

Reproductive Technology -A step too far?

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Following the recent BBC 1 series entitled " Making Babies "and the now notorious Mandy Allwood case, infertility treatment has once again been brought firmly into the spotlight.The

pleasure a new-borne baby can bring to a couple is undeniable, but recent events have left many of us with a slightly uneasy feeling about the whole field of fertility treatment.

In vitro fertilization (IVF) was first reported as far back as the 1940's (Menkin and Harris, 1948). Early attempts involved placing human spermatozoa and mature human oocytes into the oviduct of the monkey in an attempt to obtain fertilization (Jones, 1966). In time further experimentation and refinements to the technique lead to a better understanding of the physiological processes involved, and in 1978 the birth of Louise Brown underlined the achievement of the invitro fertilisation techniques.

The practice of IVF then spread rapidly and success rates increased. It was, however conceded by one practitioner of IVF that this technique would probably never be as efficient as natural methods of conception (Craft, 1984). Nevertheless this technique's popularity continued to grow.

The ethical and legal implications of this innovation soon became apparent and in response to this world-wide growth numerous medical bodies formulated ethical guidelines in this field. Several papers and reports were therefore written on the subject. One of the most extensive was the Warnock Report which was published in 1984. This inquiry was set to investigate the ethical implications of new developments in the field (Warnock, 1984). This publication was influential in setting up guidelines for regulating the practice of IVF. It recommended that legal guidelines should be formulated. It was for this purpose that in 1990 the British Government passed the Human Fertilization and Embryology Act (1991). This legislation was obviously necessary however it failed to address certain issues. The first was the screening of prospective social parents.

Before being accepted onto a course of infertility treatment it is common practice to investigate both potential parents' medical and social history. This is done on the pretext of ascertaining the couples "fitness" for the parental role. This paternalistic approach is regarded as acceptable practice in order to protect the interests of the child. One could however, argue that many children conceived naturally obviously do not have this kind of protection and still go on to live happy and productive lives. Who can, with any accuracy, predict who will make a "good" parent and what criteria should one use if forced to do so?

It has further been suggested that possible grounds for exclusion of particular individuals from participating in IVF programmes could include: a history of child abuse, poverty, the single status of a female candidate, the non-traditional character of an applicant couple (for example a lesbian couple) or the unmarried status of a heterosexual couple (Walters, 1987). All these criteria limit personal freedom; make judgements on a person's character; punish individuals for past wrong doing; impose strict social judgements; and question personal sexuality. This kind of selection raises the spectre of a potential eugenic approach to fertility by potentially creating a master race by only allowing individuals of socially acceptable status to reproduce. One could now start to wonder whether in perfecting this IVF treatment scientists have opened an ethical Pandora's box

Arguments have also surfaced as to what should happen if the IVF technique fails. Are the parents obliged to support the child if it is born handicapped in some way? Have they any legal redress as they are effectively "buying a child"? If a treatment fails is it ethical to ask the prospective parents to pay for the treatment or any future attempts? In fact it could be argued that financially it is the supplying clinic's interest for the first attempt to fail.

Initially this technique was set up simply as a "treatment" for infertility much as surgery is used to successfully treat certain diseases. The ethical implications alone could justifiably provide fuel for the argument that IVF is not just simply a treatment or therapy. In fact, if IVF is a treatment then it would logically follow that infertility is the disease that must be cured. One common definition of disease often found in medical literature is that disease represents any deviation from the existing norms that prevail for human functioning (British Medical Association, 1983). Infertility, although

not uncommon, is enough to be regarded as abnormal relative to what may be considered the normal functioning of the average human being. Nonetheless, defining disease as an abnormality is far from perfect. Following this assumption being very tall very smart, very dark skinned or very strong could all qualify as diseases according to the abnormality criteria (Hull, 1990).

