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(www.hfea.gov.uk) and its Ethics and Law Committee (1998–2005)

Would-be parents have always wanted to know the sex of their unborn child and have often wanted to decide what sex a child will be. People have eaten and drunk strange things and have conceived in odd places or at specified times. After conception they've tried to guess the sex of the child by the shape of the bump or the way a pendulum swings over it.

However, only recently has it become possible to actually decide what sex a child will be before it is born. A relatively new technique, preimplantation genetic diagnosis (PGD), allows an embryologist to take one cell from an embryo created by in vitro fertilisation and test it for any number of characteristics, including the sex of the embryo. A choice can then be made about which embryo to replace in the womb. Nothing is done to change its genetic make-up; it's just a matter of choosing an embryo of a particular sex to put back. The other possible technique for sex selection is to sort the sperm before it is combined with the egg and only use the sperm that will provide a child of the required sex.

There may be good medical reasons to choose a child of a particular sex, especially where there are sex-related genetic diseases such as haemophilia (carried by the female but expressed in the male) or Duchenne muscular dystrophy. But can choosing the sex of your unborn child for non-medical, purely social reasons ever be justified? Now that we can do it, should we do it?

At the Human Fertilisation and Embryology Authority (HFEA), which regulates the creation and use of embryos outside the womb, there has been a lot of debate about this over the last five years. Some would say that the state should not interfere in what is essentially a private decision. They also argue that there is no evidence that sex selection would cause a population imbalance – unlike in China and other cultures, there is little to suggest that the majority of the British population would choose one sex over the other. If there is no evidence of likely harm then there are no grounds for intervention.

However, a consultation conducted by the HFEA in 2003 showed that the majority of respondents were opposed to sex selection for what is termed 'social' reasons. Of those consulted, 80 per cent said that sperm sorting should not be used for social reasons, and 69 per cent said that all sex selection should be restricted to medical reasons. Even so-called 'family balancing', in which parents choose the sex of a second or subsequent child, wasn't supported by most respondents.

Neither sperm sorting nor PGD are free from risk, discomfort or stress, and both techniques require significant resources. Concerns have been raised about the effect of sperm sorting on the resulting child, and there is little conclusive research either way. PGD has fairly low success rates, it is intrusive and very expensive. Both of these methods may be worth using where there is a real health risk to the resulting child, but what about where it is just to choose its sex? Being of a desired sex may not be of overwhelming benefit to the child itself and what is of paramount importance in this debate is the welfare of that child. Each one is an individual, not just a vehicle for its parents' wishes and desires, and should be treated as such. While it may be acceptable to use fertility treatments like PGD to prevent harm, either to the resulting child or even to an existing and sick sibling, there seems to be no overwhelming reason (apart from the contemporary mantra of consumer choice) to justify its use merely to fulfil a preference for a boy or a girl.