



Rethinking Human Dignity In The Age Of Assisted Reproductive Technologies (Arts)

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ABSTRACT

Human dignity is one of the most frequently invoked yet least clearly defined principles in debates on assisted reproductive technologies (ARTs). While Kantian ethics has traditionally located dignity in the intrinsic worth of rational beings, contemporary discussions expand the scope of dignity to include autonomy, relational responsibility, and social recognition. This paper synthesizes philosophical, theological, feminist, and care-ethical perspectives to offer a multidimensional account of dignity in the context of reproductive technologies such as in vitro fertilization (IVF), surrogacy, cryopreservation, and genetic interventions. Drawing on Kant, Jonas, Habermas, Sandel, Ricoeur, Levinas, and Nussbaum, it explores three foundational ethical issues the moral status of the embryo, the significance of naturalness in procreation, and the autonomy of reproductive choice before advancing a framework that distinguishes between subjective and objective dimensions of dignity and clarifies whose dignity is at stake. This paper will argue that dignity must be understood as at once intrinsic, relational, and capabilities-based if it is to provide meaningful guidance in navigating the ethical complexities of ARTs.

Keywords: Human dignity, autonomy, responsibility, ARTs.

INTRODUCTION:

“Act so that the effects of your action are compatible with the permanence of genuine human life.” (Jonas, H. 1984). Human dignity finds one of its deepest expressions in procreation, where the origins of life are inseparably tied to questions of identity, meanings and flourishing. Infertility, however, sets apart a significant portion of individuals and couples, often subjecting them to emotional pain, social stigma, and a sense of diminished self-worth. The advent of assisted reproductive technologies (ARTs) ranging from in vitro fertilization (IVF) and surrogacy to preimplantation genetic diagnosis (PGD), cryopreservation of embryos, and more recently, gene editing has opened new pathways for addressing infertility and enabling reproductive choice. Yet the same technologies that bring hope to some have provoked profound ethical unease in others. At the heart of these debates lies the contested principle of human dignity.

Although invoked in human rights documents, national constitutions, and bioethical guidelines, dignity is often criticized for being vague and rhetorically inflated. In the context of ARTs, references to dignity are frequently made without clear definitions or systematic criteria, leaving open the questions of whose dignity is being invoked parents, surrogate mothers, embryos, or children-to-be-born, and whether the concern relates to subjective feelings of respect and recognition or objective conditions of social and moral standing. This conceptual ambiguity risks reducing dignity to a mere slogan or a politically palatable expression of the “yuk factor,” obscuring rather than clarifying moral reasoning.

The stakes are significant. Assisted reproduction brings to the surface fundamental tensions: between reproductive freedom and protection of embryonic life, between technological innovation and respect for natural processes, and between autonomy and responsibility to future generations. Philosophical traditions provide different entry points into these debates. Kant distinguished between dignity and price, insisting that persons must never be commodified. Jonas emphasized responsibility toward the yet unborn. Sandel worried about the erosion of giftedness in a world of genetic control. Habermas underscored the autonomy of future persons. Ricoeur and Levinas grounded dignity in identity and responsibility to the Other, while feminist and care ethicists highlighted the gendered and relational dimensions of reproductive labor. More recently, Martha

Nussbaum's capabilities approach has provided a structured evaluative framework, shifting dignity from abstraction to concrete entitlements.

This article seeks to develop a multidimensional account of dignity in the context of ARTs. It begins with an exploration of conceptual foundations across major philosophical traditions. It then turns to three foundational ethical issues the status of the embryo, the significance of naturalness in procreation, and the autonomy of reproductive choice that structure much of the debate. Following this, it examines relational and responsibility-based approaches to dignity and applies these insights to concrete technologies including IVF, surrogacy, cryopreservation, and genetic interventions. The article culminates in the proposal of a structured evaluative framework that integrates subjective and objective dimensions of dignity, specifies whose dignity is affected, and draws on Nussbaum's capabilities approach to provide concrete criteria for analysis. In conclusion, the paper argues that dignity must be understood as at once intrinsic, relational, and socially embedded if it is to guide ethical governance of reproductive technologies in a meaningful and coherent way.

