



LASALLECUNMUN

# LASALLECUNMUN 2024

## WHO

(World Health  
Organization)

“The ethical dilemma in the  
surrogate maternity practice”

Background Guide





Dear delegates,

I am deeply honored to introduce you to LASALLECUNMUN 2024. My name is Britany Contero Soria and this year I have the amazing opportunity of be your president in WHO, alongside me we have the privilege of having Constanza Martinez as our moderator and Regina Elizalde as our conference officer. We earnestly encourage and anticipate your wholehearted dedication in this model, so everyone can get a great experience.

Currently, I am 18 years old, and I am a junior at Universidad La Salle Cancun in the area of Community Hygiene and Health. I chose this area because for my love for science and investigation. I absolutely love being in the laboratory and learning about the human body, and different kind of species. Another thing that brings me a lot of joy is dancing I have learned from hip-hop to jazz, but currently I am in the Polynesian dance team of the school, and it has been a wonderful experience. This will be my second model, and first as president. Last MUN I participated as delegate in UNESCO where I won best delegate, and since then I got more interested in MUN, because I believe that it helps a lot with selfconfidence.

I am looking forward for you to enjoy this model, and learn new things about it. Remember that our voices have the power to shape a better world. Stay inspired, stay informed, but mostly stay united in your pursuit of global situations and embrace the changes. I am convinced that you will do a great job in this model. Do not hesitate to contact me in case you have any questions.

Best wishes,

**Britany Contero Soria**

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## **COMMITTEE DESCRIPTION**

Founded in 1948, WHO is the United Nations agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable, so everyone, everywhere can attain the highest level of health. WHO leads global efforts to expand universal health coverage, coordinate the world's response to health emergencies and promote healthier lives – from pregnancy care through old age.

*Topic: “The ethical dilemma in the surrogate maternity practice”*

## **INTRODUCTION**

Surrogacy is a form of assisted reproductive technology (ART) in which a woman carries a pregnancy and gives birth to a child on behalf of another individual or couple who is unable to conceive.

There are two types of surrogacy: traditional surrogacy and gestational surrogacy. In traditional surrogacy, the intended father's sperm is used to inseminate the surrogate mother, so making her the child's biological mother. In gestational surrogacy, the surrogate mother carries an embryo created using the intended parents' egg and sperm, making her genetically unrelated to the child.

Surrogacy can be an option for people who are unable to conceive or carry a pregnancy to term due to many reasons such as infertility, medical conditions, or same-sex couples who want to have children. It can be commercial or altruistic, depending upon whether the surrogate receives financial reward for her pregnancy. If the surrogate mother receives money for the surrogacy arrangement, it is considered commercial, and if she receives no compensation beyond reimbursement of her medical and other pregnancy-related expenses along with the insurance coverage for her, it is referred to as altruistic. Although this arrangement seems to be beneficial for both sides, there are complex social, ethical, moral, and legal issues associated with it.

## **HISTORICAL BACKGROUND**

The first mention of surrogacy can be found in “The Book of Genesis” in the story of Sarah and Abraham. Sarah and Abraham were married but could not conceive a child of their own, so Sarah turned to her servant Hagar to be the mother of Abraham's child. Surrogacy remained a taboo topic up until the twentieth century due to the stigmas associated with infertility and “illegitimate” children.

The first successful artificial insemination of a woman was completed in 1884, although in an ethically questionable way. This paved the way for future artificial inseminations used in the surrogacy process. The first legal surrogacy agreement in the history of it was brokered

by lawyer Noel Keane in 1976. This was a traditional surrogacy, and the surrogate did not receive any compensation for the pregnancy. Keane used this experience to establish the Infertility Center, which would arrange hundreds of surrogate pregnancies a year.

The first compensated surrogacy agreement was arranged between a traditional surrogate and the intended parents in 1980. Elizabeth Kane received \$10,000 to carry a baby for another couple. Although she had already completed her family and placed a child for adoption.