To avoid this ambiguity, disease could be further defined as biologic dysfunction. Infertility would fit into this criteria. Bodily organs do not function as they are intended to do (if we concede that it is the function of every female uterus to produce a child). However it does not seem exactly correct to regard a person as diseased simply because they cannot have a child. Infertile women do not exhibit any visible symptoms, may experience little if any physiological pain and may otherwise appear to be in the best of health. It should be noted that only physiological pain has been mentioned. It has been kept distinct from psychological pain as there is little doubt that the amount of this pain infertile women experience, can be immense. This psychological pain could in fact categorize infertility as a disease worthy of treatment.

Should infertile women just be given counselling to treat their psychological distress? Is it that easy to come to terms with their feelings of failure as a women when diagnosed as infertile? Could infertile women be counselled to come to terms with the fact that they will never be able to do something that society puts such a great value on? And why in fact does society put such a value on being able to have children? Infertility amongst the female population could, in fact, be seen purely as a social rather than a physiological or psychological problem. It has been suggested that IVF has developed in response to this population's sophisticated awareness of different treatments for infertility, their better education and financial status, and the pressure to exhaust every technological treatment before adoption or reconciliation to childlessness (Hoffman-Baruch et al, 1988).

In a world with an ever increasing population problem should being childless still be associated with such social stigma? Should women have to put themselves through what can potentially be a discomforting, expensive and possibly dangerous treatment (Hubbard, 1981).

Can we in fact justify spending so much money on developing IVF when problems associated with over population, such as famine, already receive insufficient funding? Could there become a day when the expansion of this technique actually contributes to the population problem?

IVF as a "treatment" is not as simple as prescribing someone a tablet in order to cure an illness. Neither could it be compared to surgically removing someone's appendicitis in order to cure the organ's inflammation. Putting aside animal experimentation and clinical drug trials these treatments are regarded as fairly value neutral. That is to say that the treatment deals with the problem and normal bodily function is restored without any major interruption to the patients or their families' lives. IVF however *"curtails any potential for the redefinition of parenthood - or infertility - by focusing exclusively on women's biological reproduction. In so doing it reinforces the notion of the "natural" bond between a mother and her biological children as well as reinforcing the idea that the nuclear family - or indeed one's own biological children - is the only desirable structure of social relations between adults and young children"* (Crowe, 1985 p58).

Should a women be regarded as a failure just because she cannot produce her own children in a natural way. Is there an inference that the worth of a women is centred on her ability to reproduce (Shannon Thomas, 1988). Does IVF offer a treatment to a problem or does it reinforce the stereotype of the women only being useful for reproductive purposes? It is felt by certain feminists that if these new reproductive techniques are allowed to progress unchecked: *"Children will be thought of exclusively as products. Women will be valuable only as breeders. Reproductive prostitution will emerge as women are forced to sell wombs, ovaries and eggs in reproductive brothels"* (Corea, 1987).

Although this view may be regarded as somewhat extreme, it can easily be seen that potentially IVF could open the way for some of these things to occur.

Feminists may argue that the strongest power they have over men is that they can reproduce and men cannot. With the continued development of IVF some of women's control over their fertility could be taken away from them. Ultimately if IVF becomes the norm they may feel even more pressure to become a mother than before. It could even be suggested that in these days of court ordered caesarian sections there could become a time when women face court orders to reproduce!

The whole IVF process intrudes into what should be a private matter between a male and female. Women may feel "violated" in so much as intimate details of their body and sexual practices are sometimes quite literally put under the microscope. It is not only females that may feel threatened by IVF. Lauritzen,(1992), a male professor of religious ethics, wrote that in his experience there were some real dangers in pursuing these technologies, and that individuals should resort to them only after much soul searching.

In his article he outlines the processes he and his wife underwent in order to overcome his infertility. He focuses on the idea that IVF technology is coercive. Rather than increasing the choices available to women, IVF raises the possibility that because it is available, women may feel that they are obliged to use it and thus their autonomy may be severely reduced.

Not only does IVF interfere with the basic human function of procreation, but it could be argued that it redefines motherhood itself. It raises the possibility of "*the creation of a child for whom there are three mothers: the genetic mother, the gestational mother, and the social mother*"(Lauritzen,1992).