Objective of the Study:

- To discuss the concept of human dignity in the context of assisted reproductive technologies.
- To examine core ethical issues such as embryo status, naturalness, and reproductive autonomy.
- To integrate relational and responsibility-based perspectives with care ethics.
- To apply philosophical insights to specific technologies like IVF, surrogacy, cryopreservation, and genetic interventions.
- To present a structured framework for evaluating dignity in ARTs.

Conceptual Foundations:

The notion of dignity has long been central to moral and political philosophy, yet it resists precise definition. In the Western philosophical canon, its most influential articulation comes from Kant, who distinguished between entities that possess a price, which may be exchanged, and those that possess dignity, which is "above all price." For Kant, rational beings have intrinsic worth because of their capacity for autonomy and moral law. This conception provides a rigorous ethical test for reproductive technologies: Are embryos, gametes, and women's reproductive labor being reduced to commodities? Are children conceived through ARTs treated as ends in themselves, or as products of parental design? Kant's categorical imperative continues to resonate as a benchmark for evaluating whether ARTs uphold or diminish human dignity.

Subsequent thinkers expanded the scope of dignity beyond Kant's deontological framework. Hans Jonas argued that modern technology endows humanity with unprecedented power to shape life itself, creating new ethical responsibilities. In his *Imperative of Responsibility*, Jonas stressed the duty to safeguard the conditions for human flourishing for future generations. Applied to ARTs, his approach raises questions about whether reproductive technologies protect or undermine the dignity of the children they bring into being, especially in relation to their identity, freedom, and existential well-being. Similarly, Michael Sandel critiques what he terms "hyperagency": the drive to master and control life at its very origins. For Sandel, dignity is rooted in a posture of humility before the "given" character of life. By transforming procreation into a project of design, ARTs risk eroding the moral fabric that sustains our sense of life as a gift rather than a manufactured product.

Jürgen Habermas adds another dimension by focusing on the autonomy of future persons. In *The Future of Human Nature*, he argues that germline modification poses risks to the moral self-understanding of individuals, undermining their capacity to view themselves as free and equal members of the moral community. From this perspective, ARTs such as gene editing may compromise dignity not by violating autonomy in the present, but by predetermining the life plans of those who are yet to be born. Martha Nussbaum, by contrast, offers a more practical and inclusive account through her capabilities approach. She conceptualizes dignity in terms of what people are able to do and to be, identifying central capabilities such as life, bodily health, emotions, practical reason, and affiliation. Applied to ARTs, this framework highlights how technologies can expand opportunities for flourishing while also raising concerns about the social devaluation of those whose lives fall outside the chosen parameters of genetic selection.

Beyond these canonical figures, relational and narrative accounts of dignity shed light on dimensions often overlooked in abstract debates. Paul Ricoeur's theory of narrative identity emphasizes that dignity is not a static property but is constructed through the stories individuals and communities tell about their lives. In ARTs, where conception may involve multiple contributors and technologies, questions of narrative continuity, who are my parents, what is the story of my origin become integral to the experience of dignity. Emmanuel Levinas grounds dignity in the ethical encounter with the Other, whose vulnerability commands responsibility beyond contractual obligations. This perspective directs attention to the surrogate mother, the embryo, and the child-to-be-born, whose dignity must be affirmed irrespective of utility or market value. Feminist and care ethicists extend this insight by stressing the embodied and relational character of reproductive labor. Gena Corea, Debra Satz, and Elizabeth Anderson caution against global surrogacy markets that exploit women's bodies, while Virginia Held proposes care and recognition as the proper basis of dignity. These perspectives highlight that dignity cannot be adequately captured by autonomy alone but must also encompass vulnerability, empathy, and interdependence.

Taken together, these accounts reveal that dignity in ARTs is a multidimensional concept: intrinsic (Kant), future-oriented (Jonas, Habermas), socially embedded (Nussbaum, Ricoeur, Levinas), and relational (feminist and care ethics). Only by integrating these diverse dimensions can dignity provide a coherent and robust standard for evaluating reproductive technologies.

Foundational Ethical Issues:

Much of the debate over ARTs and dignity is organized around three foundational ethical issues: the moral status of the embryo, the significance of naturalness in procreation, and the autonomy of reproductive choice. Each represents a distinct axis of moral concern and reveals how dignity is differently interpreted in reproductive ethics.

