woman interrupts her career in her thirties, this can strongly influence her chances of getting promoted in a later stage of her career. This can influence her future salary, while a good salary is necessary since the costs of living are rising.⁴³ Another reason discussed by Goold and Savulescu is that some women do not have and cannot find a partner. The option to freeze one's eggs can release the pressure of finding a suitable partner in time. Because of this a woman does not need to opt for reproducing with a less suitable partner or unwanted childlessness.⁴⁴ Some women and couples want to wait for the 'best time' to have a child. This 'best time' can refer to multiple factors in the lives of couples and women such as financial and job stability, emotional and psychological status of the future parent(s) and so on.⁴⁵ Last but not least: some women want to have some form of 'insurance' for their eggs. This reason can be risky, since egg

⁴¹ Petropaganos, *Oncofertility: ethical, legal, social and medical perspectives*, 225- 226

⁴² Goold and Savulescu, *Bioethics*, 47-48

⁴³ Goold and Savulescu, *Bioethics*, 50.

⁴⁴ Goold and Savulescu, *Bioethics*, 50-51.

⁴⁵ Goold and Savulescu, *Bioethics*, 51.

freezing does not guarantee that you will actually reproduce, but Goold & Savulescu argue that as long as women are fully informed about the risks and effectiveness of the procedure, they can be able to make a fully rational and autonomous decision.⁴⁶

Petropaganos argues that there are some serious obstacles to overcome when a woman wants to have children, but needs to combine this with education or work.⁴⁷ She points out that there is a male ideal of the worker in our society and because of this women get very little support when they are pregnant. Furthermore, when they do get pregnant at a crucial time in their career this can seriously influence their position on the job market. Both academic institutions and companies are structured in such a way that makes combining pregnancy and parenthood with work or education very challenging.⁴⁸ On top of that the alternatives to freezing eggs or embryos deviate from the standard concept of the family and, since women can internalize certain norms and ideals, these alternatives are not seen to be viable options by many women.⁴⁹ The second reason for postponing parenthood, namely lack of a suitable partner cannot be solved that easily either: it is not like you can order a suitable partner online. Also, waiting for 'the best time' to have a child can refer to many things, such as trying to reach financial or emotional stability. If you are not financially or emotionally stable, parenting can be very difficult and undesirable for both the parents and the future offspring. To reach financial or emotional stability, time and effort are necessary. There is no 'quick fix' for this either.⁵⁰ Harwood and Goold & Savulescu follow the same line of argumentation as Petropaganos: it is important to look at the reasons women give for wanting to freeze their eggs.

These reasons can tell us something about the societal structures that lead women to opting for egg freezing. As has become clear, these women want to become pregnant without the

⁴⁶ Goold and Savulescu, *Bioethics*, 51.

⁴⁷ The argument concerning combining education and reproduction seems to be problematic, since even the longest education does not extend into one's thirties. However, there are three arguments against this line of reasoning: 1. Not everyone studies in their twenties. And more importantly: 2. There does not seem to be a professional setting which can easily be combined with reproduction. Therefore, the combination of education, work and reproduction becomes problematic 3. Relating to 2: even though there is still quite some time for reproduction after finishing your degree, our educational system takes up a good time of your reproductive years. This argument again works together with the other reasons women give for postponing parenthood: if other situations occur which make it challenging to reproduce, then there might be very little to no time left.

⁴⁸ Petropaganos, *Oncofertility: ethical, legal, social and medical perspectives*, 232.

⁴⁹ Petropaganos, *Oncofertility: ethical, legal, social and medical perspectives*, 231.

⁵⁰ Petropaganos, *Oncofertility: ethical, legal, social and medical perspectives*, 232.

use of donor eggs. However, this has not worked out yet. The three main reasons to postpone reproducing are the following: it is difficult to combine reproducing and work & education⁵¹, lack of a suitable partner and waiting for the 'best time' to have a child.^{52 53}

These reasons are obstacles for women to practice their reproductive autonomy.

Reproductive autonomy is the type of autonomy that is linked to reproductive health. I will use the definition of autonomy as given by John Christman: "Individual autonomy is an idea that is generally understood to refer to the capacity to be one's own person, to live one's life according to reasons and motives that are taken as one's own and not the product of manipulative or distorting external forces."⁵⁴ In the case of reproductive health this would mean that a person has the capacity to make choices about reproduction on his or her own. Choices which are, for example, not the product of expectations forced upon women by society or by manipulation of employers.

If egg freezing is able to overthrow the obstacles that restrict women's reproductive autonomy, by granting them more time, this is a clear promotion of reproductive autonomy and, by that, morality. Morality is about what we ought to do, about what would be the right act or situation. Women should be able to make their own choice with regard to reproduction.⁵⁵ If egg freezing enables women to make their own choices with regard to reproduction this promotes reproductive autonomy and, by that, morality. It is a legitimate advantage, since it has become clear that the issues these women are dealing with can be fixed neither easily or quickly. However, it is questionable whether all the reasons discussed are reasons that make enhancing reproductive autonomy a moral issue. The lack of a suitable partner is obviously not a moral issue. This situation does not raise the questions such as: what is the right act or situation? What would be the right thing to do? A lack of a

⁵¹ Naturally, there are countries with more and less female friendly policies. The general scope of this thesis is the modern Western world. Even though we might expect more consistency within this scope, there still might be big differences between countries that are considered to be a part of the modern Western world.

⁵² Goold and Savulescu, *Bioethics*, 49-51.

⁵³ As mentioned earlier: 'egg insurance' is another reason why women opt for egg freezing. However, I did not include this reason in this statement, since it is not a reason for postponing parenthood.

⁵⁴ John Christman, "Autonomy in Moral and Political Philosophy", *The Stanford Encyclopedia of Philosophy* (Spring 2015 Edition), Edward N. Zalta (ed.), <http://plato.stanford.edu/archives/spr2015/entries/autonomy-moral> (last accessed 16 June 2016).

⁵⁵ This claim is not a 'hard' claim. Women should be able to make their own reproductive choices. However, this should happen within reasonable limits. Currently there are debates about disputable forms of parenthood, such as parenthood for people who are severely mentally impaired. This statement is only here to emphasize that women should be the main deciders, not external forces like employers.

suitable partner is not a moral issue that needs to be solved. The same can be the case for waiting for the best time to have a child. It can be a case of morals when the situation that restricts a woman from becoming pregnant is a moral one. However, we could also imagine a case in which a woman has a non-moral reason for waiting for the best time to have a child. The last relevant reason, that it is difficult to combine work or education with reproducing is a reason that makes it a moral issue. The situation in which a woman finds it hard to reproduce, since this is hard to combine with either work or education, is a situation in which the following questions are appropriate: what is the right act or situation? What would be the right thing to do? . Women should be able to make their own choice with regard to reproduction. It is not right that their reproductive autonomy is restricted by this situation. If egg freezing is able to overthrow the obstacles that restrict women's reproductive autonomy, by granting them more time, this is a clear promotion of reproductive autonomy and, by that, morality.

