

New Medical Technologies and the Reproductive Rights from a Human Rights Perspective

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Abstract: *The intervention of a medical team in the family life, by providing medical assistance within the limits of the administration of fertility drugs or surgical interventions did not raise major ethical dilemmas, since this interference in the private life is seen as necessary for a higher purpose (securing a more important right), namely the right to have children naturally (and not only through adoption). The human rights system requires the exclusion of any discrimination in the treatment of citizens when their fundamental rights are recognized and defended, but the new reproductive technologies, before discussing equitable access to resources, raise much more important issues, such as the recognition or the non-recognition of some new rights, which technology makes possible (or brings to the fore).*

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1. Introduction

The instinct to perpetuate the species has always been the engine that encouraged mankind to always find new methods to fight infertility, since the ancient times to overcome this medical problem have been sought. From the biblical image of the triangle Abraham (biological father) – Sarah (social mother) – Hagar (surrogate mother and genetic mother), who conceived Ishmael (son of Abraham and Sarah)¹, to the surrogate through in vitro fertilization with specialist medical assistance, it seems that quite a considerable evolution has been achieved, but in reality we will notice that the social problems and the ethical dilemmas (reflected, all, in law) are not so different now compared to what they were then.

The new medical technologies, involving the creation of embryos outside the human body, the cryopreservation of surplus embryos (of human life potential, after all) in liquid nitrogen until their implantation, the possibility of implanting the resulting embryos into the wombs of women genetically unrelated to the products of conception, the options opened by the genetic engineering to intervene on the structure of embryos (with various purposes or ends, not always for strictly medical reasons), are likely to re-launch the discussions regarding human rights vis-à-vis the idea of privacy (the right to private life), solidarity (the right to family life), or identity (the right to dignity and to one's own genetic heritage). If we add to these the legal debates that may arise regarding the parentage and the inheritance relationships (of children born as a result of collaborative reproduction²), then we will notice that the conceptual scope of numerous human rights has been considerably enriched by this fundamental paradigm shift in the matter of human reproduction.

The law is obliged to adapt, to reformulate the scope of the principles with which it operates since the period of Roman law, as well as

¹ L. A. Cristiano, „Abraham, Sarah, and Surrogacy. A Scriptural Insight into Church Teaching”, in *The National Catholic Bioethics Quarterly*, vol. 11, nr. 3/2011, pp. 433-441. Available at: <https://doi.org/10.5840/ncbq201111328> (accessed on 04.07.2022).

² Collaborative reproduction" is a phrase used to designate the situations where the infertile couple calls for the help of third parties in order to carry out the reproductive act, who collaborate in this endeavor with the said couple, either by providing gametes or in the form of the surrogate, the co-opted third parties in the reproductive process not subsequently participating in the child's growth – C. P. Kindregan, „Collaborative Reproduction and Rethinking Parentage”, in *Journal of the American Academy of Matrimonial Lawyers*, vol. 21, no. 43/2008, pp. 1-15. Available at: <https://heinonline.org/HOL/LandingPage?handle=hein.journals/jaaml21&div=6&id=&page=> (accessed on 01.08.2022).

the regulations in the field of the social rights (including the right to medical assistance and subsidized treatment from the social insurance budget), of the natural fundamental rights (the right to life, to right to dignity) or, even more profoundly, of the status of the human being (from the perspective of its dignity, by reference to the status of the human embryo outside the maternal body, as an entity distinct from the mother).

A too conservative legislative framework risks violating rights and leading to stagnation; a too flexible legislative framework risks destabilizing the social climate (if the newly recognized rights come into conflict with other, older generation rights, with which they present real or apparent incompatibilities), and a stagnant legislative framework that ignores new social practices is also undesirable, as long as it would, after all, divert the purpose of the law, that of maintaining social balance and social harmony.

Any regulations must be preceded by a clearly formulated framework regarding what the reproductive rights are, what their content is, what the positive obligations of the state in the matter are, what the justification for recognizing these rights is, what their limits are and what exactly imposes these limits. The surrogacy is only part of the wider issue of the reproductive rights, but it is a practice that has become so current at the global level that it requires the elaboration, without delay, of some viewpoints.

