A Study of Ethical Issues in Assisted Reproductive Technology and its Consequences on Women

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Introduction:

Infertility is a life crisis with a wide range of socio-cultural, emotional, physical and financial problems. More than 80 million people worldwide are infertile. Infertility rates vary among different countries, less than 5% to over 30%. (Greil A L et al).

India faces a high burden of infertility, with 22 to 33 million couples in the reproductive age suffering from lifetime infertility. Female factor accounts for 40%-50% of infertility among infertile couples, while male factor, which is on the rise in India, accounts for 30%-40%. (www.momjunction).

About 5% of couples living in the developed world experience primary infertility (inability to have any children) or secondary infertility (inability to conceive or carry a pregnancy to term following the birth of one or more children.

The evidence demonstrates that most infertile people on the globe live in developing countries and having children in these settings is often the only way for women to enhance their status in the community. Despite the fact that 40% of infertility causes are male-related, 40% are female-related and 20% are related to both or to unknown causes. In some communities the childbearing inability is almost always attributed only to "woman" and that women are often blamed for infertility even if the cause of infertility does not relate to them. (Van Balen F, Gerrits T).

While infertility is not a disease, it and its treatment can affect all aspects of people's lives, which can cause various psychological / emotional disorders or consequences including turmoil, frustration, depression, anxiety, hopelessness, guilt, and feelings of worthlessness in life. Though childlessness is a couple issue but the blame and burden falls on women alone. (Hammerli K et al).

There are many ethical concerns surrounding the subject of reproductive research and infertility treatment. Even if a couple conceive using their own sperm and eggs, the creation of life outside of the body is a momentous act that sparks strong opinion and sentiment. If you add donor gametes or a surrogate mother to the equation, the situation can become even more complex. Ethical and legal issues vary between countries and with religious beliefs. Every person also has their own individual opinions, which further complicates matters. (www.ncbi.nlm.gov).
Objectives:

1. To study different aspects of infertility treatment and its effects on women.
2. To assess the ethical, religious and legal aspects of assisted reproductive technology on women.

Methodology:

This study was designed and conducted qualitatively to examine the psychosocial consequences of ethical issues of infertility and its treatments. The study is based on secondary data. Analysis has been done using books, journals, research reports and articles.

Theoretical Perspective:

Intersectionality approach has been taken to study the psychosocial problems of childless women undertaking infertility treatment. The problems are many and diverse. So it is difficult for them to cope up with the problems and find solutions. On one side the issues are medicational side effects, cost concerns and familial (if third party is concerned), and on the other side the issues are religious and ethical. These issues affect women more than men both mentally and physically.

Review of Literature:

The review of the literature reveals that the infertility-related complexities and life experiences are highly influenced by the socio-cultural context in which the infertile person lives, so any comprehensive study on the subject with disregard to this context is futile.

Parenthood is one of the major transitions in adult life for both men and women. The stress of the non-fulfillment of a wish for a child has been associated with emotional squeal such as anger, depression, anxiety, marital problems, sexual dysfunction, and social isolation. Couples experience stigma, sense of loss, and diminished self-esteem in the setting of their infertility (Nachtigall 1992). In general, in infertile couples women show higher levels of distress than their male partners (Wright 1991; Greil 1988);

While many couples presenting for infertility treatment have high levels of psychological distress associated with infertility, the process of assisted reproduction itself is also associated with increased levels of anxiety, depression and stress. A growing number of research studies have examined the impact of infertility treatment at different stages, with most focusing on the impact of failed IVF trials.

Comparisons between women undergoing repeated IVF cycles and first-time participants have also suggested that ongoing treatment may lead to an increase in depressive symptoms.(www.coursehero.com).
The business side of infertility treatments also restricts access to care for many families who don’t have the necessary financial resources, since infertility treatment is not typically covered by insurance.

For one IVF session, the average cost of treatment in India is approximately Rs. 2,50,000. This is not fixed, as it is possible that the rate can go up as high as Rs. 4,50,000 for one cycle of the treatment.

If a patient requires advanced technological assistance in IVF, the cost can go much higher. For instance, an ICSI treatment will require an additional Rs. 1,50,000 to Rs. 2,50,000. An FET (Frozen Embryo Transfer) procedure will cost patients about Rs. 1,20,000, apart from the IVF cost in India. (www.momjunction.com)

Drugs and hormones used to treat infertility may cause a variety of psychological side effects. For example, the synthetic estrogen clomiphene citrate (Clomid, Serophene), frequently prescribed because it improves ovulation and increases sperm production, may cause anxiety, sleep interruptions, mood swings, and irritability in women. (These side effects have not been documented in men.) Other infertility medications may cause depression, mania, irritability, and thinking problems. Patients and clinicians may find it hard to figure out which reactions are psychological and which are caused by medications — yet identifying causes is essential for determining next steps. (www.health.harvard).

For instance, a quantitative study in Iran revealed that infertility treatment is amongst the most stressful factors for the infertile women. The overall prevalence of psychological problems of the infertile couples is estimated to be 25-60%, which is caused by a complexity of factors such as gender, the cause and duration of infertility, treatment methods, and culture.