3.2 Advantages of sponsored non-medical egg freezing as identified by Mertes

Mertes argues that there are multiple advantages to employers sponsoring non-medical egg freezing. The first advantage she identifies is the following: if women are prepared to give their most fertile years to their employers, it is only fair that the employers pay for it.⁵⁶ In making this evaluation of advantages and disadvantages I would like to argue that it is important to make a difference between making an evaluation of the practice as such and making an evaluation of the practice as sponsored by employers. The evaluation of the practice as such is of higher importance than the evaluation of the practice as sponsored by employers. If we deem the practice as such impermissible, this will directly influence our evaluation of the practice as sponsored by employers. This is not the other way around: the evaluation of the practice as sponsored by employers remains dependent on our evaluation of the practice as such. Regarding the first advantage identified by Mertes, this means that this would only be an advantage if it was indeed the case that women were willing to give up their most fertile years to their employers. However, if this is not the case, this would not be an advantage. It would be subsidized exploitation, since women would not be able to

⁵⁶ Heidi Mertes, Does company-sponsored egg freezing promote or confine women's reproductive autonomy?, *Journal of Assisted Reproduction and Genetics*, Fertility Preservation Special, 14 may 2015, Springer, 1206-1207.

practice their reproductive autonomy. As has become clear from the previous paragraph: it is very doubtful whether women are really prepared to give up their most fertile years to their employers. One of the reasons women opt for egg freezing is because they cannot seem to combine work and reproduction. Obviously they still want to reproduce, since they are opting for egg freezing. This gives us the idea that women do not want to give up their most fertile years to their employer. I will elaborate further on this in the section about the disadvantages, but this is clearly not a legitimate moral advantage. The second advantage Mertes identifies is the following: if employers pay for egg freezing, this counters the concern for exploitation.⁵⁷ Even though this may indeed help women to freeze their eggs without using all of their savings, it is questionable whether this really counters the concern for exploitation. As has become clear from the introduction: if an employer offers to cover the costs for egg freezing this may lead to a situation in which it is expected from an employee to choose for egg freezing or to postpone parenthood at least a few years to make the procedure 'worth it'. Even if this exploitation is not financial, this doesn't mean it is not exploitation. This is also not a legitimate moral advantage. The third advantage Mertes identifies is that if companies sponsor non-medical egg freezing this might lower the age on which people freeze their eggs which will make the procedure more successful. Mertes also states the procedure would become more useful if people do it to further their career. The eggs will not be frozen as 'egg insurance' alone, but will actually be used to conceive.⁵⁸ These two reasons are obviously not moral reasons, since a reaction like praise or blame would be inappropriate, because of this these reasons are not legitimate moral advantages. The fifth advantage identified by Mertes is that sponsored egg freezing gives us an extra option, regardless of our financial situation. Adding an extra option has the possibility to enhance reproductive autonomy.⁵⁹ As was mentioned earlier, this is indeed a legitimate moral advantage. If egg freezing is able to overthrow the obstacles that restrict women's reproductive autonomy, by granting them more time, this is a clear promotion of reproductive autonomy and, by that, morality. However, we must investigate whether adding an extra option will actually enhance reproductive autonomy. This will become clear when we look at the disadvantages of sponsored egg freezing.

⁵⁷ Heidi Mertes, *Journal of Assisted Reproduction and Genetics*, 1206-1207

⁵⁸ Heidi Mertes, *Journal of Assisted Reproduction and Genetics*, 1206-1207

⁵⁹ Heidi Mertes, *Journal of Assisted Reproduction and Genetics*, 1206-1207

3.3 Disadvantages

3.3.1 An extra option changes the entire playing field

The adding of an option has an impact on the other options that are available to us.⁶⁰ Without non-medical egg freezing sponsored by employers the options to conceive a biological child are different. This mainly has to do with the way in which the options are conceived. As has become clear from the previous chapters: there are many reasons for women to opt for non-medical egg freezing. I will discuss what the adding of an extra option might mean for women who struggle with combining reproduction and work. From our discussion of the advantages it has become clear that if egg freezing is able to overthrow the obstacles that restrict women's reproductive autonomy, by granting them more time, this is a clear promotion of reproductive autonomy and, by that, morality. Before egg freezing was sponsored by employers, the options for women who want to reproduce were the following: they could focus mostly on family life and adapt their career and working life to this, they could try to combine career and reproductive life in the best way possible (for example, by postponing reproduction until after a big project, but still before 'nature's deadline') or they could focus mainly on work and not reproduce at all. The importance of reproduction has generally been acknowledged and it is unlikely that a majority of women who want to reproduce will consciously decide to completely put it off for the sake of their careers. The second option in which an employee tries to combine work and reproduction in the best way she possibly can is regarded as the maximum option for someone who still wants to reproduce. Since very few employers would demand their employees to abandon reproduction at all, this maximum option is regarded as an acceptable choice. However, when the option of egg freezing is added, this adds an element of choice: the employee is no longer subjected to nature in the way she was before. When egg freezing is an option, this becomes the maximum option for someone who still wants to reproduce, making our previous maximum option the medium option. It could be the case that your employer prefers you to postpone reproduction. When egg freezing is the maximum option, but you

⁶⁰ In a previous paper on plastic surgery I have discussed this argument as well. It is not entirely the same, since the application of the argument to egg freezing is quite different from the application to plastic surgery. In that paper I discussed whether plastic surgery was a private or a public matter. The title of this paper was the following: cosmetic surgery is not only a private, but also a public matter.

decide to not do this, you have to carry responsibility for this choice. There is no longer a valid 'excuse' to become pregnant. It is no longer now or never.⁶¹ In the current situation, in which employers do not typically sponsor non-medical egg freezing, we can expect at least some form of empathy for women who will temporarily focus on reproduction instead of their career. In his article about enhancement, Sandel argues that empathy for the 'disadvantaged' is based upon the so-called 'natural lottery': it could have been anyone, so whoever has to become pregnant in order to reproduce, at least deserves some empathy.⁶² ⁶³ In this case women could be seen as the 'disadvantaged', because they are the ones that pay the price for reproduction since they are the only ones who can and have to become pregnant in order to reproduce. Especially when nature's deadline is nearing, some empathy in the work environment can be expected. However, when employers sponsor non-medical egg freezing, this can change. Women are no longer subjected by nature in the way they were before; an element of choice has come into play. Due to this element of choice, we now have to carry responsibility for whether or not we decide to reproduce before nature's deadline. Sandel explains why this sounds so discomfoting. He states that changing our nature to fit the world is the deepest form of disempowerment; instead we should create social and political arrangement that can deal with our nature.^{64 65}

We should be careful with the narrative of employers offering non-medical egg freezing to push women to work until a later age. If a company only offers egg freezing as 'just another perk' and does not expect their female employees to postpone reproduction to benefit the employer, this narrative loses its plausibility. However, this does not mean that the disadvantage disappears. As has become clear from this discussion: by adding the option of egg freezing the entire playing field changes and so do the options women feel they realistically have. If a woman wants to choose the maximum option, her choice can be different than before, since the maximum option has become different than before. It can

⁶¹ Heidi Mertes, *Journal of Assisted Reproduction and Genetics*, 1208.

