



The Project

The use of genomic sequencing technologies in pregnancy and reproduction is attractive, not least because they promise to improve human welfare. Such technologies are having a big impact in medical testing more generally, spurred by innovations such as faster and cheaper DNA sequencing. Yet information, which is now easily generated and proliferated, is almost never knowledge. It must be made meaningful to be useful. Despite this, society is easily seduced by new technologies and so a critical approach is needed. Bioethics can play the key role here, clarifying underlying values and circumscribing appropriate uses of new technologies. Yet the dominant interpretation of reproductive autonomy in bioethics, especially how it is being applied in clinical practice and reflected in professional guidelines, remains deficient in a number of serious ways.

This theoretical bioethics PhD project will be focussed on extending recent work that critiques the so-called 'default account' of autonomy and applying it to the reproductive context in order to develop a better model of reproductive autonomy, fit for the genomic age. Much of the reproductive ethics literature to date has focused discussion on the child to be born. Questions ask whether a child will have a life worth living or whether there should be limits or obligations to parental choice in testing. This project, in contrast, will focus on the impact that new DNA sequencing technologies will have on the autonomy of the people – potential parents – who will be using them.

The project will allow the successful candidate to develop and enhance skills in ethical research and normative analysis. The candidate's PhD will address several interrelated questions, including:

- i. What would a substantive account of reproductive autonomy, which potentially incorporates critical reflection, the importance of being authentic, and sensitivity to family, social contexts and relationships, look like? What would constitute an appropriate communicative context in relation to such a substantive account?
- ii. What role should the concept of information play in securing/facilitating autonomy? How do we adjust information provision to better recognise that there will be refusals of information, if such refusals can be consistent with acting autonomously?
- iii. How do the wider socio-political values embedded in reproductive practices impact people's decision-making around genomic (and other) technologies? How should we understand concepts such as collectivity, compassion, vulnerability, solidarity and a recognition of the social determinants of health in this context?
- iv. How does the 'technological imperative' impact the quality of the available moral 'thinking space'? How does the construction of this space around the technological imperative and other reproduction-related social values influence decision-making, and the robustness of reproductive autonomy?

To answer these questions, the candidate will undertake:

1. A literature review and analysis of current theories of, and approaches to, reproductive autonomy;
2. Conceptual analysis of the role of information in autonomous decision-making;
3. Normative analysis of the socio-political context within which genomic technologies are developed and employed in reproduction;
4. Development of new concepts of and/or approaches to reproductive autonomy;
5. Synthesis of literature and critical analysis, alongside argumentation for new concepts and theoretical findings.

The project will be co-supervised by Prof Ainsley Newson and Dr Kathryn MacKay (Sydney Health Ethics). This is an excellent opportunity for candidates to gain valuable experience working in a rapidly developing research area on a large international cross-disciplinary project, funded by the Australian Research Council. The successful candidate will have the opportunity to develop a suite of research and analytic skills and an academic network that will help to prepare them for a research career in bioethics or philosophy.

For further information, please contact:

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