

TEN INTRODUCTORY LECTURES ON BIOETHICS

ASSISTED REPRODUCTION

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INFERTILITY

- ▶ Defined as inability to get pregnant after a year of regular sexual intercourse w/o using contraceptives
 - About 12% of American couples are infertile; 17% of Hong Kong couples
 - Infertility related to poverty, STDs, age
 - Prevention/education
- ▶ Conventional therapies
 - Drugs to enable ovulation
 - Surgical repair of reproductive organs
 - Artificial insemination (by husband/donor)
- ▶ Assisted reproductive technology (ART)

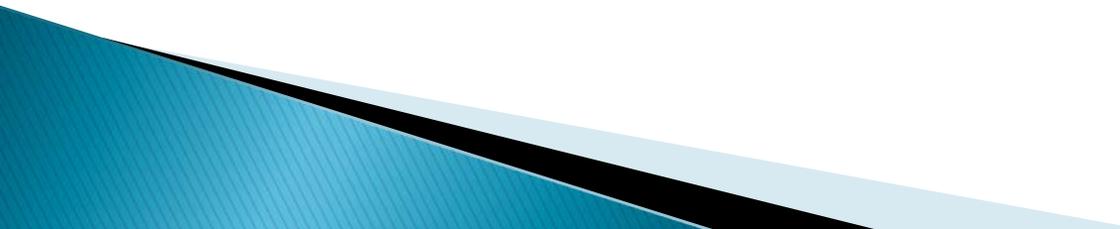
IN VITRO FERTILIZATION

- ▶ Woman injected with super-ovulatory drugs
- ▶ Egg retrieval performed transvaginally, under anesthesia, using ultrasound guidance
- ▶ High concentration of sperm, retrieved through masturbation, placed around each egg in growth medium in petrie dish
- ▶ Fertilization may occur within 2–6 hours; takes about 5 days to reach 100 cells (blastocysts)
- ▶ Blastocysts then transferred to uterus of:
 - Egg provider – genetic and gestational mother
 - Surrogate – gestational mother
 - Rearing mother could be genetic or gestational mother or neither

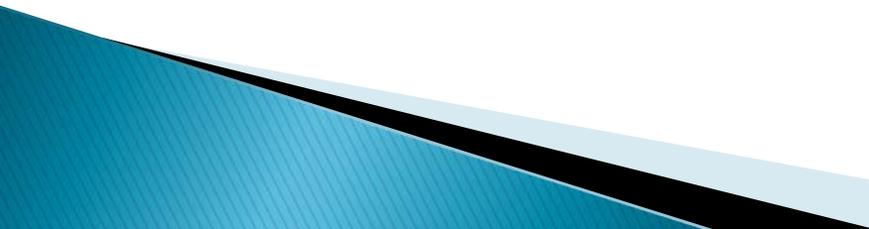
BACKGROUND

- ▶ First IVF baby: Louise Brown in UK, 1978
 - No clinical trials
 - Parents unaware the technique was experimental
- ▶ In early days, low success rates (10%)
 - Concern about exploiting couples desperate to become parents
 - Great variation between clinics
 - Nowhere to get reliable data
- ▶ Today, Centers for Disease Control (CDC) collect and publish data from almost all ART clinics
 - “Take-home baby rates” approach pregnancy rates of fertile women
 - 40–50% of cycles in women under 35 result in live birth; only 1% in women older than 44 using their own eggs