The status of the embryo remains one of the most contentious issues. From the Catholic perspective, the embryo is a full human being from the moment of conception, entitled to dignity and protection. On this view, technologies such as IVF, PGD, and embryonic research are morally impermissible, as they entail the creation, freezing, or destruction of embryos. Critics argue that such practices reduce embryonic life to mere material, violating its inherent dignity. By contrast, gradualist perspectives, common in liberal Protestant, Jewish, and secular traditions regard personhood as developing over time. Early embryos are granted a special moral status but not full dignity. They may be used for reproductive purposes under conditions of respect and caution, though not treated as ends in themselves. A third view, often associated with scientific perspectives, treats the embryo primarily as a cluster of cells with developmental potential but without present moral status. Each of these positions grounds dignity differently: in genetic humanity, in developmental milestones, or in symbolic respect. The diversity of views illustrates how contested the concept of dignity is at the earliest stages of life.

The second axis concerns naturalness in procreation. Reproductive technologies, by definition, intervene in processes once left to nature. For some, this raises no significant problem. But for others, naturalness is central to dignity. Leon Kass emphasizes the “dignity of human embodiment,” warning that ARTs risk transforming procreation into baby manufacture and undermining the integrity of the parent-child bond. Gilbert Meilaender similarly cautions that separating sex from reproduction diminishes the acceptance of children as gifts and threatens the equality of generations. The Catholic tradition grounds this concern theologically, asserting that the dignity of life lies in its origin within the conjugal act of marital love. From this perspective, technologies such as IVF or surrogacy are inherently problematic, as they bypass the unity of love and procreation. Yet others, such as Robert Kraynack, argue that IVF may be defensible because it replicates natural processes for couples otherwise unable to conceive, thus preserving dignity rather than undermining it. These debates reveal the tension between viewing dignity as linked to natural origins and viewing dignity as compatible with technological mediation.

The third foundational issue centres on autonomy and reproductive choice. In liberal traditions, autonomy is a cornerstone of dignity. John Stuart Mill’s *On Liberty* grounds dignity in freedom from interference, and John Robertson extends this to reproductive freedom, arguing that individuals have a right to access technologies that enable them to have healthy children. From this perspective, dignity is equated with procreative liberty, and restrictions on access to ARTs require strong justification. Critics, however, warn against the dangers of excessive autonomy. Habermas emphasizes the risks to the autonomy of future persons. Michael Sandel worries that parental control through genetic selection undermines humility and the giftedness of life. Feminist critics caution that unregulated autonomy may mask exploitation, especially of women in surrogacy markets, and may overlook the relational and social contexts in which reproductive choices are made. Thus, while autonomy remains a powerful framework for interpreting dignity, it cannot stand alone without attention to responsibility and relationality.

These three ethical axes, embryo status, naturalness, and autonomy, illustrate the complexity of dignity in reproductive ethics. Each frames dignity differently: as intrinsic value from conception, as respect for natural processes, or as empowerment through choice. A comprehensive account must grapple with these tensions rather than collapse them into a single perspective.

Relational and Responsibility-Based Perspectives:

While foundational debates on embryo status, naturalness, and autonomy reveal much about the contested terrain of dignity, they often leave out the relational dimensions of reproductive life. Human beings are not isolated individuals making choices in a vacuum; they are embedded in networks of care, responsibility, and vulnerability. Philosophical traditions that emphasize responsibility and relationality therefore enrich and deepen the concept of dignity in the context of assisted reproduction.

Hans Jonas’s ethic of responsibility remains one of the most significant contributions in this regard. In *The Imperative of Responsibility*, Jonas argued that the unprecedented power of technology imposes duties toward future generations. For him, dignity is not only about respecting current autonomy but also about ensuring that the conditions of authentic human life are preserved for those who come after us. In ARTs, this means considering the dignity of children yet to be born, including whether their identities and freedoms are preserved or compromised by technological interventions. The imperative to act responsibly toward future life provides a counterweight to the emphasis on present autonomy in liberal accounts.

Emmanuel Levinas complements this with his insistence that dignity emerges in the face-to-face encounter with the Other. For Levinas, the vulnerability of the Other commands an infinite ethical responsibility that

precedes all contracts and laws. Applied to reproductive technologies, this means that dignity must be affirmed not only for intended parents but also for surrogate mothers, donors, embryos, and the future children who cannot speak for themselves. Levinas reminds us that dignity cannot be reduced to rights or utility, for it is rooted in responsibility for the Other's vulnerability.

