

CLINICAL BIOETHICS AND MEDICALLY ASSISTED REPRODUCTIVE TECHNOLOGIES

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Medically assisted reproductive technologies can be helpful for certain patients, but ethical concerns are raised about the inherent nature of specific techniques and at times the context in which these are used. Ethical issues surrounding assisted reproductive technologies arise around informed choice, gender issues, embryo status and family relationships. In this paper and presentation we will examine ways in which we might approach ethically the medically assisted reproduction in practice.

Medically assisted reproductive technologies include non coital insemination where insemination may be done intrauterine or intra vaginal using sperm from the partner or donor. In vitro fertilisation where multiple ova are retrieved trans-vaginally and fertilisation occurs in the laboratory either by adding sperms to the culture medium or by injecting a single sperm into the ovum known as intra cytoplasmic sperm injection. The embryo then might be transferred to the woman's uterus or cryopreserved for future use. Embryos may also be transferred to another woman in embryo donation or contacted to a woman to carry the pregnancy called surrogate mother. Embryo can also be donated for research. Pre implantation genetic diagnosis at times is carried out. In this area the pre-clinical embryo research is highly controversial mainly because the embryos involved

are used 'instrumentally'. The fundamental controversy surrounds whether or not pre-implantation embryo has the same moral status as children or adults who are protected from 'destructive research'. Further reproductive technology possibilities include creation of off springs genetically identical to an existing or deceased person called reproductive cloning. The technologies involved to develop fetuses in mechanical wombs known as ectogenesis.

Medically assisted reproductive technologies are very helpful for certain patients. Ethical concerns surround the nature of certain technologies and the context in which they might be used. Further medically assisted reproductive technologies are unique among medical procedures, as their aim is specifically to create new individuals and then family relationships. Thus the ethical issues must be understood within this social context, which is often associated with tension and competing interests.

Ethical Issues:

Informed choice and informed consent: These require full disclosure and fair representation of all potential medical, social, emotional and at times financial risks. Often optimistic atmospheres and content of verbal and nonverbal messages might be seen as manipulative. An emphasis on success

rates, masks failure rates and no information given, of suboptimal outcomes such as medical complications, multiple births, pregnancy loss and even the pregnancy being unsuccessful, might impact on the ethical requirements of informed choice and informed consent.

Societal assumption and Gender issues:

These are central to the ethics of medically assisted reproduction. Societal assumption regarding, woman's mothering role and at times to men's virility as a mark of masculinity, can influence choice. The social imperative to reproduce can have an important influence for informed consent. For many people who are infertile, reproductive expectations might provide feelings of inadequacy and abnormality, influencing decisions and choice.

Research on the efficacy long term safety and psycho social implications of most medically assisted reproductive technologies remain incomplete. New techniques are introduced into clinical use without the patient and at times clinicians not appreciating that these techniques are still experimental. Explicit clarification should be made regarding procedures delineating, that they are experimental, innovative, and or common. And that the technology is not validated or truly validated with attention to the possible risks.

Embryo research is highly controversial. The research question must be compelling and scientifically important and not carried out for interest. Thus clinicians and researchers must avoid the potential conflict of interest between the patient and or donor's best medical care and the interests of research or financial gains. Embryo

research is increasing as a result of the recent advances in stem cell research and demand for tissue transplantation.

The religious, ethical and legal status of the human embryo is a core ethical issue with medically assisted reproduction technology. There are a number of legal definitions that range from embryos as persons, as property or objects and as embryos as a unique category. Religious views must be considered both in policy contexts and in helping specific patients select their most appropriate treatment option. While all major religions have special meaning attached to embryos, there is significant disagreement of the embryo's status.

While most infertility treatments are sought by a woman and man, in a close relationship there are several adults that potentially can play parenting roles in one form or the other in medically assisted reproduction technology. Thus often each party has her or his own interests and vulnerabilities. The offspring that results is the most vulnerable of all, since they could not consent to the arrangements that will have a profound influence on the developing identities that will ensure. Ethics requires the interest of the potential offspring must therefore always be central to reproductive choices. Donor anonymity protects the privacy of donors and recipients but it is seen to undermine the interests of off springs regarding their genetic medical history and ancestry history. In the temptation to supply a donor, temptation to cut moral coroners should be guarded against. Child centred reproduction, favours openness of donor records and this issue is often a struggle on sharing this information with the offspring.

Ethical alarm surrounds the commercializing of reproduction. With the chronic life threatening shortage of transplant organs and tissues there is concern. Woman who provide reproductive tissues or services tend to be from the lower socioeconomic groups, while recipients tend to be from the more socially and economically advantaged. This can result in the need to reduce treating costs by sharing ova or embryos. The donor's treatment is paid for by the recipient in exchange for acquisition of gametes or embryos. This can significantly undermine informed consent. Gamete providers can be influenced by financial or other considerations rather than informed commitment to donor parenting. This could result in regret at the creation of an unknown sibling and could be severe if the donor at a later period experiences infertility.

Clinicians engaged in managing infertility should be aware of these ethical challenging issues that surround medically assisted reproduction technology. As in all areas of medicine, invasive and potentially dangerous treatments should be reserved until, options with less risk have been exhausted. Contributors to infertility should be assessed and addressed. Underlying health issues that could

contribute to infertility should be investigated and managed appropriately, before considering medically assisted reproduction. Ensuring true informed consent will ensure that understandable tables of live birth rates across all initiated cycles, not merely those that preceded the ovum retrieval or embryo transfer and specified by cause and age. Physicians must assist patients to appreciate the data. Both partners encouraged to address personal concerns such as self-esteem, external pressures from family or others, gender expectations, religious or ethnic beliefs and options such as adoption. Ethical care requires preparing patients for potential negative outcomes such as medical side effects, miscarriage, perinatal complications, multiple births, social and legal complications, multiple births, social and legal complications involving reproductive collaborators, or failure of treatments to produce the healthy child they expect. Continuing support to the family after the birth will be required. Understanding the ethical issues that surround medical assisted reproduction technology and then fulfilling the ethical requirements will assist the clinician to offer an ethically competent, good clinical outcome for the couple, family and indeed in the practice of assisted reproduction.