⁶² M. Sandel, Chapter 5: Mastery and gift, *The Case against Perfection* (2007), 98.

⁶³ This point was also discussed in the previous paper on plastic surgery. The title of this paper was the following: cosmetic surgery is not only a private, but also a public matter.

⁶⁴ Sandel, *The Case against Perfection*, 97. Sandel uses the phrase 'imperfect human beings' instead of 'our human nature', since he uses examples of less attractive or less intelligent human beings. In this case I have decided to not use this specific phrase, since it seems inappropriate to deem the reproductive nature of women 'imperfect'. However Sandel's point can still be applied and be useful to this case.

⁶⁵ This point was also discussed in the previous paper on plastic surgery. The title of this paper was the following: cosmetic surgery is not only a private, but also a public matter.

also be very difficult for employers to send the right messages to their employees: they might not explicitly offer egg freezing to benefit from women working until a later age, but if women still get the idea that this is preferred, this still can have quite some effect. However, I will elaborate on this in one of the following paragraphs.

In the case of the disadvantage of the adding of an option, we have arguments that make it reasonable to believe that we are dealing with a legitimate, moral disadvantage. Even though this disadvantage is hypothetical, it is reasonable to believe it on the basis of the argumentation as given by Sandel. It is obviously a moral issue: we can wonder whether it is right that women will get less empathy for reproducing at nature's time and feel pressured to opt for egg freezing which will restrict their reproductive autonomy. In relation to what is discussed in the advantages: egg freezing can enhance women's reproductive autonomy by granting them more time. This is a legitimate, moral advantage. Even though this may be helpful to individual women, I have just argued that the introduction of egg freezing may have negative effects on the expectations of women on a societal level and this in turn may lead to the restriction of reproductive autonomy which leads to a violation of morality, since women should be able to make these choices on their own.

3.3.2 The male ideal of the employee

It has become clear that one of the reasons women opt for non-medical egg freezing is a work environment which does not accommodate to females. The problems which arise from this male ideal of the worker, ranging from the troubles of combining work and family life of individual women to constant underrepresentation of women in leading positions, should encourage us to make a case for change and advocate an employment model that accommodates to males and females. Petropaganos, Harwood and Goold & Savulescu all argue that it is important to work on this. However, Harwood and Goold & Savulescu have different ideas about the influence of non-medical egg freezing on 'making a case for change'. Goold & Savulescu admit that while egg freezing is not a permanent solution, it could help individual women and by this more women can pursue their career and get into jobs in which they possess a lot of influence, which will then positively influence the case for change. Harwood also states that egg freezing is not a permanent solution. She calls it a

stop-gap measure and points out that it will only benefit women who can actually pay for it. In the case of sponsored egg freezing this of course not the main problem, however Harwood has another point that is very interesting for our discussion. She argues that reproduction by using frozen eggs does not contribute to changing the social structures that currently form obstacles. She even wonders whether egg freezing may actually play a role in leaving it intact.⁶⁶

Goold & Savulescu do great work in arguing why we should allow individual women to freeze their eggs: it can benefit them while a solution for these social structures is not yet found.⁶⁷ However, their argument about how egg freezing will actually benefit the process of changing societal structures that cause injustice rests on too many assumptions. Namely the assumption that egg freezing and postponing parenthood will always benefit your career and more importantly, the assumption that women who possess more influence will necessarily advocate for a change in societal structures. If a woman went through the entire procedure of freezing eggs, it does not necessarily mean she wants to advocate for change. It is possible that these women have internalized paternalistic and/or sexist norms and will not make a case for change, because of this. They might think things as: “well, I had to go through all of this, other women should be able to do this as well.” They may also be too pre-occupied with either work or family life to put any energy in making the world more just. I am not arguing that this is necessarily what women think, but I want to show that it is definitely not necessarily the case that women who get into positions with more influence will necessarily advocate for a change of structures. The point made by Harwood can also be used to criticize the argumentation by Goold & Savulescu: it is possible that the option made available by freezing eggs will actually keep societal structures that cause injustice intact. By the existence of this option, more responsibility is given to women: they do not have to listen to ‘nature’s deadline’ anymore. If women can adjust themselves to fit the requirements of work and education models, there is very little reason for employers and academic institutions to change their ideals and models in a way that accommodates both males and females.

⁶⁶ Harwood, *Bioethics*, 46.

⁶⁷ Goold and Savulescu, *Bioethics*, 57.

Women's reproductive autonomy is restricted by the current situation in which employers do not accommodate to female needs. If egg freezing plays a role in keeping this problematic structure in tact by placing the responsibility for finding a solution for these societal problems at the level of an individual woman, this is extremely problematic. We must ask the question: is this a right situation? It is clear that, on grounds of equality, that this is not the case. Brighthouse and Wright state that we currently have inegalitarian gender relations. They argue that societal structures which keep these inegalitarian gender relations intact are unjust, because they form a barrier which obstructs realizing equality of opportunity.⁶⁸ Women still provide a great deal of caretaking and, by that, have less time to focus on competing on the labour market.⁶⁹ According to Brighthouse and Wright, this is unfavourable for both men and women. If we would have a more equal division of childcare for both men and women, this is likely to enhance the prospects of both men and women for flourishing.⁷⁰

However, one might argue that it is very difficult to decide whether this disadvantage is a legitimate disadvantage for our case. As stated: Facebook and Apple are known as family friendly employers who offer a great deal of perks to ensure that their employees can combine work and family life. Even if a company, such as Facebook and Apple, accommodates to the needs of their female employees, this can still keep societal structures intact. The message implicit to non-medical egg freezing is that the difficult combination of work and family life is a problem that needs to be solved by individual women. However, this is a societal issue. Offering egg freezing in a case like this sends of a problematic signal. It might also be the case that their step to offer egg freezing could make other companies follow who do not accommodate to females in other ways even though that is necessary.

3.3.3 Wrong expectations of egg freezing

As was discussed in chapter 2, postponing parenthood with the use of egg freezing will always reduce the chance of becoming a parent when compared to reproducing at "nature's time". However, this is not always clearly communicated to women who are interested in

⁶⁸ Harry Brighthouse and Erik Olin Wright, Strong Gender Egalitarianism, *Politics and Society* (36 (3), 2008), 362.

⁶⁹ Brighthouse and Wright, *Politics and Society*, 362.