2. The impact of the new medical technologies on reproduction – reproductive rights

The legislation of a right, regardless of the positive or prohibitive form it takes implies interference in the manifestation of that right as a social practice. When discussing human reproduction, the normative intervention (at the national or international level) is deeply felt because it pertains to the private lives of individuals. Thus, regardless of whether the normative interference occurs at an prohibitive level (creating, thus, limitations of rights, which can give rise to social reactions of opposition to these limitations), or at a positive level (by defending some rights, after the consecration and legislative recognition thereof), the normalization of human rights must be based on a clear argumentative structure, which justifies the intervention on that right.

The collaborative reproduction affects privacy by inserting third parties into family relationships. It is true that society has always been interested in protecting the right to private life and the right to have a family, since stable family relationships help social cohesion and stability, but the new medical technologies in the reproductive field have exposed private life to the public space in an unprecedented manner. A number of assisted reproduction techniques are both ethically controversial (from the perspective of traditional

family perspectives) and with criminal potential (for example, surrogacy can be used by human trafficking networks to exploit the female reproductive capacity).

Starting from this, a clear approach to reproductive rights from the perspective of the human rights is the basis on which the national legislation can be built, with the particular features for each targeted society. The human rights approach is an approach based on values, those immutable values that, at least theoretically, should be common to all humanity, regardless of political, religious and social structure of that society.

2.1. The reproductive rights from a historical perspective

Historically speaking, the right "to have children" (a phrase that has an extremely limited scope compared to what we call today "reproductive rights") was included as a sphere in the right to private life and family life, which, in turn, it is considered, on the historical axis, a second generation right³, as it is part of the social rights, traditionally included in this category. Prior to the decryption of the human genome and the advent of in vitro fertilization, the right was circumscribed, as an extension of its protection, to the right to private life and family life.

The emergence of new medical technologies, through their consequence, represented by collaborative reproduction, made it possible to divide the right to "have children" into a series of subcategories of rights; today the right to decide the genetic conformation of children by the parental couple is being discussed⁴ (under the influence of genetic engineering), the right to have genetically related children⁵ (for the infertile⁶, under the impact of surrogacy), the right to dispose of embryos and the right

³ C. L. Popescu, *Protecția internațională a drepturilor omului*, Editura All Beck, București, România, 2000, p. 51.

⁴ J. A. Robertson, „Assisted Reproductive Technology and the Family”, în *Hastings Law Journal*, vol. 47, nr. 4/1996, pp. 911-933. Available at: https://repository.uchastings.edu/cgi/viewcontent.cgi?article=3239&context=hastings_law_journal (accessed on 05.09.2022).

⁵ J. A. Robertson, „Gay and Lesbian Access to Assisted Reproductive Technology”, în *Case Western Reserve Law Review*, vol. 55, nr. 2/2005, pp. 323-372. Available at: <https://scholarlycommons.law.case.edu/cgi/viewcontent.cgi?article=1582&context=caselrev> (accessed on 03.10.2022).

⁶ The dysfertile people are those people who can biologically conceive a child, not affected by any cause of infertility, but who, as a result of the lifestyle choice, are factually unable to conceive (members of the LGBTIQ community) - G. Cohen, „What (If Anything) Is Wrong with Human Enhancement? What (If Anything) Is Right with It?”, în *Tulsa Law Review*, vol. 49, nr. 3/2014, pp. 465-487. Available at: <https://pdfs.semanticscholar.org/26fa/35bb3a9183f49eb6246d7e7cb465f44232a3.pdf> (accessed on 11.10.2021).

not to be a parent⁷ (under the impact of the emergence of the process of cryopreservation of human embryos⁸) and so on.

Due to the complexity of the social relations and the legal consequences that the new technologies in the medical field have brought to the matter of human reproduction, the right to have children has turned from a part of the right to family life into a category of rights *per se*, included by some authors⁹ in the category of the fourth generation human rights.

The reproductive rights are a broad category of rights that, synthetically speaking, include in their scope both the actual right to reproduction and the right to reproductive health. They were defined by the World Health Organization as follows: "the reproductive rights are based on the recognition of a fundamental right of couples and individuals to decide freely and responsibly regarding the number, spacing and timing of their children, as well as the right of access to information on the means by which they can do this, to ensure the highest standard of reproductive health and sexual health; they also include the right to make decisions about one's own reproduction without discrimination, coercion or violence"¹⁰.