Perhaps one of the most famous cases in surrogacy history is the Baby M case involving Mary Beth Whitehead, who agreed to carry a child for William and Elizabeth Stern but refused to give up the baby after giving birth. The case went to court, and the judge ruled that Whitehead was the legal mother of the child. The case brought attention to the legal complexities of surrogacy and led to increased regulation of the practice. The Hague Conference on Private International Law has been working on developing international guidelines for surrogacy since 2011 and The United Nations Human Rights Council has also addressed surrogacy as an issue of concern for children's rights.

## **CURRENT SITUATION**

Many rich countries are moving in the direction of liberalizing surrogacy laws, just as many poorer ones are putting up obstacles. There is no international regulation about it. Surrogacy laws vary considerably around the world, and many countries do not regulate commercial or altruistic surrogacy at all. In some countries like United States, Australia and Mexico, regulations vary by state. Intended parents pursuing surrogacy arrangements should independently verify the laws in the country where arrangements are being made and, in the country, where they plan to reside. For instance, California has no upper limit on how much a woman can be paid to carry a child for another family. On February 15th, 2021 a new law, the Child-Parent Security Act, came into force in New York, which overhauled that state's surrogacy laws, including allowing women to be paid for bearing a child for someone else. This leaves Michigan and Louisiana as the only states in America that explicitly prohibit compensated surrogacy. In the UK, surrogacy is legal, but if you make a surrogacy agreement it cannot be enforced by the law. Britain and the Netherlands are considering introducing "pre-conception agreements" proposals to make a baby's intended parents its legal parents at birth. Ireland is due to pass its first legislation on the matter, which would allow for altruistic surrogacy, within the next four years.

There was a time when Asian countries like India and Thailand were a hub for international surrogacy, but not anymore. During this time, international surrogacy meant going to India or Thailand, as these two nations were offering affordable quality medical services with a considerable number of young and healthy surrogates. Adequate legal protection for intended parents and the cheapest surrogacy cost was the main reason for their popularity. Nevertheless, a few adverse media reports and irregular malpractices make it quite visible for the government to ban surrogacy services for foreigners in these countries.

The other alternative surrogacy destination like Nepal and Cambodia came into existence, but could not last more than a year or two. There was a time when most of the Indian IVF Clinics put their attention on Nepal so that they could continue their operation in the nearby small country. As soon as surrogacy in Nepal was getting popular, the local Government stopped it, owing to international pressure and no experience with this new concept. Same way when surrogacy in Thailand came to a halt, local Thailand surrogacy agencies moved their focus to surrogacy in Cambodia. New IVF Clinics opened with the hope of offering surrogacy to international couples. But again, the absence of surrogacy laws fear of human trafficking, and overuse of the surrogacy services by many agents led to banning of the surrogacy in Cambodia. Surrogacy in India is also seeing its last day. The Indian government banned foreign surrogacy in October 2015. Now, they are in the process of passing a surrogacy bill in 2016, to stop commercial surrogacy for its citizens as well. Besides this, surrogacy in Russia is also stopped for foreign couples and only local Russians can do surrogacy.

Furthermore, recently there has been an announcement by the prime minister of Georgia that they plan to stop foreign surrogacy in Georgia from January 2024. How the situation develops, needs to be seen.

The United Nations has been considering how to address surrogacy. The process has profound implications for children born through surrogacy such as; identity rights, health risks, risk of exploitation, and legal challenges, but also for people who have acted or wish to act as surrogates, and those who seek to become parents through it. The UN has emphasized that reproductive rights are integral to women's rights, a fact that is upheld by international agreements and reflected in law in different parts of the world. The Office of the United Nations High Commissioner for Human Rights (OHCHR) has suggested that any international regulation developed in regard to surrogacy should focus on both private international law and public international law, providing in particular for the protection of the rights of the child, of surrogate mothers and of intending parents.

Like any other medical or social practice, can have a range of consequences.

Parenthood for those who cannot conceive: Surrogacy provides an opportunity for individuals who are unable to conceive or carry a pregnancy to term, such as infertile couples, single parents, or same-sex couples, to have a child.