⁷⁰ Brighthouse and Wright, *Politics and Society*, 362.

egg freezing. This becomes clear from the advertisements of Extend Fertility, a clinic that specializes in egg freezing:

“Freezing eggs offers women planning to have children after the age of 35 the opportunity to effectively slow down their biological clocks. Extend Fertility’s service gives women the unprecedented chance to store their eggs during their reproductive prime for use when they wish to start or expand their families.”⁷¹

Health risks for the women who undergo the procedure and for their future offspring are also disadvantages for non-medical egg freezing. However, these health risks are very similar to the health risks associated with IVF. The health risks for children who are born out of frozen eggs are not entirely clear yet. Based on the available evidence, they seem to be developing normally, but the evidence is quite limited and hence further research is necessary.

If women have wrong expectations of egg freezing, because they have received false information, this is a moral harm. If they do not have the necessary information, they do not have the capacity to make an autonomous choice. External forces have distorted this. The lack of correct information may also lead to a flawed decision with huge consequences, such as unwanted childlessness. This is obviously not a right situation. It is also a legitimate disadvantage, since it is true that false information has been provided. However, this is a disadvantage that does not have to be problematic. If Facebook and Apple provide sufficient information, women will know what to expect and will be able to make an autonomous choice regarding their reproductive health.

3.3.4 Costs of egg freezing and distributive justice

As stated before, egg freezing is a costly procedure, nevertheless costs may vary between different clinics. Extend Fertility asks between \$10.000 and \$13.000 for the retrieval process and between \$2.000 and \$4.000 for additional medication. After the first year it costs \$440 to store one’s eggs, even though it is possible to get a discount when one decides to store

⁷¹ Harwood, *Bioethics*, 40-41.

one's eggs for multiple years beforehand.⁷² If a woman wants to become pregnant by using frozen eggs, she needs to use IVF. The price of egg freezing seems high, but the costs of egg freezing and IVF are very similar. This not very remarkable, since the procedure is basically the same, only in the case of IVF the eggs are used immediately instead of being frozen. The storage of eggs, which is only \$440 a year, is the only additional cost of egg freezing. A small amount of money compared to the procedure which costs over \$10,000. It must also be noted that health care is particularly expensive in the United States, the country on which these numbers are based and where Extend Fertility operates. The fact that the costs are actually not as high as they might appear at first sight, influences the strength of this disadvantage: is this really a good reason to reject egg freezing? As stated before: the costs of IVF, which is a generally accepted procedure, are very similar. However, it could be said that there is more of a medical necessity in the case of IVF: women who use IVF cannot reproduce without it. Women who engage in non-medical egg freezing may be able to reproduce without egg freezing and IVF if they choose to reproduce earlier in life. However, as Petropaganos has pointed out: this is not as easy as it seems. The reasons women give for opting for non-medical egg freezing, such as lack of a suitable partner, are not easy to fix.

Even though the costs are not a convincing argument against egg freezing, distributive justice might be.⁷³ Beauchamp and Childress have identified four principles of medical ethics. One of these principles is the principle of justice. This function of this principle is to ensure that medical care is available to all. This is problematic in the case of non-medical egg freezing. Even though the costs of the procedure do not differ greatly from a generally accepted procedure such as IVF, it remains a costly procedure that is definitely not available to all. John Harris argues that we should not deny people certain procedures or medicines, just because other people cannot afford these procedures or medicines: "it is doubtful ethics to deny a benefit to any until it can be delivered to all."⁷⁴ This is an appealing argument in the case of a disease. The argument provided by distributive justice does not seem strong enough to let a person die, by denying him an expensive medicine which he would be able to afford, only to ensure that medical care is available to all. However, in the case of non-

⁷² Harwood, *Bioethics*, 42.

⁷³ This point has also been discussed in the previous paper on plastic surgery. The title of this paper was the following: cosmetic surgery is not only a private, but also a public matter.

⁷⁴ Harris, J. Chapter 2: Enhancement is a Moral Duty, *Enhancing Evolution*, 2007, 28.

medical egg freezing, we are not dealing with a disease. An argument against Harris' statement is provided by Pijnenburg, who has done great philosophical work on life extension. Pijnenburg questions whether we should spend our resources on expanding the lifespan of people who already have a high life expectancy instead of using our time and energy to improve the medical conditions of disadvantaged groups.⁷⁵ If we apply this argument to non-medical egg freezing, we would have to ask ourselves whether we want to use our monetary resources and our medical capacity and means for non-medical egg freezing. Even though distributive justice is an important moral issue, it is not necessarily a moral issue firms should be concerned with. The point could be made that it is the legitimate funds of the firms and they could equally choose to give to their shareholders. Nonetheless, important questions are distinguished by Pijnenburg: why do we want to use our resources for these procedures? What do we want to achieve? Who benefits and who is harmed?^{76 77} In the case of non-medical egg freezing we might ask ourselves whether we actually want this procedure. If we look at the reasons women give for opting for non-medical egg freezing, the image of a society that is not adequately equipped to deal with women who want to reproduce arises. As I argued earlier: there is still a male ideal of the employee and there are a lot of obstacles for working mothers to overcome. Do we really want to put our money and our medical efforts in postponing nature's deadline, which can only happen for a little while, instead of actually trying to structurally solve our problems? Women will still reproduce before they reach the age of retirement, so the 'cost' of reproducing will be paid either way. Different options to accommodate workers who want to reproduce, such as well-paid parental leave, might be better solutions.

As had become clear: the costs are not a legitimate, moral disadvantage. And even though distributive justice is an important moral issue, since it poses important questions about what would be the right thing to do, it is very difficult to argue that firms should give their money to make sure distributive justice is served on a national or global level. However, we might be able to argue that employers have certain responsibilities towards their employees.

⁷⁵ A.M. Martien Pijnenburg and Carlo Leget, Who wants to Live Forever? Three Arguments against Extending the Human Lifespan, *Journal of Medical Ethics* (Oct. 2007), 585.

⁷⁶ Pijnenburg and Leget, *Journal of Medical Ethics*, 586.

⁷⁷ This point has also been discussed in the previous paper on plastic surgery. The title of this paper was the following: cosmetic surgery is not only a private, but also a public matter.

In the next chapter I will discuss whether or not firms have such a responsibility towards their employees. They should, by that, make sure that they practice the principle of distributive justice in their company. If they want to provide for egg freezing, they should assure that the other options, which will be less problematic and accommodate working parents more effectively, are provided. This had already become clear from the disadvantage regarding the male ideal of the worker. If a company only provides egg freezing and actively promotes this, this pushes women towards egg freezing and by that restricts their reproductive autonomy and is, by that, a violation of morality.

