



Should the State Pay for You To Have Kids?

Emily McTernan argues against the state funding of infertility treatment

The NHS offers up to three cycles of IVF to women under 40. Many other countries are far more generous. Yet this treatment isn't cheap, and is often ineffective: in the UK, for women aged between 38 and 39, the failure rate per cycle is nearly 80%.^[1] Here, I want to outline one argument against funding IVF.

While some regard IVF as just one more part of a state-funded healthcare system, it doesn't look much like the other healthcare we provide. It doesn't alleviate physical pain, prolong life, increase mobility, or treat mental illness. There are also reasons for thinking that infertility is not a lack of normal functioning which demands treatment.^[2] But some will say that, nonetheless, there is something special about having children, so that a state should fund fertility treatment. Yet having children is just one project or pursuit among many that can make for a valuable or meaningful life. People pursue a variety of different things to give their lives meaning and value, such as careers, intimate relationships, religion, or travel. So is there something so special about having children that the state should fund this one project—even though it very seldom directly funds the many other things that people think create meaning or value in their lives?

First, you might think that people have a right to become parents, and a right of a kind that creates a claim to assistance from society. After all, the ability to marry and found a family is regarded as a human right. However, as Mary Warnock notes, this is a right not to be debarred from forming a family, not a right to assistance.^[3] To see this, consider

that few think that states should assist people to find marital partners, let alone that our human rights are violated if, say, the state doesn't fund subscriptions to dating websites.

Perhaps having a child of one's own is different, though. Having a child of one's own might seem like a biological imperative—a basic need like water, food and shelter—and so essential to human flourishing. Yet according to the Office of National Statistics, in 2011, one in five UK women aged 45 had never given birth.^[4] Do we want to say that all these women, some of them childless out of choice, fail to have their basic needs met or are unable to live flourishing lives? For a start, the evidence that having children increases overall life satisfaction or happiness is at best inconclusive.^[5] For some at least, a life devoted to rearing children is unrewarding. Why else was Valium once labelled 'mother's little helper'? And, anyway, we should not disrespect those who choose to remain childless or to adopt, rather than having children of their own, by declaring that their choices leave them with lives that cannot flourish, where their basic needs have not been met.

Nonetheless, one might think that children are a special case. Perhaps there is something unique in the bond between parent and child that justifies state funding, even though the state does not fund our other valuable relationships with friends, relatives, or lovers. Philosophers such as Harry Brighouse and Adam Swift tell us that the parent-child relationship has a unique moral quality, which means that it makes a distinctive contribution to our wellbeing and flourishing. Children are vulnerable and dependent, lack the ability to exit the relationship, and are initially trusting and unconditionally loving. As a result, parents have special responsibilities for their child's wellbeing and development. Meeting these responsibilities, and so developing and exercising various capacities, contributes to parents having 'fully flourishing lives'. Jurgen De Wisplaere and Daniel Weinstock think this is why states should promote the right to parent, assisting people to adopt or providing fertility treatment.^[6]

But are parental relationships so unique? Other intimate and caring relationships with friends, relatives, lovers, or pets share each of the features that Swift and Brighouse point to as making parenting unique, albeit sometimes more fleetingly. As friends, lovers, or relatives, we can care for those we are close to when they are vulnerable and help them develop future plans. Sometimes, we form caring relationships with those unable to exit or reciprocate and become responsible for their wellbeing, for instance, when caring for an elderly relative with dementia or an adult with severe disabilities. So too we can have valuable relationships with children who are not our own. Grandparents, teachers, godparents, and others might share responsibility for a child's wellbeing and development, and so exercise very similar capacities to those involved in parenting.

About all that is unique to the parent–child relationship, I suspect, is the degree of parental control over, and responsibility for, a child within the nuclear family structure. Yet to insist this is what makes having children of one’s own special is to privilege a very historically and socially particular form of family structure. Doing so also seems to deny or overlook the significance and value of many different relationships between adults and children, or among adults, instead, fetishising the biological parental relationship existing in the nuclear family. Finally, even if there is something unique in parent-child relationships, still that doesn’t show the state should fund forming this relationship. All intimate relationships are, in their own way, unique. There is nothing exactly like being an uncle, or a grandmother, or a close friend. Why then fund only this one kind of relationship?

Hence, having children of one’s own doesn’t look special or unique in a way that grounds a claim for assistance. Given that the state does not directly fund other projects that people think make their lives valuable or meaningful, it is unclear why it should fund this one.

However, there is one possible reason that the state should pay for you to have kids: if doing so is a form of compensation for injustice. Against a history of systematic discrimination often enforced or supported by the state, same-sex couples may now have grounds to claim state funding to assist in having children. Our society has systematically made it harder to form a family unit as a same-sex couple than as a heterosexual couple, through restricting marriage to heterosexual couples, inculcating strong social norms about what a ‘normal family’ looks like, and even passing laws making same-sex relations illegal. In contrast, the state has funded and encouraged heterosexual couples to have children. So, there is a reason for states to fund the creation of same-sex family units as a route to compensate, in part, those affected by current injustices facing same-sex couples and the lasting effects of historic injustices. That funding may even be a benefit to society in general, through promoting a diversity in ways of life and forms of the family.

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^[1] Statistics from the [Human Fertilisation and Embryology Authority](#) (2010).

^[2] This is a position I discuss in my '[Should the state fund fertility treatment?](#)' *Journal of Applied Philosophy*, 2015, **32**, pp. 227-40.

^[3] M. Warnock, *Making Babies: Is There a Right to Have Children?* (Oxford University Press, 2002) pp. 28–9. [This is a great introduction to the debate.]

^[4] Office for National Statistics, UK, '[Cohort Fertility, England and Wales 2011](#)' (2011).

^[5] A fuller discussion of this can be found in my *Journal of Applied Philosophy* [paper](#) (p. 239).

^[6] H. Brighouse and A. Swift, 'Parents' Rights and the Value of the Family', *Ethics*, 2006, **117**, pp. 80–108; J. DeWispelaere and D. Weinstock, 'State Regulation and Assisted Reproduction: Balancing the Interests of Parents and Children', in F. Baylis and C. McLeod (eds), *Family Making: Contemporary Ethical Challenges* (Oxford University Press, 2014).