ETHICAL ISSUES

- ▶ What is the nature and scope of procreative liberty?
 - ▶ Is ART the best way to help infertile people?
 - Expensive
 - Adoption as an alternative
 - ▶ Health and safety
 - Mother
 - Baby
 - ▶ Effects on the family
 - ART allows for multiple roles in procreation
 - Rearing rights and responsibilities
 - Issues of identity
 - ▶ Commodification and exploitation
 - Paying “donors” for gametes
 - Surrogate motherhood
 - ▶ ART and eugenics
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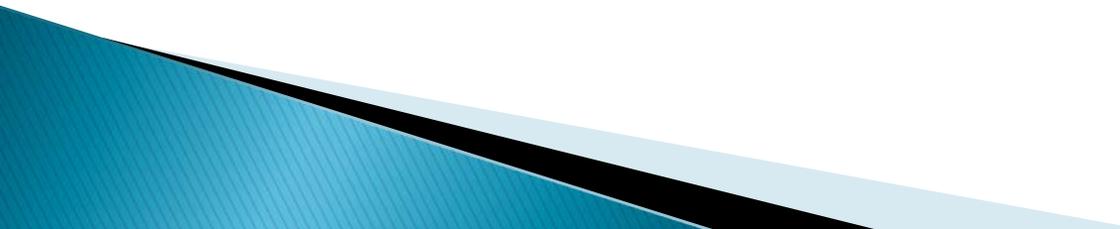
PROCREATIVE LIBERTY DEFINED

- ▶ The right to make one's own decisions about procreation without state interference
 - To have children
 - To avoid having children (use contraception, abortion)
 - ▶ The state may not prevent people from exercising their right to have offspring by forcible sterilization/contraception/abortion
 - ▶ The right to reproduce enjoyed by the lucky fertile also belongs to the unlucky infertile
 - The reasons/motives are exactly the same
 - ▶ Infertile people have a right to access ART
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THE SCOPE OF PROCREATIVE LIBERTY

- ▶ Core value: to enable infertile people to have their own genetic children to raise
- ▶ Limited to infertile?
 - Post-menopausal women
 - Gay men who need surrogates
 - Lesbians
- ▶ Procreative responsibility
 - Should not impose undue risks on offspring
 - What are undue risks? Who decides?
 - The non-identity problem
 - In many cases, the child has no other way to be born; it's life with the disadvantage or no life

IS ART THE WAY TO ADDRESS INFERTILITY?

- ▶ Public health measures to reduce infertility better than high-tech solutions
 - But these measures do not address needs of infertile couples/women now
 - ▶ Should ART be covered by national health care plans/insurance?
 - Cost depends on whether woman uses her own eggs/has a surrogate
 - Is infertility a disease?
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ADOPTION AS ALTERNATIVE

- ▶ Adoption a way to create a family
 - About 2% of children in US are adopted
 - About 1% of births the result of IVF
- ▶ But adoption is not a panacea
 - Does not provide the couple with the child they would have had, but for their infertility
- ▶ If it's more responsible to adopt than to create more babies, this applies to the lucky fertile as well as the infertile
 - A myth that there are “all these babies waiting to be adopted”
- ▶ Adoption itself not without problems
 - Transnational, transracial

HEALTH AND SAFETY

▶ Effects on women

- Super-ovulatory drugs can cause considerable discomfort; can cause more serious health problems, including (very rarely) death
- Link with ovarian cancer?
 - Correlation, not causation
 - Drugs may not increase risk of cancer; rather, women who are infertile due to endometriosis may have increased risk of ovarian cancer (which can be reduced by pregnancy)

▶ Effects on offspring

- Some studies have shown increased risk of birth defects
- But may be due to underlying problems of infertility, not the treatment for it

MULTIPLE BIRTHS

- ▶ Goal of obstetrics: healthy mother and healthy baby
- ▶ Multiples cause health problems for mother and babies
 - Prematurity associated with increased risk of morbidity and mortality
- ▶ Rates of super-multiples (triplets and more) have decreased as IVF has improved
- ▶ But twins remain common
 - Most are healthy, but risks are higher
- ▶ Professional societies recommend single-embryo transfer in good prognosis patients
 - Successful in Sweden without lowering birth rate
 - Few American doctors comply
 - Patients willing to take the risks of two children with disabilities, rather than risk no baby at all

