OPTING FOR TWINS IN IVF

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14 MARCH 2015

MULTIPLE BIRTHS

- Bad outcome of infertility treatment
- High-order multiple births (HOMB – triplets and more) rose more than 400% in 1980s and 90s
- Twin births increased 76%
- Significant decrease in rate of HOMB in recent years
  - Improvements in fertility treatment
  - Consensus that this is a bad outcome
- Less agreement about twins
  - Bad outcome? Acceptable? Desirable?

TWIN BIRTHS

- Numerous statements from professional organizations that aim of IVF is birth of single healthy child
- But rate of twin birth has continued to rise
  - In 2010, rate of twin births in AR slightly over 33 per 1000 births
    - Much higher than rate of twins in natural conception: about 1 in 250 pregnancies
- Primary reason for increase: infertility treatment
  - IVF and embryo transfer
  - Controlled ovarian stimulation (COS)
    - Probably primarily responsible

SINGLE-EMBRYO TRANSFER (SET)

- IVF accounts for about 16% of twin births in US
- If SET became the norm for good prognosis patients, rate would likely be significantly reduced
- Sweden reduced rate of twins from 35% to 5%, without reducing birth rate, after adopting SET
- Even if improved COS also would reduce twin birth rate, IVF offers technique – SET – that virtually eliminates twin pregnancy

IS OPTING FOR TWINS JUSTIFIABLE?

- Many (most) IVF patients want twins
- Some argue that respect for patient autonomy means letting patients make their own choices
- But choices must be informed to be autonomous
  - Patients who are educated about the risks more likely to accept SET
- The right of patients to make treatment choices does not make those choices immune from moral evaluation

MORALLY EVALUATING THE CHOICE

- Some of the risks, while relevant to the decision, are not relevant to moral evaluation
  - E.g., medical risks to the woman
    - Taking additional risks with one's own health may be imprudent, but not immoral
- Additional economic costs to society can be very high
  - Multiple pregnancies result in premature infants who need expensive stays in NICUs
  - But while relevant to social policy, not directly relevant to patient choice
- Central moral issue: conflict between patient interests and increased risks imposed on offspring
- Empirical and conceptual issues

DESIRE for DOUBLE EMBRYO TRANSFER (DET)

- Patients think it increases their chances of achieving a pregnancy
  - Even if it increases chance of serious disability, they regard this as better outcome than having no child
- Enables people who want two children to complete their family in one round of fertility treatment
  - Spares them expense and burdens of multiple rounds
- Older patients especially fear not being able to get pregnant a second time

HEALTH RISKS TO OFFSPRING

- About 60% of IVF twins born prematurely; average of 35 weeks
  - More than half are low birth weight, under 5 ½ lbs.
- Preterm birth increases risk of respiratory disorders, cerebral palsy, sight and hearing impairments, and learning disabilities
- How to evaluate the risk?
- Have to make the right comparison
  - Between one twin pregnancy and two (not one) singleton pregnancies
  - Experts do not agree on how risky twin pregnancies are, though reasonable to conclude twin pregnancies impose additional risks on offspring
- Most twin pregnancies result in the birth of two healthy children
- But riskiness is independent of how things actually turn out

DOES **SET** REDUCE CHANCE OF PREGNANCY?

- Most RCTs comparing SET and DET demonstrate that pregnancy rates are higher with DET
- But RCTs by definition do not distinguish between favorable- and unfavorable-prognosis patients
- Ability to identify good-quality embryos and improved cryopreservation techniques important for improvement in pregnancy and delivery rates
- SET need not reduce chances of getting pregnant in good-prognosis patients
  - Depends on skill of practitioner

IS DISABILITY A HARM TO OFFSPRING?

- Disability critique
  - Lives of people with disabilities well worth living; disabled people as happy as the non-disabled
  - What disadvantage exists stems not from the condition, but from prejudiced attitudes and lack of accommodation, services
  - Asch and Wasserman
    - Reject prenatal testing for disability followed by abortion
      - Reflect problematic attitudes about parenting
      - Contributes to stigmatization and stereotyping
- Implications for regarding SET as morally required
  - A&W: morality of the choice depends on the reason
    - If it expresses "strong reluctance" to have any child with a disability, morally problematic
    - If expresses a preference for a non-disabled over disabled child, permissible (but not obligatory)
      - E.g., permissible to take folic acid during pregnancy to prevent sp. bif.

WHY I REJECT THEIR ANALYSIS

- They underestimate the difficulties in raising a child with severe disabilities
  - If abortion permissible to avoid other burdens, equally permissible to abort to avoid burdens imposed by disability
- They're wrong about preconception measures to avoid disability
  - A woman who refuses to take folic acid during pregnancy, for no good reasons, harms and wrongs her child born with spina bifida
    - Preventing avoidable harm not merely permissible, but morally obligatory, absent pressing countervailing reasons

THE NON-IDENTITY PROBLEM

- Claim: Even if both twins are born with severe disabilities, they have not been harmed by choice of DET, because:
  - Their lives are likely to be worth living, despite the disability
  - If SET had been chosen, only one would have been born
  - The one who gets born is more likely to be healthy and whole.
  - But neither twin can know if he or she would be born
  - Better to be born disabled than never to have been born at all
  - Therefore, neither twin has a legitimate complaint against a parent who opts for DET
  - If neither twin has a legitimate complaint, the choice is morally justified

AVOIDING HARM BY SUBSTITUTION

- Straightforward cases of prenatal harming
  - E.g., Smoking, binge-drinking, illegal drug use
    - Abstaining improves chances that *this child* will be born healthy
- Non-identity cases
  - E.g., Waiting to have a child until you're more mature, avoiding pregnancy while on medication that causes birth defects
  - No way to improve the chances for *this child*
    - Preventing the harm prevents the child's birth, and substitutes a different child
- The moral obligation to substitute
  - Better to give some child a better start in life, ceteris paribus

DOES SET POSE A NON-IDENTITY PROBLEM?

- Not if her embryos are cryopreserved
- She can have both children in separate pregnancies, with lower risk
- Not a choice between life with disability and no life at all
  - Makes choice of SET more like standard cases of harming, less a non-identity problem
- Strengthens the moral obligation of the good-prognosis patients to accept SET

CONCLUSION

- Moral choices not made in a vacuum
- Practitioners have responsibilities
  - To follow the guidelines of professional societies
  - To educate their patients about increased risks from multiple pregnancies
- Economic reasons that lead patients to prefer DET must be addressed
  - Insurance coverage of IVF
  - Investing in research to improve fertility treatment
- These need to be addressed so that patients can make morally responsible procreative choices