This possibility again begins to erode women's power over reproduction. If an artificial womb could be developed some of the techniques available may mean that by using frozen oocytes and embryos, women will become totally detached from reproduction altogether. The resultant child may well become simply a commodity, and the idea that one day we may choose our children from a test tube bank is not as far fetched as it once seemed.

If a eugenic philosophy was applied to IVF one might ultimately be able to choose gametes that would produce a "designer" child ;and how long after that would the possibility of choosing one's child from a catalogue take to become a reality?

If the technology is allowed to progress unchecked children could quite easily become a readily obtainable commodity and the coercive pressure on infertile women would once again increase. In providing reproductive technology has science empowered women with the option to overcome infertility or has it restricted their autonomy in making them feel coerced into treatment because society puts such a high value on fertility?

If we conceive that to be able to have children is a basic human right or human good, it should therefore follow that it could rank along side other basic "goods", such as locomotion and perception. Most people agree that to have free movement and be able to walk around and see ones surroundings is a fairly basic human right and a great deal of medical effort is expended in these areas if a problem arises. It would therefore follow that if fertility is regarded as a similar right then it could, however, well command higher medical priority than it does at present.

It could conversely be argued that medicine should not be involved in trying to cure infertility at all. Millions of children have been born without the need for such exteive medical intervention. So why expend so much time and effort in trying to do so? It also could be argued that the human race survived before reproductive technology was developed and still shows very little sign of dying out. So why not just leave nature alone?

The psychological effects of childlessness may be alleviated, as previously mentioned, by receiving counselling (which could be regarded by some as being patronizing and insensitive). However, again, why should medicine even get involved in this part of infertility, could it be more productive to try and educate society to not regard infertility as a disease that requires treatment. The idea that medicine should always benefit the sick would only apply if one subscribes to the notion that the infertile are sick in the first place. Daniel(1983), stated that

"It is not wrong per se for the medical profession to go beyond the curing of disease to the satisfaction of desires", but it must acknowledge that it is going beyond its basic therapeutic role and answer any questions that may be asked about the reasonableness of the desires and the propriety of the means used".

It could be argued that some of these "means" actually involve messing around with nature and playing God.

Research associated with IVF also raises further ethical implications. Nothing perhaps illustrates this more clearly than the development of an embryo flushing technique, by a team of physicians at Harbor - UCLA Medical Centre. In April 1983, this team successfully flushed an embryo from one woman and transferred it to a second woman who carried the fetus to term (Formigli, 1987).

Is this a type of abortion to produce fertility in another woman? If this is not a form of violating women's bodies then it is difficult to argue what is.

This point however is only the tip of the iceberg. The techniques connected with IVF have led to the investigation of inherited diseases, detection of genetic abnormalities, the use of embryonic tissue for transplantation; the study of human embryogenesis and the possibility of manufacturing anti pregnancy contraceptive vaccines, all of which have associated ethical issues. It could even be argued that this single technique must be one of the most debated medical techniques ever developed. If research carries on along these lines could society be presented with eugenics on a massive scale. By developing IVF has science opened a Pandora's Box of potential horrors.

The technique's morality has also been brought into question. IVF has been compared to adultery. Hare(1985) presented that:

"Adultery is wrong as we all agree. But adultery is defined as the union of the sperm of a man with an ovum of a woman when they are not married, and one is married to someone else"(Hare, 1985 p72).

This definition obviously covers some techniques involved in IVF and although it may at first appear extreme, it enforces the argument that IVF is certainly not just a value neutral therapy.

Hare does however go on to point out the flaws in the adultery argument. The main one being that adultery involves the essential element of sexual intercourse which of course is absent in IVF. The very fact that this is not involved, has been cited by some for the technique's immorality. It has been said that:

"any technique which separates lovemaking and procreation is unethical"(Catholic Bishops joint Committee, 1983).

The arguments for and against this technique look set to increase well into the future. One thing is for certain is that IVF should not be regarded as a value neutral therapy. Even if we conceive that indeed it is a therapy after all.

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