3.4 Chapter conclusion

Not all (dis)advantages are legitimate, moral (dis)advantages of non-medical egg freezing.⁷⁸ As has become clear from our discussion, the main legitimate, moral advantage of egg freezing is that it grants individual women more time to reproduce biological children. Thus it enhances their reproductive autonomy and is, by that, a promotion of morality. However, the adding of the option of sponsored non-medical egg-freezing is also a legitimate, moral disadvantage. Adding an option changes the entire playing field and turns the previous best option into the medium option. Because of this women will get less empathy for reproducing at nature's time and feel pressured to opt for egg freezing which will restrict their reproductive autonomy. This restriction of reproductive autonomy is a violation of morality. Egg freezing may help individual women (enhance their reproductive autonomy) by granting them more time, but egg freezing may also have negative effects on the expectations of women on a societal level and this in turn may lead to the restriction of reproductive autonomy. Another disadvantage is the following: if egg freezing plays a role in keeping the problematic structure of the male ideal of the worker, which does not

⁷⁸ Currently, there is a debate on late motherhood (women over the age of 50). Should we allow this or not? Goold and Savulescu argue in favour of late motherhood. They argue for this on the basis of equality. Men already can decide to postpone parenthood until after their fifties and, on the basis of equality, women should be able to do the same. However, this might mean that we should question late fatherhood instead of allowing late motherhood. Goold and Savulescu discuss the advantages of late parenthood such as emotional and financial stability. However, this might be a reason to postpone parenthood until after one's thirties (arbitrarily chosen age, not a 'strong' claim), but it is not a reason to postpone it until after one's fifties. Children might lose their parents on a younger age due to late parenthood. However, we should note that, due to the high life expectancies in the Western world, this disadvantage is limited. If a person becomes a parent around the age of 50 and manages to reach the age of 90, the child is already 40 years old. I have not included this discussion in the (dis)advantages, since this debate is still going on and is largely undecided. However, I did want to acknowledge the existence and the relevance of this debate. Goold and Savulescu, *Bioethics*, 52.

accommodate to female employees, intact by placing the responsibility for a solution for these societal structures at the level of an individual women, this is extremely problematic.⁷⁹ Even if a company, such as Facebook and Apple, accommodates to the needs of their female employees, this can still keep societal structures intact. The message implicit to non-medical egg freezing is that the difficult combination of work and family life is a problem that needs to be solved by individual women. However, this is a societal issue. Offering egg freezing in a case like this sends of a problematic signal.

Distributive justice, which is only an optional disadvantage, also requires employers to accommodate to female employees before offering egg freezing. Another disadvantage is that women have wrong expectations of egg freezing which is definitely a moral disadvantage. They do not have the capacity to make an autonomous choice. External forces have distorted this. However, this is a disadvantage that does not have to be problematic. If Facebook and Apple provide sufficient information, women will know what to expect and will be able to make an autonomous choice regarding their reproductive health.

Even though there are significantly more violations of morality than promotions of morality, this does not mean that we are ready to conclude that sponsored egg freezing is morally impermissible. It is necessary to prove in the next chapter that firms carry moral responsibility when they offer to cover the costs of egg freezing for their female employees. We also need to apply these violations and promotions of morality to the cases and make a coherent ethical evaluation. We must also analyse if it possible to compensate for some of the disadvantages by implementing suitable measures.

⁷⁹ It should be noted that not only women are affected by these problematic structures. Men who want to take care of their children are also likely to be harmed by this male ideal of the worker. For example, these structures might make it (nearly) impossible for them to take days of to take care of their children.

4. Corporate responsibility

Since this thesis is focussing on the ethical analysis of non-medical egg freezing sponsored by employers, we must take a closer look at corporate responsibility.

4.1 An overview and evaluation of the current debates

First of all, we must ask whether employers carry moral responsibility for the work-life conflict of their employees. Therefore, I will take a look at the conflict between work and family life. Marchese, Bassham and Ryan argue that firms should commit themselves to virtue ethics. Firstly, they state that the agent-centered approach, which is characteristic of virtue ethics, is very suitable for employers, since it does not have a strict and simple calculus. Secondly, they argue that firms are dependent on virtuous agents, since virtuous agents can contribute greatly to having a successful company. Because of this, companies should adopt virtue ethics themselves. A few of the virtues they name are the following: honesty, trustworthiness, cooperativeness, reasonableness and resourcefulness.⁸⁰ They also state that firms are about more than profit alone: “.. contribute to much more fundamental human needs, then it’s clear that business “success” needs to be defined much more broadly.”⁸¹ How strong is this argument? One could object that this argument is not sufficiently demanding on firms. There is no argument that shows why firms have the moral duty to commit themselves to virtue ethics. Simply because virtuous agents, and by that virtue ethics, are beneficial to them, does not give them the duty to be virtue ethicists themselves. Even though there might be a situation in which I benefit from a Kantian’s honesty, it does not follow that I should be a Kantian.

In the remainder of the article by Marchese, Bassham and Ryan argue that it would be best if employers and employees work together to resolve the conflict between work and family life. If the employer does nothing, it will be highly unlikely that an employee can solve the conflict on its own. The same goes for the situation in which an employer tries to solve the

⁸⁰ Marc Marchese, Gregory Bassham and Jack Ryan, Work-Family Conflict: A Virtue Ethics Analysis, *Journal of Business Ethics* (Vol. 40, No. 2, October 2002), 149.

⁸¹ Marchese, Bassham and Ryan, *Journal of Business Ethics*, 150.

conflict on its own: cooperativeness of the employee will increase the chances of finding a good solution to the conflict. Subsequently, in an ideal situation both parties make an effort to solve this conflict.⁸² Even though this might work out great in practice, again this does not amount to an argument showing why employers and employees have a moral duty to make an effort to solve this conflict. Consequently, their arguments do not prove that an employer carries moral responsibility for the work-family conflict of his or her employees.

Heidi Mertes has specifically written about the case of non-medical egg freezing sponsored by employers. She discusses the pros and cons of sponsored non-medical egg freezing and then postulates conditions which should be met to make sure sponsored non-medical egg freezing does what it is meant to do: enhance woman's reproductive autonomy. It is important to note that Mertes deems the harming of women's reproductive autonomy by firms impermissible.

This thesis is inspired by the approach of Mertes, I will use her discussion of pros and cons when looking at the disadvantages and advantages of sponsored non-medical egg freezing. However, my research question is broader than reproductive autonomy alone, since I want to evaluate whether sponsored non-medical egg freezing is morally impermissible, morally permissible or morally laudable. I will also pay attention to different aspects such as the social consequences of sponsored non-medical egg freezing. Due to the different research question of this thesis, it is not necessary that sponsored non-medical egg freezing enhances reproductive autonomy to make it morally permissible.

4.2 The ethical responsibility of firms

The ethical responsibility of firms is a huge topic on its own. In this section I will limit myself to the question how this relates to the commercial egg freezing sponsored by companies. Whether firms carry moral responsibility, and how far their moral responsibility stretches, has often been a point of discussion in business ethics.⁸³ Robert Heeger has written an

⁸² Marchese, Bassham and Ryan, *Journal of Business Ethics*, 151-152.