Over time, **the scope of reproductive rights** has been broadened by the addition of new rights, a (non-exhaustive) enumeration of which includes, apart from the rights listed by the World Health Organization:

- specifically female reproductive rights – the right to abortion, to contraception, the right not to be subjected to forced sterilization and forced contraception, the right to menstrual health, the right not to be subjected to genital mutilation¹¹;

⁷ S. R. Petralia, „Resolving Disputes Over Excess Frozen Embryos Through the Confines of Property and Contract Law”, in *Journal of Law and Health*, vol. 17, nr. 1/2002, pp. 103-36. Available at: <https://pdfs.semanticscholar.org/4b45/1b9d859a5df66bd8a859671f29674cbf5a8e.pdf> (accessed on 08.09.2021).

⁸ T. S. Pachman, „Disputes over Frozen Preembryos and the Right not to Be a Parent”, in *Columbia Journal of Gender and Law*, vol. 12, nr. 1/2003, pp. 128-153. Available at: <https://europepmc.org/article/med/16281330> (accessed on 13.12.2021).

⁹ S. M. Perepolkin, D. S. Perepolkin, M. V. Averianova, „Typology of the Fourth Generation of Human Rights,” in *Journal of International Legal Communication*, vol. 1, nr. 1/2021, pp. 91-101. Available at: <https://jilc.e-science.space/wp-content/v1/JILC09.pdf> (accessed on 10.01.2022).

¹⁰ World Health Organization, *Gender and Reproductive Rights*, 2009. Available at: <https://web.archive.org/web/20090726150133/http://www.who.int//reproductive-health/gender/index.html> (accessed on 14.02.2022).

¹¹ Amnesty International, *Stop Violence against Women. Reproductive Rights*, 2008. Available at: https://web.archive.org/web/20080120140923/http://www.amnestyusa.org/Stop_Violence_Against_Women_SVAW/Reproductive_Rights/page.do?id=1108242&n1=3&n2=39&n3=1101 (accessed on 14.03.2022).

- the reproductive rights specific to both genders – the right to education about sexually transmitted diseases, the right to specialist assistance for the treatment of sexually transmitted diseases, the right to counseling regarding sexual choice and identity in reproductive matters¹².

2.2. The legal nature of the reproductive rights

As a legal nature, the reproductive rights have been placed by some authors in the category of what they call *somatic or biological human rights*, which include "the right to die, the right of man to dispose of the organs and tissues of his own body and their transplantation, the rights of the gender minorities, the reproductive rights (in vitro fertilization, the right to abortion, the right to sterilization, the right to contraception), the right to change gender"¹³ and so forth. Other authors include them in the category called *gender and reproductive rights*, which includes four other categories of rights, as follows:

1. *The right to sexual health* - according to the World Health Organization is a "state of physical, mental and social well-being in relation to sexuality, which is achieved through a positive and respectful approach to sexuality and sexual relations, as well as the opportunity to have pleasant and safe sex experiences, free from any coercion, discrimination or violence"¹⁴.

2. *The sexual rights* – include the right to the sexual privacy, the right to safe sexual experiences, the right to benefit from scientific progress and its applications in sexual matters¹⁵ (this includes, among others, the advantages of the medical technology for procedures such as the gender reassignment operations, but also procedures involving the acquisition and preparation of genetic material for the reproduction of the infertile individuals), the right to obtain information about the sex life, the right to marry and the right to family life or to engaging in relationships of any type, as long as they are based on respect, voluntariness and emotional meaning (this side of the sexual rights covers, among other things, the possibility of reproduction in LGBTIQ couples), the right to have children in the desired manner, as well as to obtain information on ways to have children (again, the focus is on the reproductive rights of members of the LGBTIQ community).

¹² S. Singh, „Inclusion of Menstrual Health in Sexual and Reproductive Health and Rights — Authors' Reply”, in *The Lancet Child & Adolescent Health*, vol. 2, nr. 8/2008, p. e19. Available at: [https://doi.org/10.1016/S2352-4642\(18\)30219-0](https://doi.org/10.1016/S2352-4642(18)30219-0) (accessed on 11.04.2022).

¹³ S. M. Perepolkin, D. S. Perepolkin, M. V. Averianova, *op. cit.*, p. 91.

¹⁴ World Health Organization, *Sexual Health*, n.d. Available at: https://www.who.int/health-topics/sexual-health#tab=tab_1 (accessed on 09.05.2022).

¹⁵ A. Cara, *US Government Says It Will Now Use the Term Sexual Rights*, 2015. Available at: <https://apnews.com/article/d8e3fcb47dda45329a7ee145459166b8> (accessed on 13.06.2022).