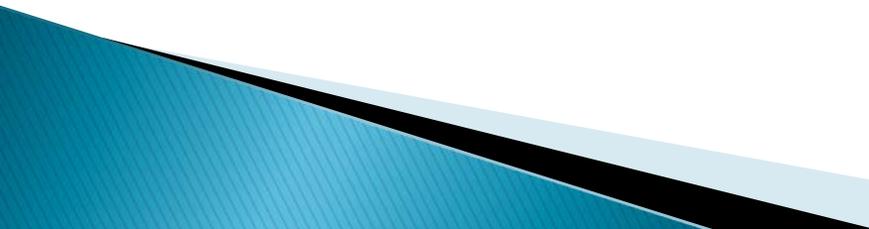
ART AND MULTIPLE PLAYERS

- ▶ Simple case of IVF: one woman, one man, genetic mother = gestational mother, biological parents = rearing parents
- ▶ Complex case: 6 different people play a role in reproduction
 - Sperm donor (genetic father is not rearing father)
 - Egg donor (genetic mother is not rearing mother)
 - Mitochondrial DNA donor (two genetic mothers)
 - Surrogate (gestational mother is not rearing mother)

EFFECTS ON THE FAMILY

- ▶ Courts have had to decide, who are the real parents?
 - *Buzzanca v. Buzzanca* (1998)
 - Sometimes a sperm donor gets stuck with child support, or seeks custody/visitation rights
 - Surrogate mothers
 - In re Baby M (1988)
- ▶ Children's rights to know their genetic roots
 - Medical reasons
 - Identity
 - No anonymous sperm donation in UK

COMMODIFICATION: GAMETES

- ▶ “Some things should not be for sale”
 - Children, votes
 - ▶ Gamete donation in USA
 - Sperm donors about \$50
 - Egg donors, varies by region, about \$5000
 - ASRM: sums above \$10,000 inappropriate
 - ▶ UK and Canada
 - No compensation beyond expenses
 - ▶ Restrictions on procreative liberty
 - ▶ Black market, medical tourism
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SURROGATE MOTHERHOOD

- ▶ Full v. partial
- ▶ Altruistic v. commercial
- ▶ The law in USA
 - In some states, even altruistic surrogacy is illegal
 - In some, both are legal
 - In some, altruistic is legal (or not prohibited), but commercial surrogacy contracts are void and unenforceable

OBJECTIONS TO COMMERCIAL SURROGACY (CONTRACT PREGNANCY)

- ▶ Psychological harm to children
 - Adoption v. surrogate contract
 - No empirical evidence of negative impact – so far
 - Are restrictions on liberty justified on basis of speculation about negative impact?
- ▶ Harm to families
 - Fracturing parenting into genetic, gestational, and rearing components
 - But also helps infertile to create families
- ▶ Harms to surrogates
 - Change of mind (Baby M case)
 - Should the law protect people from their own decisions?

MORE OBJECTIONS

- ▶ Exploitation of surrogates
 - Couples using surrogates tend to be wealthy; surrogates in US tend to be lower–middle class
 - Is this exploitative due to imbalance of means?
 - Is it more exploitative not to give fair compensation?
- ▶ Transnational surrogacy
 - Legal in India
 - Illegal in Thailand since July 30, 2015 due to Baby Gammy case
 - Surrogates tend to be extremely poor
 - Opportunity or exploitation?

SURROGACY AND BABY-SELLING

- ▶ Full surrogacy: woman provides her own gametes and uterus to create a child for contracting couple, gives up rearing rights for money
- ▶ Partial surrogacy: couple creates the embryo from their own gametes, the surrogate gestates it for them
 - Is this “their child”?
- ▶ Surrogate motherhood as “prenatal adoption”
 - Payment is compensation for risks and burdens of gestation, labor, and delivery – not payment for a child
 - In case of stillbirth, surrogate still must receive compensation
 - Not if she changes her mind and decides to keep the child

ART AND EUGENICS

- ▶ Extracorporeal embryos can be tested for genetic disease and discarded
 - Some disability advocates say this reveals prejudice against people with genetic diseases – “we don’t want you here”
 - ▶ Offers possibility of genetic modification of embryos
 - To prevent/cure disease
 - Genetic enhancement
 - ▶ The topic of the next lecture
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