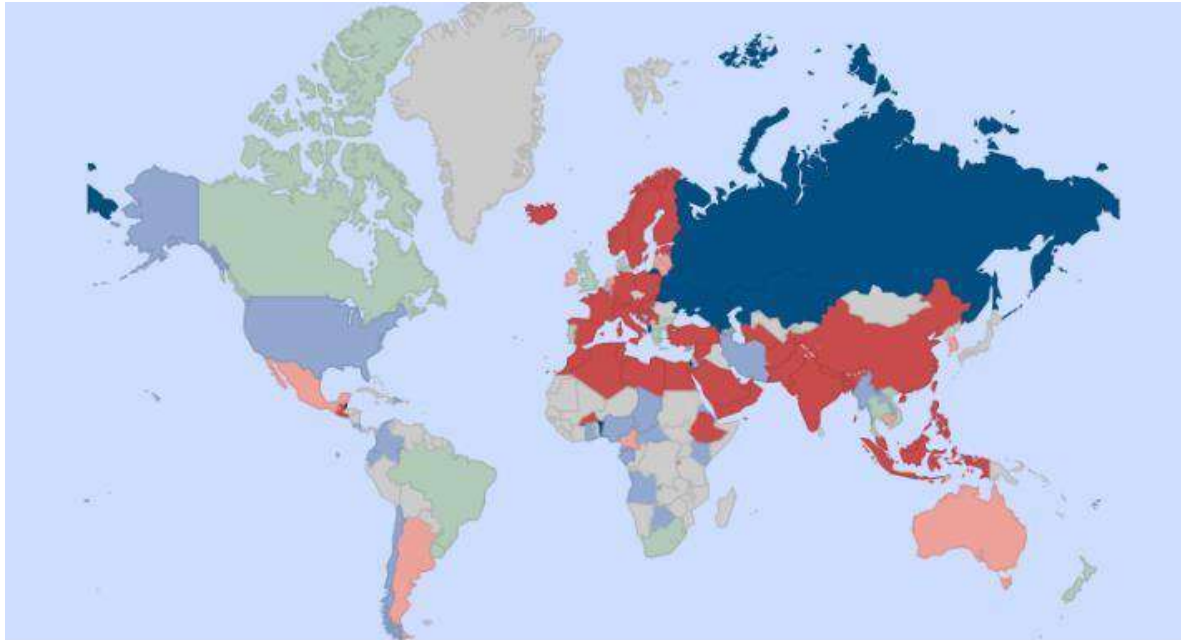
Financial benefit for surrogates: In countries where commercial surrogacy is legal, it can provide a significant source of income for surrogates, often women in economically disadvantaged situations.


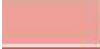



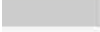
Exploitation of surrogates: There are concerns about the potential for exploitation of surrogates, particularly in countries where regulations are lax or non-existent. This can include inadequate compensation, poor health care, and coercion.

Legal and ethical issues: Surrogacy can lead to complex legal issues, particularly in cases where the surrogate mother changes her mind about giving up the child, or the intended parents change their minds about wanting the child. Ethical issues can also arise, such as questions about the commodification of women's bodies and the rights of the child.



Psychological impact: Surrogacy can have psychological impacts on all parts involved, including the surrogate, the intended parents, and the child. These can include issues of attachment, identity, and disclosure.



	Commercial surrogacy prohibited, altruistic surrogacy permitted
	Commercial surrogacy prohibited, altruistic surrogacy unregulated
	Both commercial and altruistic surrogacy prohibited
	Both commercial and altruistic surrogacy unregulated
	Both commercial and altruistic surrogacy permitted
	Details of regulation unknown

## **COUNTRY BOX**

Canada  
Federal Republic of Germany  
Federative Republic of Brazil  
French Republic  
Italian Republic  
Japan  
Kingdom of Spain  
Kingdom of Sweeden  
People's Republic of China  
Republic of India  
Republic of South Africa  
Russian Federation  
State of Israel  
Taiwan  
The Islamic Republic of Pakistan  
The Portuguese Republic  
Ukraine  
United Kingdom  
United Mexican States  
United States of America

## **GUIDE QUESTIONS**

- I. What laws exist in your country about surrogacy?
- II. What ethical, moral, religious, or cultural arguments are presented in your country?
- III. What are the economic implications for it?

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