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ORIGINAL RESEARCH

Should fertility clinics divest themselves of pornography?

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Abstract Some commentators object to the way in which fertility clinics make pornography available to men as an aid to masturbation when those men produce sperm for evaluation, storage or IVF. These objections typically rely on claims that pornography is generally harmful to women, unnecessary and dissociates sexual acts from conception. In light of these objections, certain commentators want fertility clinics to divest themselves of pornography, but these objections to pornography are not morally convincing. In general, pornography can have psychological value to men masturbating 'on demand' in clinical contexts. Not all erotica must, either, work to the disadvantage of women in its means of production or social effects. Moreover, the sexuality expressed in masturbation has a value of its own, and conception apart from sexual intercourse is morally defensible on its own. Divestment from pornography would do little to constrain the putative harms of pornography because clinics consume only a fractional amount of the total amount of pornography available. The provision of pornography is a defensible clinical practice, even if it is not absolutely necessary to all men in producing a sperm sample important to their fertility or their interests in donating gametes.

KEYWORDS: assisted reproductive treatments, erotica, ethics, gay, harm to women, pornography

Despite its entrenched presence in many parts of the world, pornography remains contentious not only as a matter of definition but also as a matter of its value and effects. Some commentators have offered unsparing criticism of straight pornography, namely erotica featuring women but produced primarily by men for consumption by men. Feminist and legal critics have typically maintained that pornography is both a symptom of and continuing cause of the status inequality of women, that it represents women as subordinate to men, and that it even constitutes a kind of violence against women (Dworkin, 1991; MacKinnon, 1993). Critics have also maintained that the production of pornography preys on the

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diminished social status of women by drawing them into a line of work that exposes them to harm in sexual relationships they choose only as adverse preferences (Lahey, 1991). Degrading representations of and assumptions about women found in pornography are also said to carry over to men's actual relationships with women, for example, in men expecting women to be available to them as sexual servants (Satz, 2012). Some critics press the case against pornography even if they concede that pornography might have some value for some women under some circumstances, e.g. as useful in providing an opportunity for income in the absence of other opportunities or in enhancing sexual relationships with their partners. To be sure, not all legal or moral analysts are critical of pornography, not even all self-identified feminists (Strossen, 1993), but neither have its critics backed away from their interpretations of its harm.

Political scientist Courtney Daum (2009) notes that the 1980s and 1990s saw a great deal of analysis of pornography, especially from feminist perspectives, but that since then 'theorists have dedicated less discussion to the issue.' Even so, certain critics maintain objections to pornography in its classic forms and in its new roles, one of them being its presence in the ever-growing number of fertility clinics around the world. Mindful of classic objections to pornography, some critics have explicitly criticized fertility clinics for the widespread practice of making pornography available to their clients (Purvis, 2006). For example, healthcare analyst Julia Manning (2010) has objected to pornography in tax-supported UK National Health Service clinics on a variety of grounds, saying that it fosters unhealthy attitudes toward women, leads to humiliation of the staff, and misuses taxpayer money, among other concerns. She thinks that clinics should not make pornography available even if its producers were to donate it. For her part, bioethicist Christina Richie (2015) also objects to the presence of pornography in fertility clinics, saying 'This is highly problematic, as heterosexual pornography has been implicated with being antithetical to women's welfare, due to power imbalances.' Richie claims that 'the diseases [sic] of pornography' involve the 'malicious dynamics' of the male gaze of domination in pornography; this framing effect involves the conceptualization and control of women as subservient to men, all the more so in sexual matters. Richie claims further that 'Those using reproductive technologies – from single women selecting ejaculatory fathers, to couples using donated sperm, to the man who becomes a sperm donor for pay – are all complicit in perpetuating the heterosexual pornography industry and all it entails' (Richie, 2015).

Richie also asserts an objectionable conceptual link between pornographers and fertility medicine:

Both the porn industry and sperm retrieval are predicated on metaphorical surrogacy. In both cases, a substitute takes the place of a human body and thereby severs the ancient link between orgasm in intercourse and conception. When a man provides a sperm sample at a fertility clinic, explicit materials take the place of physical foreplay. This arousal leads to ejaculation through autoeroticism rather than through partnered sex. As a man views print or video images of women, his sexual behavior is divorced from an actual association with an actual human body.

According to this interpretation, both pornography and fertility treatments presume sexual acts uncoupled from actual bodily interactions. In this way, pornography and fertility treatment objectify women, if only because both practices involve disembodied 'sexual' relationships that function to the disadvantage of women.

In view of these interpretations, Manning and Richie both want pornography excluded from fertility clinics. Manning would turn away even donated pornography, saying that producers are aware of what she calls pornography's addictive nature. Not only would donation not resolve any of the central criticisms of pornography, she says the availability of this erotica would open men to the prospect of certain kinds of sex addiction or reinforce any addiction or dependency they already have (Duffy et al., 2016). With that kind of outcome, the donation of pornography would only be a self-serving extension of its producers' commercial interests. In any case, Manning argues that pornography is more or less unnecessary to sperm production, and she leaves matters there: at a call for divestment. By contrast, Richie recommends various alternatives to pornography as an aid to sperm collection: 'Both surgical sperm collection and electroejaculation techniques can produce semen samples without self-stimulation. So can partnered assistance and sexual intercourse with a condom.'

This paper will argue that these objections to pornography in the work of fertility clinics are unconvincing on both moral and practical grounds. In the discussion below, consideration will be limited to the provision of pornography by fertility clinics to adult males, as the role of erotica in the fertility preservation of minors requires its own focused analysis (see, for example, Crawshaw et al., 2007; Wheeler et al., 2011). I want to show that the provision of pornography is a defensible clinical practice, even if it is not absolutely necessary to all men in producing a sperm sample important to their fertility. This analysis will not evaluate specifically the claim that straight pornography is in its totality harmful to women as a class. That analysis would take us too far afield from a focus on pornography's role in fertility clinics by emphasizing issues and dynamics that would obscure smaller-grained questions. Instead, it will focus only on the defensibility in principle of pornography in clinical settings, by showing that pornography has value in those settings, that the argument that pornography involves a morally impoverished kind of sex is unconvincing as a bar to its use in the clinic, and that in any case divestment would have little practical effect on pornography markets or – indeed – access to pornography in an online age.

Pornography in the clinic

Some commentators have defended pornography in fertility clinics on practical grounds, largely as a way of easing concerns about masturbation in a clinical setting, which can be embarrassing and involve anxiety and performance pressures (Thornhill, 2010). This is not to say that all men will welcome pornography without qualification. Some researchers have reported, for example, that access to pornography in fertility clinics may provoke a certain amount of anxiety in some Muslim men, if they believe that masturbation is wrong and that the pornography itself is also objectionable (Inhorn, 2007). Even so, other Muslim men report pleasure in having access to this kind of material where it can be culturally or legally difficult to obtain (Inhorn, 2007). For them, as for others, pornography can