3. *The right to the reproductive health* – aims not only at the eradication of diseases of the reproductive system, but also at the physical, psychological and social well-being associated with the human reproduction at all stages of life, which implies the possibility to decide on one's own reproduction, when to reproduce and how achieve it (including through medically assisted reproduction, even in cases where there is no reason for infertility, but there are other reasons why the person wants to use the benefits of the medical technology¹⁶); this includes the right to contraception and the right to abortion, the equal access to financial resources in the medical field, to health insurance (including for innovative procedures), as well as the education for reproductive health at all stages of life.

4. *The very reproductive rights* – include all the rights and freedoms related to the human reproduction included in the categories of the above rights, regardless of gender, sexual orientation, physical health, social or economic context.

The reproductive rights began to develop as a distinct subcategory of the human rights (at the time, as part of the broader right to private life and family life) as early as 1968 when, at the International Conference on Human Rights that year, the participants debated on the fact that there is a right of parents to decide freely and responsibly when they will have children, as well as their number. As a result of the conference, the Tehran Proclamation was adopted¹⁷, which represented the starting point for what later became (under the impetus of lobbying by international organizations for the defense of the rights of women and persons belonging to sexual minorities) a true international movement for reproductive rights.

3. The reproductive rights in international instruments

The reproductive rights were not necessarily a priority for the human rights system promoted through the United Nations until around 1975-1985, when the feminist movement took off regarding this topic. Since the reproductive rights, especially under the impact of technological development and the possibility that this development gives to infertile couples, have generated wide oppositions at the social level, being likely to

¹⁶ K. S. Hall, C. Moreau, J. Trussell, „Determinants Of and Disparities In Reproductive Health Service Use Among Adolescent and Young Adult Women In the United States, 2002-2008”, in *American Journal of Public Health*, vol. 102, nr. 2/2012, pp. 359–367. Available at: <https://doi.org/10.2105%2Fajph.2011.300380> (accessed on 11.07.2022).

¹⁷ United Nations, Proclamation of Teheran, Final Act of the International Conference on Human Rights, Teheran, Iran, 22 April to 13 May 1968. Available at: <http://hrlibrary.umn.edu/instree/l2ptchr.htm> (accessed on 08.08.2022).

upset the relationships and the traditional social perception of family and reproduction, for a long time states have been reluctant to adopt, at the international level, binding documents that would impose positive obligations on them in the promotion and defense of human reproductive rights¹⁸. In general, the provision thereof in international documents without binding effect (*soft law*¹⁹), was preferred in the form of good practice recommendations and regulations, while the truly controversial or potentially socially disruptive issues are still in the lobbying stage.

Thus, it benefits from the protection of international instruments:

- the prohibition of the arbitrary interference in the family life and the right of any person to found a family, through the Universal Declaration of Human Rights, from 1948²⁰;

- the right to real equality of men and women in terms of founding a family, with the recognition (in the preamble) of the need for the perspective on the traditional and stereotypical roles of women and men in the family to evolve (an idea that was the starting point for supporting the right to the recognition of the families / marriages of gay and lesbian couples and, correlatively, their right to adopt children or have genetically related children through medically assisted reproduction); the right to information for family planning and the free access to medical services for its effective implementation - through the 1979 Convention on the Elimination of All Forms of Discrimination Against Women²¹;

- the right of couples to fertility treatments that are not prohibited by law, together with the right to reproductive health (which includes all methods, techniques and services regarding the human reproduction), correlated with a positive obligation of states to take all measures to ensure the exercise of these rights, based upon the respect for gender equality and gender choices, as well as the reproductive needs of the elderly – through the 1994 Program of Action of the International Conference on Population

¹⁸ Așa-numitele norme de hard law în dreptul internațional - Center for Reproductive Rights, *Establishing International Reproductive Rights Norms: Theory for Change*, 2003. Available at: <http://thomas.loc.gov/> (accessed on 12.09.2022).

¹⁹ *Ibidem*.

²⁰ The United Nations, *Universal Declaration of Human Rights*, 1948. Available at: http://www.anr.gov.ro/docs/legislatie/internationala/Declaratia_Universala_a_Drepturilor_Omului.pdf (accessed on 18.10.2021).