⁸³ I have discussed this point before in a paper about Unilever and the clothing manufacturing industry. In this paper I mainly discussed whether Unilever carries moral responsibility over its supply chain. The title of this paper was the following: supply chain responsibility: a farewell to direct responsibility alone.

excellent piece on this in the book *Bedrijfsgevallen: morele beslissingen van ondernemingen*. The type of morality Heeger discusses is a morality based on basic moral principles such as the principles of beneficence and non-maleficence.⁸⁴ Heeger examines whether morality can be applied to firms in the same way as we apply it to persons. An important argument in this debate, which stems from the more traditional approach, is that this is not the case, since the main criterion for persons to be attributed moral responsibility is whether the agent is acting intentionally and voluntarily. This criterion does not work for a collective, but independent entity like a company.⁸⁵ However, Heeger argues that, from a perspective of political ethics, firms should be morally accountable. Heeger states that firms can engage in harmful activities and should therefore be accountable for that. Another argument that comes to the forefront when we take on the perspective of political ethics is a functional argument. It is necessary that we can ascribe moral rights and duties to firms so that we can have and maintain a well-ordered society. In this society companies will control themselves. If the government has to intervene each time a firm engages in a harmful activity, this would lead to an impossible situation for the government. In our society firms are able to accept certain limitations, without force, and change their behaviour if necessary.⁸⁶

4.2.1 Causal and moral responsibility

One could argue that a company is causally responsible for the (dis)advantages that arise from non-medical egg freezing if it offers to cover the costs of non-medical egg freezing to female employees. However, this does not mean that the company is morally responsible as well. If a friend asks me to go to the supermarket and buy chocolate for her and I get hit by a car in front of the supermarket, this is not her fault. Even though she asked me to go to the supermarket and is causally responsible for me being at that place at that time, she is not morally responsible for the car accident. But then what is moral responsibility? Andrew Eshleman defines moral responsibility in the following manner: “Thus, to be morally responsible for something, say an action, is to be worthy of a particular kind of reaction—

⁸⁴ Robert Heeger, *Kinderarbeid, bedrijf en voorzorg*, *Bedrijfsgevallen: Morele beslissingen van ondernemingen* (Assen: Koninklijke van Gorcum, 2006), Wim Dubbink and Henk van Luijk (ed.), 325.

⁸⁵ Heeger, *Bedrijfsgevallen*, 326-327.

⁸⁶ Heeger, *Bedrijfsgevallen*, 327-328.

praise, blame, or something akin to these—for having performed it.”⁸⁷ Since morality is primarily concerned with what the right thing to do would be, a reaction of praise or blame is suitable. This reaction of praise or blame is suitable if the person intended to act in a certain way.

4.2.2 Moral responsibility based on the sphere of influence of employers

Firms, and specifically employers, carry a great deal of moral responsibility due to their sphere of influence.⁸⁸ Employees are dependent on their employers. They need the income provided by their work for their livelihood. This dependence of the employee on the employer makes it nearly impossible to establish an equal relationship with equal responsibility between employer and employee. Blades looks at the political philosophy of Tannenbaum who describes our dependence on our employers in the following way: “the substance of our lives is in another man’s hands.”⁸⁹ Blades argues that, because of this, our individual freedom is at stake.⁹⁰ In the case of sponsored non-medical egg freezing this also entails our reproductive freedom and autonomy.

The dependence of the employee on the employer becomes clear from the following example: if an employee wants to have children (at a young or normal age), but this goes against the wishes of the employer, the employee must make a very difficult decision either favouring children or her career/work while she needs the income provided by her work for her livelihood and that of her possible offspring. Even though companies may not formally discriminate against pregnant women, this does not completely prevent it from happening. The research of McDonald, Dear and Backstrom shows that some pregnant employees have faced the following difficulties: derogatory comments about physical appearance, changed working conditions, dismissal or constructive dismissal and denial of access to opportunities

⁸⁷ Andrew Eshleman, "Moral Responsibility", *The Stanford Encyclopedia of Philosophy* (Summer 2014 Edition), Edward N. Zalta (ed.), <http://plato.stanford.edu/archives/sum2014/entries/moral-responsibility> (last accessed on 6 June 2016).

⁸⁸ I have discussed this point before in a paper about Unilever and the clothing manufacturing industry. In this paper I mainly discussed whether Unilever carries moral responsibility over its supply chain. The title of this paper was the following: supply chain responsibility: a farewell to direct responsibility alone.

⁸⁹ Lawrence E. Blades, *Employment at Will vs. Individual Freedom: On Limiting the Abusive Exercise of Employer Power*, *Columbia Law Review* (Vol. 67, No. 8, December 1967), 1404.

⁹⁰ Blades, *Columbia Law Review*, 1404-1405.

and less favourable work performance appraisals. Even though pregnancy discrimination is forbidden by law, the research also shows that it is very difficult and complex for women to make a formal complaint in order to be protected by this law.⁹¹

One could argue that it is unrealistic to think that a woman in a Western country would restrict herself from reproduction because of the wishes of her employer. Even though that might be the case, this does not affect the point I want to make here. Namely that women are put in a precarious situation and this limits their reproductive autonomy. Women want and often need to earn money. However, when they decide to focus on their human interest in reproduction, this can lead to a situation in which their career possibilities might be restricted in numerous ways. It is hard for them to change the situation for the better, since the employers are the dominant agents. However, this violation of reproductive autonomy, and by that morality, by employers remains problematic. When following the argumentation line of the sphere of influence argument, Facebook and Apple should take their moral responsibility and make sure that their female employees do not find themselves in a situation in which they feel like they cannot make autonomous choices regarding their reproductive health. There are of course different ways in which employers can influence their employees, ranging from the 'extreme' case in which postponing parenthood by using egg freezing is actively promoted to consequently favouring employees who have undergone the procedure.

4.2.3 Defence of influencing employers: people will always be influenced

A lot of the disadvantages of non-medical egg freezing are problematic because they influence people in their decision-making process.⁹² However, one could argue that it is doubtful whether this is really problematic. People will always be influenced. For example by media, family and also by their employers. Why would the influence exerted by employers be morally problematic? It must be noted that the other types of influence can be very

⁹¹ Paula McDonald, Kerriann Dear and Sandra Backstrom, Expecting the worst: circumstances surrounding pregnancy discrimination at work and progress to formal redress, *Industrial Relations Journal* (39:3, 2008), 229–247

⁹² This point was also discussed in the previous paper on plastic surgery. The title of this paper was the following: cosmetic surgery is not only a private, but also a public matter.

morally problematic as well. A good example of this is the following: the influence of media on the body image of young girls by consistently emphasizing that a specific (thin) body type is 'perfect'. For sponsored non-medical egg it is very important to acknowledge that this touches upon one of our most fundamental interests as human beings: reproducing biological children. Becoming a parent is such a fundamental event in the lives of human beings, that we need to have the possibility to make an autonomous decision whether or not to do so. However, we can imagine situations that are so heavily influenced, that it can be really hard for people to make this decision. In the case of non-medical egg freezing sponsored by employers, the egg freezing is offered in a work environment. Work provides us with an income that is necessary for our livelihood. Apart from that, for many of us work is defining our identities and is, therefore, very important as well. When people feel like their job security is on the line, it can be very difficult for them to make an autonomous decision on the fundamental matter of reproduction. And as mentioned before: people should be able to practice their reproductive autonomy. If this is not the case due to intense influence, this is a violation of morality. We cannot abandon influence out of our human existence. However, if employers influence their employees in a way that restricts their reproductive autonomy and by that violates morality, this is still very problematic.