Paul Ricoeur adds another layer through his account of narrative identity. Human dignity, in his view, is not static but unfolds through the continuity of the self across time, what he calls *idem* (sameness) and *ipse* (selfhood). In ARTs, questions of narrative identity become especially poignant: children born through surrogacy or gamete donation may face challenges in integrating their origins into a coherent life story. Similarly, parents may struggle with how to narrate their reproductive journey in ways that affirm dignity for all involved. Narrative identity thus shows that dignity is not merely an abstract principle but a lived reality that develops through stories of origin, belonging, and recognition.

Feminist and care-ethical perspectives underline the importance of these relational insights. Feminist critics such as Gena Corea, Debra Satz, and Elizabeth Anderson have warned that global surrogacy arrangements risk commodifying women's reproductive labor and exploiting socio-economic inequalities. Care ethicists, by contrast, emphasize that dignity arises not only from autonomy but also from relationships of empathy, recognition, and interdependence. Virginia Held's care ethics places dignity in the practices of nurturing and sustaining life, reminding us that reproductive technologies must be evaluated not only in terms of choice and freedom but also in terms of how they affect practices of care. These perspectives broaden the scope of dignity beyond autonomy to include relational vulnerability and mutual responsibility.

Applications to Reproductive Technologies:

The philosophical and ethical foundations outlined above become most vivid when applied to specific technologies. Each reproductive intervention raises distinct questions about dignity, autonomy, naturalness, and responsibility.

In vitro fertilization (IVF) and embryo research highlight dilemmas concerning the creation, freezing, and destruction of embryos. For those who attribute full dignity to embryos from conception, IVF is deeply problematic, since it involves producing more embryos than are implanted, leading to the discarding of surplus embryos. Even for gradualist positions, the handling of embryos must be approached with respect, acknowledging their symbolic and developmental significance. IVF thus raises the question of whether dignity can be preserved when embryonic life is instrumentalized for reproductive ends.

Surrogacy raises another cluster of concerns. From a liberal perspective, surrogacy may be defended as an expression of autonomy and reproductive freedom. Yet feminist critiques emphasize the risks of commodification and exploitation, particularly in cross-border surrogacy arrangements where economic disparities are stark. The dignity of the surrogate mother is at risk if she is treated as a mere instrument for others' reproductive projects. The dignity of the child must also be considered: are they being brought into the world as a gift or as the outcome of a contractual transaction? A relational understanding of dignity highlights the need to protect surrogates from exploitation, affirm the child's identity and belonging, and situate reproductive arrangements within frameworks of care and recognition.

Cryopreservation of embryos introduces further paradoxes. On the one hand, cryopreservation allows for greater reproductive freedom, enabling parents to delay implantation or pursue multiple attempts at conception. On the other hand, it raises questions about the dignity of embryos kept in suspended animation, sometimes for decades, and about the moral implications of discarding them when they are no longer needed. The dignity concern here is not only about the embryo itself but also about how societies regard nascent human life and whether it is treated with respect or indifference.

Genetic interventions, including preimplantation genetic diagnosis (PGD) and gene editing, bring dignity concerns to the forefront of debates about enhancement and design. PGD allows parents to select embryos free of genetic diseases, thereby promoting the dignity of the child by increasing their chances of a healthy life. Yet widespread use risks stigmatizing individuals with disabilities, implying that their lives are less valuable. Gene editing raises even deeper concerns: while therapeutic interventions may be justified under Jonas's imperative of responsibility, enhancement risks crossing into Sandel's "hyperagency," where parental control undermines the giftedness of life and Habermas's concern that the autonomy of future persons will be compromised. Here, dignity is contested not only at the level of individuals but also at the societal level, where norms of normality and disability may be reshaped in troubling ways.

Toward a Structured Framework for Evaluating Dignity:

The preceding discussions reveal that dignity in ARTs is multifaceted, contested, and often under defined. To move beyond rhetorical invocations, a structured framework is needed to evaluate how reproductive technologies affect dignity in practice. Four elements are essential.