²¹ The United Nations, *Convention on the Elimination of All Forms of Discrimination against Women*, 1979. Available at: <https://anes.gov.ro/wp-content/uploads/2018/07/Conventia-asupra-eliminarii-tuturor-formelor-de-discriminare-fata-de-femei-cedaw.pdf> (accesat la data de 15.11.2021).

and Development²²; The Cairo Program of Action is considered the starting point of the international movement for reproductive rights, considering²³ that this is the moment when the reproductive rights were recognized as a distinct category of human rights;

- the right of women to freely decide in reproductive matters, through the Millennium Development Goals, adopted by the United Nations Organization through the UN Millennium Declaration, in the year 2000²⁴ and through the 2015 UN Sustainable Development Goals²⁵;

- the right not to be subjected to forced abortion or sterilization, through the Istanbul Convention²⁶ in 2011;

- the prohibition of "gender normalization" medical interventions on bi-genders or on people who are born with an atypical gender identity, in such a way that they are induced to be sterile – by the joint statement of the World Health Organization, some bodies subordinate to the UN and of other intergovernmental agencies on the Elimination of Forced, Coercive and Involuntary Sterilization of 2014²⁷.

A number of international non-governmental organizations stood out for their advocacy work for human reproductive rights, among which the most influential activity had the World Association for Sexual Health,

²² United Nations Population Fund, Programme of Action of the International Conference on Population and Development, Cairo, Egypt, 5–13 septembrie 1994. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf (accessed on 21.02.2022).

²³ R. A. Fincher, „International Conference on Population and Development”, in Environmental Policy and Law, vol. 24, nr. 6/1994, pp. 309-319. Available at: <https://heinonline.org/HOI/LandingPage?handle=hein:journals/envpola24&id=309> (accesat la data de 18.04.2022).

²⁴ Organizația Națiunilor Unite, Declarația ONU a mileniului, Obiectivele de dezvoltare ale mileniului, New York, SUA, 2000. Available at: <https://www.unhcr.org/ro/146-ropre-noigovernare-si-organizareobiectivele-de-dezvoltare-ale-mileniului-odm-html.html> (accessed on 20.12.2022).

²⁵ United Nations, Take Action for the Sustainable Development Goals, 2015. Available at: <https://www.un.org/sustainabledevelopment/sustainable-development-goals/> (accessed on 17.01.2022).

²⁶ Council of Europe, *Convention on Preventing and Combating Violence Against Women and Domestic Violence*, Istanbul, Turcia, 2011. Available at: <https://rm.coe.int/168008482e> (accessed on 10.10.2022).

²⁷ World Health Organization, Office of the United Nations High Commissioner for Human Rights, United Nations Entity for Gender Equality and the Empowerment of Women, Joint United Nations Programme on HIV/AIDS, United Nations Development Programme, United Nations Population Fund, United Nations International Children's Emergency Fund, *Eliminating forced, coercive and otherwise involuntary sterilization, An interagency statement*, 2014. Available at: https://www.unaids.org/sites/default/files/media_asset/201405_sterilization_en.pdf (accessed on 21.10.2022).

which, in 1997, adopted, in Valencia, the Declaration on Sexual Rights²⁸, which includes a number of 11 such rights, including the right to benefit from the scientific progress in order to have genetically related children, regardless of the form of the sexual option as a lifestyle.

The period of preparation of the Declaration of the World Association for Sexual Health involved an intense activity of raising awareness of the reproductive problems faced by certain couples due to the choice of a minority sexual orientation, and thereby influenced, even before the adoption of the Declaration, the manner in which reproductive rights were enshrined in the UN Platform for Action, adopted as a result of the Beijing International Conference²⁹, from 1995, which essentially recognizes the right of women to decision-making autonomy regarding their own reproductive health.

The second Declaration on Sexual Right³⁰ adopted by the World Association for Sexual Health in Hong Kong in 1999 also influenced the text of the Yogyakarta Principles³¹, adopted in 2007 and accepted as an international charter of the rights of homosexual, lesbian, bisexual, transgender or intersex individuals by the UN Human Rights Council in Geneva of March 26, 2007. The Yogyakarta Principles reaffirm that the reproductive rights of the LGBTIQ community members must be recognized.

4. The European Convention on Human Rights and reproductive rights

In the European international area, the recognition of reproductive rights is also influenced by the European Convention on Human Rights³² and how its provisions are applied in its jurisprudence by the Strasbourg

²⁸ World Association for Sexual Health, *Declaration of Sexual Rights*, Valencia, Spain, 1997. Available at: <https://worldsexualhealth.net/wp-content/uploads/2013/08/Declaration-of-Sexual-Rights-2014-plain-text.pdf> (accessed on 16.05.2022).