4.3 The intentions of Facebook and Apple

My argumentation has been focussed on showing that companies carry moral responsibility in the case of sponsored non-medical egg freezing. Apart from their moral responsibility, it is reasonable to assume that Facebook and Apple want to make sure their employees have the possibilities to make autonomous decisions about their reproductive health. They have stated that they are offering this benefit, because they want to offer their employees the health care programs they need. If it would become clear that this benefit is not so beneficial after all, they must be willing to look at other options.

4.4 Chapter conclusion

Firms can carry moral responsibility, because they can engage in harmful activities and should therefore be accountable for that. But how does this moral responsibility work in this

specific situation? One could argue that companies are morally responsible, because they offer egg freezing. However, there is an important difference between causal and moral responsibility. In this case their employees are in a very difficult position. They cannot exert (much) influence, but they face an impossible dilemma. Both their work and their reproductive autonomy is incredibly important. If an employer offers egg freezing with all its (possible) disadvantages, they are morally responsible in this case. They are the dominant players due to their sphere of influence, if they choose to do nothing but offer egg freezing, their employees will remain in this precarious situation. In this case a reaction like blame will be appropriate. It should not be difficult for Facebook and Apple to accept this moral responsibility, since they state that they are very concerned with the well being of their employees.

5. Is non-medical egg freezing morally impermissible, morally permissible or morally laudable?

I have argued that employers carry moral responsibility for their employees, because they have a lot of power and influence over their employees. Because of this, they should not put their employees in a precarious situation. It has also become clear that the disadvantages of non-medical egg freezing include a great deal of moral violations. If these violations apply to the case of sponsored non-medical egg freezing and cannot be outweighed by either promotions of morality or conditions which will make them dissolve, sponsored non-medical egg freezing puts employees in a precarious situation. Since employers are morally responsible for not putting their employees in a precarious situation, this would deem sponsored non-medical egg freezing morally impermissible. In this chapter, I will apply the (dis)advantages of non-medical egg freezing to three cases. I will also look at conditions that, if they are met, can release sponsored non-medical egg freezing of the burden of the disadvantages.

5.1 Application of the (dis)advantages

The cases I want to apply the (dis)advantages to are the following:

- (1) the case of sponsored egg freezing for medical reasons such as cancer;
- (2) the case of sponsored egg freezing when a woman, who currently has no opportunity to start a family through reproduction, will likely be infertile in a few years
- (3) finally the case of postponing parenthood by using sponsored egg freezing to further your career.

Even though the first case is a case of medical egg-freezing I still want to apply the (dis)advantages so the differences between the different cases become clear. In the first case, the advantage of egg freezing is enormous. Women who have their fertility destroyed by chemotherapy need to use egg freezing to become pregnant, at least if they do not want to use donor eggs. Since we are dealing with a case of medical egg freezing, it is highly unlikely that this type of egg freezing will have an effect on the expectations employers will

have from their other female employees. If they do not suffer from cancer, there is no reason for them to freeze their eggs. Because of this, sponsored medical egg freezing does not keep the structure of the male ideal of the worker intact. It is not a societal structure that is at stake. And it does not reinforce unjust societal structures related to the work-life conflict. This is an extremely important difference between the other two cases, which will become clear during my discussion of these cases. If women get false information about egg freezing this is a disadvantage that can apply to the first case. Even though it is their only option of becoming pregnant without donor eggs, these women should still have the correct information to make sure that they can practise their reproductive autonomy and make an informed decision about whether they would want to engage in egg freezing or not. This disadvantage could easily be solved by providing them with the correct information. It is important for companies to acknowledge the responsibility they have for providing correct information if they decide to sponsor egg freezing. If a woman makes a misinformed decision in this case she is put in a precarious situation, especially in case 2 and 3. This is the case, since this misinformed decision may have disastrous consequences such as unwanted childlessness. If women are correctly informed about egg-freezing, there is no violation of morality in the first case. There is only a great promotion of morality, in the form of an enhanced reproductive autonomy. This deems sponsored medical egg freezing morally laudable.

I will discuss the second and the third case in the same paragraph for practical reasons. In the second case, the advantage for the individual women will be enormous as well. Since her reproduction time is ticking away while she has no option to reproduce, egg freezing is the only possibility to become pregnant with a biological child. However, her egg freezing does have the chance of effecting the expectations employers will have from their other female employees. If she can freeze her eggs, because this is the most suitable plan for her, why can other women not choose a plan which is suitable for work as well? Even though it will benefit the individual, it will restrict reproductive autonomy on a societal level. This type of egg freezing has the possibility to keep unjust societal structures, such as the male ideal of the employee, intact. Even if a company, such as Facebook and Apple, accommodates to female needs, this can still keep societal structures intact. The message implicit to non-medical egg freezing is that the difficult combination of work and family life is a problem that

needs to be solved by individual women. However, this is a societal issue. Offering egg freezing in a case like this sends a problematic signal. These two moral violations also apply to the third case. Only the third case is even more problematic: there is not necessarily a promotion of morality, since there is still a lot of time to reproduce and the egg freezing procedure is an intense one. As stated in the discussion of the first case: it is important for companies to acknowledge the responsibility they have for providing correct information if they decide to sponsor egg freezing. If a woman makes a misinformed decision in this case she is put in a precarious situation, especially in case 2 and 3. This is the case, since this misinformed decision may have disastrous consequences such as unwanted childlessness. If women are correctly informed about egg-freezing, there is no violation of morality in the first case.

In case 2 there is a promotion of reproductive autonomy and, by that, morality on the individual level, but there is a restriction of this reproductive autonomy, and by that, morality, on a societal level. It can change the expectations employers have of their female employees and it can keep unjust societal structures intact. However, the promotion of reproductive autonomy does not outweigh the disadvantages of employers offering this procedure. This type of sponsored non-medical egg freezing puts employees in a precarious situation and I have just argued that it is morally impermissible for employers, due to the moral responsibility they carry for their employees, to offer non-medical egg freezing if this was the case. This deems sponsored non-medical egg freezing morally impermissible. This conclusion for case 2 can be extended to case 3. In case 3 there is very little to no promotion of reproductive autonomy or morality. However, the same moral violations apply as in case 2. So in this case sponsored non-medical egg freezing is morally impermissible as well.