First, any analysis must begin with a clear definition of dignity. Without a robust conception, dignity risks functioning as little more than an empty slogan. Kant's intrinsic worth, Jonas's responsibility, and Nussbaum's capabilities together provide a basis for grounding dignity in both principle and practice.

Second, it is essential to specify whose dignity is at stake. Technologies may affect the dignity of multiple parties simultaneously: the intended parents, the surrogate or donor, the child-to-be-born, and society at large.

Different technologies may affect these subjects differently, and failing to distinguish between them obscures the ethical analysis.

Third, dignity evaluations must distinguish between the technology itself and its application. IVF, surrogacy, and PGD can be practiced in ways that respect dignity or in ways that undermine it, depending on the context, regulation, and cultural meaning of their use. Ethical analysis must therefore separate the inherent nature of a technology from the conditions under which it is implemented.

Fourth, dignity must be assessed in both subjective and objective terms. Subjective dignity refers to the lived experiences of respect, recognition, and self-worth; objective dignity refers to the structural and social conditions that uphold or undermine worth, such as legal protections, social stigma, or exploitation. Both dimensions are crucial to a complete understanding.

Martha Nussbaum's capabilities approach provides additional substance to this framework by offering concrete criteria for evaluation. Capabilities such as life, bodily health, emotions, practical reason, and affiliation can be used to measure whether ARTs enhance or diminish human dignity. For instance, PGD may enhance life and health capabilities for a child, but it may undermine affiliation and social dignity if it contributes to stigmatization of disability. Applying such a framework ensures that dignity is not left vague but is operationalized in ways that capture its multiple dimensions.

CONCLUSION:

Human dignity stands as both the most invoked and the most contested principle in contemporary bioethics. The debates surrounding assisted reproductive technologies reveal that dignity cannot be confined to a single definition, nor reduced to a rhetorical slogan. This paper has shown that dignity must be understood as multidimensional: as intrinsic worth grounded in Kant's philosophy, as responsibility toward future generations in Jonas's ethic, as autonomy for both present and future persons in Habermas's account, as humility before the unbidden in Sandel's critique of hyperagency, as capability for flourishing in Nussbaum's framework, as narrative identity in Ricoeur's reflections, as infinite responsibility to the Other in Levinas's phenomenology, and as relational recognition and care in feminist ethics. Each of these perspectives illuminates aspects of dignity that, when combined, provide a more comprehensive foundation for evaluating reproductive technologies.

Applied to specific practices, this multidimensional account reveals both the promise and the peril of ARTs. IVF enables new pathways to parenthood but raises questions about the moral status and fate of embryos. Surrogacy affirms reproductive freedom but risks commodifying women's bodies and obscuring the relational character of motherhood. Cryopreservation provides flexibility yet unsettles notions of respect for nascent life. Genetic interventions hold potential for preventing suffering but also risk reinforcing social stigmas and undermining the autonomy of future persons. These applications demonstrate that dignity must serve not as a prohibition against technological innovation, nor as an uncritical endorsement of autonomy, but as a balancing principle that holds together freedom, responsibility, and care.

The structured framework proposed here distinguishing subjective and objective dignity, clarifying whose dignity is at stake, separating technologies from their uses, and integrating Nussbaum's capabilities offers a practical tool for moving beyond rhetorical appeals. It provides regulators, policymakers, and ethicists with a way to evaluate reproductive technologies in terms that are philosophically rigorous, socially sensitive, and normatively clear. Such a framework not only strengthens academic debates but also has practical implications for public policy, legal regulation, and clinical practice in ARTs.

Looking ahead, the challenges will only deepen. The emergence of artificial wombs, advances in genetic editing, and speculative post human futures will place unprecedented demands on our ethical imagination. If dignity is to remain the guiding principle of bioethics, it must be capable of responding to these novel challenges with both conceptual clarity and moral depth. Future research must therefore continue to test the adequacy of dignity across new technologies while remaining attentive to the lived realities of those most affected by reproductive practices parents, children, and caregivers alike.

Ultimately, to affirm dignity in the age of reproductive technology is to affirm that human life, in all its vulnerability and giftedness, must never be reduced to mere utility or price. Dignity calls us to safeguard both autonomy and responsibility, to honour both individuality and relationality, and to ensure that the power of technology remains in service of, rather than in domination over, human flourishing.

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