²⁹ United Nations, *Platform for Action from the Fourth World Conference on Women: Action for Equality, Development and Peace*, Beijing, China, 1995. Available at: https://www.undp.org/sites/g/files/zskgke326/files/migration/ua/Beijing_final.pdf (accessed on 20.06.2022).

³⁰ World Association for Sexual Health, *Declaration of Sexual Rights*, Hong Kong, China, 1999. <https://worldsexualhealth.net/wp-content/uploads/2013/08/declaration-of-sexual-rights.pdf> (accessed on 15.08.2022).

³¹ International Commission of Jurists, International Service for Human Rights, *The Yogyakarta Principles*, Yogyakarta, Indonesia, 2007. Available at: http://yogyakartaprinciples.org/wp-content/uploads/2017/11/A5_yogyakartaWEB-2.pdf (accessed on 18.07.2022).

³² Consiliul European, *Convenția pentru apărarea drepturilor omului și libertăților fundamentale*, 1950. Available at: <https://www.salvaticopiii.ro/sci-ro/files/bf/bf6232e0-17ff-40be-900d-c7088206ce01.pdf> (accessed on 19.09.2022).

Court. The European Convention recognizes the right to private and family life in art. 8; however, it does not expressly enshrine reproductive rights in the extended form they have taken on in recent years worldwide. It is true that in the Convention system, as long as a particular form of exercise of a right is not expressly prohibited by law, the free exercise of that peculiar right is possible and must be guaranteed. Therefore, regardless of whether we consider the reproductive rights as part of the content of the right to have a family, or as a set of autonomous rights, their limitations should, in the ECHR system, be allowed only for "the defense of national security, safety and public order, of the economic well-being of the country or for the protection of health, morals, rights and freedoms of citizens"³³.

The reluctance of states to recognize and give effect to state-of-the-art reproductive rights, specifically those related to the medically assisted reproduction (in vitro fertilization, surrogacy, genetic engineering for reproductive purposes) is still an area that, from the perspective of the ECHR system, it is mostly left to the discretion of the states, even if, according to the jurisprudence of the Court, the interference of the states in the free exercise of rights is only possible if it is justified that "the limit, provided by law, is necessary in a democratic society to aim to protect the public order"³⁴.

The European Court of Human Rights has established that the states, based on the margin of appreciation, can impose limitations on the right to private and family life, therefore this is not an absolute right, so neither are the reproductive rights, as rights included in the right to having a family (they are not expressly and distinctly provided for by the Convention) are not absolute as they may undergo limitations if they are made with a legitimate purpose, and the limitation does not exceed the scope of that purpose³⁵. It is also true that extreme reproductive techniques can provoke vast and diverse negative reactions to the cultural and/or religious tradition of a society, therefore the national authorities are best able to balance the national cultural specificity with the protection system of human rights.

5. Conclusions

The humanity is experiencing today the challenges of its own potential, and with it, the challenge of setting its own rules in areas that until

³³ G. Coca, *Interesul general și drepturile fundamentale ale omului*, Edit. Universul Juridic, 2011, p. 55.

³⁴ M. Tomescu, *Drepturile omului. Tendințe și orientări contemporane*, Edit. Pro Universitaria, București, România, 2019, p. 82.

³⁵ D. Bogdan, M. Selegean, Mihai, *Jurisprudență CEDO. Studii și comentarii*, Institutul Național al Magistraturii, București, România, 2005.

now had been "regulated" by the biological imperatives of the human condition. The human creativity, expressed, among other things, through technology, modifies the human biological pre-determinism, and thereby it changes perspectives, brings new challenges, new ethical dilemmas, *ex novo* rights and duties in the legal field. One of the fields of the human life which, par excellence, has undergone such a transformation is that of the human reproduction.

The issue of the human reproduction (in the form of medically assisted human reproduction, through the current medical technologies) is extremely vast, starting from the now classic treatments against infertility (through medication to stimulate fertility and maintaining high-risk pregnancies) and reaching to extreme reproduction techniques, some still in the experimental stage (such as self-fertilization or cloning). Such a line of reasoning opens the discussion to new approaches, including the right to dignity in the context of the collaborative reproduction through surrogacy, and the right to private life and family life.

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