It is not surprising that the conclusions for case 2 and 3 are very similar, since there is a strong connection between case 2 and 3. The women in the cases are at different stages, but share the work-life conflict. The women in case 2 are already in reproductive trouble on the individual level, and their situation cannot be solved anymore. Whereas the women in case 3 are probably the women suffering from negative consequences on the societal level, they still have enough time to reproduce. Even though this difference in stages is tragic for the women in case 2, this does not make egg freezing morally permissible.

5.2 Conditions as a solution?

Even though it seems clear that sponsored non-medical egg freezing is morally impermissible, there still might be a solution. Mertes has postulated multiple conditions that, if they are met, can release sponsored non-medical egg freezing of the burden of the disadvantages.⁹³ The conditions she distinguishes are the following⁹⁴:

1. Women understand the benefits, risks and – perhaps most importantly amidst the hype – limitations
2. Women feel no pressure to take up the offer (whether or not a woman banks her eggs should thus not have any influence on her career opportunities)
3. The offer has no negative effect on other family-friendly policies and is in fact accompanied by such policies

Since Mertes has identified less disadvantages of sponsored non-medical egg freezing than I have done in this thesis, she does not provide conditions for all the disadvantages we have identified. I am sceptical about these conditions offered by Mertes and so is Mertes herself. It will take a lot of time and effort to fulfil these conditions and many firms will argue that these conditions are impossible to fulfil.⁹⁵ Especially the second condition seems very challenging. If a woman who opts for egg freezing is able to put more time and energy in her career, she might deserve a promotion more quickly than a woman who reproduces without the use of egg freezing. However, if women who use egg freezing are consistently promoted more quickly, this sends the message that women need to freeze their eggs in order to get promoted. Another problem I have with these conditions offered by Mertes, is that they are not able to completely release egg freezing from the moral violations that make it morally impermissible. Namely, unjust societal structures and changed expectations of female employees. As mentioned earlier: even if a company, such as Facebook and Apple, accommodates to female needs, this can still keep societal structures intact. The message implicit to non-medical egg freezing is that the difficult combination of work and family life is

⁹³ Mertes, *Journal of Assisted Reproduction and Genetics*, 1208.

⁹⁴ Mertes, *Journal of Assisted Reproduction and Genetics*, 1208.

⁹⁵ Mertes, *Journal of Assisted Reproduction and Genetics*, 1209.

a problem that needs to be solved by individual women. However, this is a societal issue. Offering egg freezing in a case like this sends a problematic signal.

I conclude that these conditions are practically impossible to fulfil and do not release sponsored non-medical egg freezing from the moral violations that make the practice morally impermissible.

5.3 The remaining question

The question that remains at the end of this thesis is the following: why do Facebook⁹⁶ and Apple specifically want to offer non-medical egg freezing to their employees? If we look at the statements of both companies discussed in the very beginning of this thesis, they state that they want to give their employees the best perks. There is evidence that could support these statements. Currently, we see a new trend among young entrepreneurs who run a successful company: they want to give back to the world and to their employees.⁹⁷ Facebook does not only offer their employees egg freezing, but also free electronics, free bike rides, free bike repairs, free candy and so on.⁹⁸ They do not limit themselves to frivolities such as free candy, Mark Zuckerberg is also involved in a project called Andela to close educational gaps between countries.⁹⁹ And Facebook has recently installed a so-called ‘suicide button’ in the hopes of trying to reduce suicide.¹⁰⁰ When we focus more on their policies with regard to reproductive health: Facebook gives their employees \$4,000 ‘baby cash’ and pays for parental leave and IVF.¹⁰¹

⁹⁶ I will use Facebookposts as sources, since Mark Zuckerberg and his team use Facebook to make their official announcements.

⁹⁷ Tegenlicht, *het rendement van geluk* (published on 3 April 2016), <http://tegenlicht.vpro.nl/afleveringen/2015-2016/rendement-van-geluk.html> (last accessed 22 June 2016).

⁹⁸ Luke Stangel, Facebook's 12 most fantastic employee perks, *Silicon Valley Business Journal* (published on 8 April 2013), http://www.bizjournals.com/sanjose/news/2013/04/03/facebooks-12-most-fantastic-employee.html?s=image_gallery (last accessed on 22 June 2016).

⁹⁹ Mark Zuckerberg, announcement Andela education company, *Facebook* (published on 16 June 2016), <https://www.facebook.com/zuck/posts/10102898906799331> (last accessed on 22 June 2016).

¹⁰⁰ Wendy Syfret, Facebook has introduced new tools to combat suicide, *i-D* (published on 15 June 2016), https://i-d.vice.com/en_au/article/facebook-has-introduced-new-tools-to-combat-suicide?utm_source=vicefbanz&utm_campaign=global (last accessed on 22 June 2016).

¹⁰¹ Mertes, *Journal of Assisted Reproduction and Genetics*, 1209.

Even though Facebook and Apple might have actually had these intentions, they failed to recognize the enormous differences between medical and non-medical egg freezing. Whereas reproductive autonomy and morality are promoted in the case of medical egg freezing, there are troublesome violations of reproductive autonomy and morality in the case of sponsored non-medical egg freezing. Facebook and Apple assumed that sponsored non-medical egg freezing would be beneficial instead of making an assessment of the possible (dis)advantages. It is also problematic that they did not recognize the fundamental ethical nature of the case of sponsored non-medical egg freezing and the responsibility that comes with it.

6. Conclusion

My research question was the following: is non-medical egg freezing sponsored by employers morally laudable, morally permissible or morally impermissible? I have argued that employers carry moral responsibility for their employees, because they have a lot of power and influence over their employees. Because of this, they should not put their employees in a precarious situation. From the third chapter it has become clear that there are many violations of morality associated with sponsored non-medical egg freezing. This type of egg freezing can affect the expectations that employers have of female employees. It can also contribute to keeping unjust societal structures intact. This is morally problematic, since these societal structures are an obstacle to further gender equality. These unjust societal structures are also morally problematic, since reproductive autonomy is restricted on the societal level. The (possible) promotion of reproductive autonomy on the individual level does not outweigh this in the case of sponsored non-medical egg freezing. It has become clear that sponsored non-medical egg freezing puts employees in a precarious situation. I have just argued that it is morally impermissible for employers, due to the moral responsibility they carry for their employees, to offer non-medical egg freezing if this is the case. This deems sponsored non-medical egg freezing morally impermissible.

But why do Facebook and Apple want to offer non-medical egg freezing to their employees? Why do they want to offer this specific procedure? I conclude that even though Facebook and Apple may have actually had good intentions, they have failed to recognize the fundamental ethical nature of the case of non-medical egg freezing and the responsibility that comes with it.

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