Results of studies in Africa and Asia including Pakistan, Kuwait, Turkey and Iran showed that infertile women by some means suffer from domestic physical violence, verbal violence and stigma by in-laws and people around them. In a study conducted in India, 70% of women had experienced domestic physical violence, while 20% reported severe physical violence due to infertility. The evidence demonstrated that rate of physical violence in India is comparatively higher than other developing countries. The prevalence of domestic violence among Iranian infertile women has been reported by Ardabily et al. as 61% with the majority being psychological violence in origin. Moreover, the mentioned-study has also indicated that 14% of the women suffered from physical violence due to infertility. The prevalence of physical violence in Iran is lower than other regional Muslim countries like Pakistan. In Pakistan, 23% of infertile women reported physical violence. In our study, just two of the participants experienced physical violence by their husbands. Despite this fact, most of the infertile women in this study faced the psychological violence, largely by their husbands and relatives. This is consistent with the findings of an earlier study conducted in Nigeria. As the study showed that infertile women in Nigeria experienced various forms of domestic violence including psychological torture, physical and verbal abuse and ridicule. Likewise, the participants of our study reported psychological violence in multiple forms such as discrimination, shame and humiliation. The present study is in agreement with the studies by Abbasi-Shavazi et al. and Inhorn conducted in Egypt, indicating that gamete donation
method may lead to stigma in the communities. Therefore, infertile couples usually try to hide their treatment method from others fearing that their children would not be accepted as their biological children. (www.ncbi.nlm).

Any medical technique that attempts to obtain a pregnancy by means other than by intercourse is defined as Assisted Reproductive Technology. ART helps to solve the problem of childlessness. (http://www.legalserviceindia.com).

In the year 2012 India banned gay couples from using commercial surrogacy. In the year 2015 foreigners were banned from using commercial surrogacy in India. (https://theconversation.com).

Now the Union Cabinet has given its approval for moving official amendments to ban commercial surrogacy in India and provide ethical assistance to only needy infertile couples. The proposed legislation, said a government statement, ensures effective regulation of surrogacy, prohibit commercial surrogacy and allow altruistic surrogacy to the needy Indian infertile couples. It will also bring the rights of a surrogate child on par with that of a biological and adapted child, and will prevent sex-selection for surrogacy. (https://www.reuters.com/).

At present here are neither guidelines nor a legislation in regard to the practice of ART in India.( https://www.news18.com). Ethical and legal issues vary between countries and with religious beliefs. In some countries, there is a legal framework to address these issues, whereas others rely on official guidelines. Examples of countries that have laws and statutes applying to fertility treatment legal issues include Canada, France, Germany, the UK and Finland. Examples of countries where legal issues are left to official guidelines include Mexico, Poland, Cyprus, Australia, India and the USA.

Some aspects of fertility treatment are regulated differently between countries, with something that is permitted in one country being completely banned in another. Before embarking on treatment, couples should check which countries permit the process they need and which have the most liberal legislation. This legislation applies to almost every step of the process, from whether a person is allowed to be treated in the first instance through to how long embryos can be stored. In countries such as Turkey and China for example, only married couples are allowed to have IVF and in New Zealand, a stable nuclear family is a prerequisite. In Spain, Sweden and the USA, on the other hand, a single person and homosexuals are allowed to undergo IVF.

Other legal and ethical issues that are subject to regulation are listed below:

- Using donor sperm or eggs – law guarantees anonymity of donors in Greece, for example, but this is no longer allowed in the UK.
- Embryo development period – In many countries, embryos are allowed to develop for a number of days to enable selection of the healthiest one for implantation, but in some countries, only early embryos can be implanted.
- Length of embryo storage time – In Spain and Canada, embryos can be stored for an unlimited period, whereas in Brazil, they can only be stored for three years.
• Embryo selection process and genetic screening – Genetic screening prior to implantation is completely banned in some countries but only subject to strict regulation in others.

• Maximum number of embryos implanted – In many countries there are strict single embryo transfer policies, whereas the number implanted is left to the physician’s discretion in others.

• The use of stored sperm or embryos after a partner’s death – In Iceland, frozen sperm are destroyed if a male partner dies, while in Belgium, sperm can be obtained for future treatment if written permission is given.

• Views regarding when life begins – The Catholic Church believes life begins at conception and only allows fertilization of eggs that will definitely be used, meaning all viable embryos have to be implanted. Other individuals believe life does not really start until a few weeks later and are content with selecting only the healthy embryos for implantation and discarding the rest.

• Over all, infertility interventions help about half of patients become parents, with the likelihood of success decreasing with age. Patients who learn they are to become parents may be overjoyed, but also must learn to adjust to new roles and pressures — both during pregnancy and after childbirth. Women who have suffered multiple miscarriages, for example, are likely to feel anxious about whether they will be able to carry to term. Older couples may debate whether to undergo prenatal testing such as amniocentesis.

• Treatment failure, on the other hand, may trigger a renewed cycle of grieving and distress. The distress may be especially severe for patients living in Western developed nations such as the United States, where the cultural assumption is that anyone who works hard and is persistent will succeed in achieving a goal.

• It’s also difficult to know when to stop seeking treatment. Frequently one partner wants to end treatment before another, which can strain the relationship. Most patients need to gradually, and with great difficulty, make the transition from wanting biological children to accepting that they will have to pursue adoption or come to terms with being childless.(www.health.havard).

In the book *The Social & Ethical Issues around Infertility - Right or Wrong?* the author gave a satisfied explanation on “What are some of the ethical issues surrounding the new reproductive technologies?”

The new reproductive technologies have spawned new ethical concerns. These are controversial subjects, which have attracted wide media attention and public debate. However, the law and public opinion all over the world have lagged behind the advances in artificial conception which have created a "brave new world" of possibilities of giving birth, never before considered possible - using a mix and match combination of sperms, eggs and uteri. In fact, today we have the technology to be able to help any couple to get pregnant -
no matter what their medical problem may be! However, whether or not they should adopt these options is a decision each couple needs to make for themselves.

As reproductive technologies have evolved so rapidly, modern Muslim jurists have found it necessary to research the subject of assisted reproduction as it relates to the Koran. They reached an Ijtihad (decision based on Islamic Law) on IVF and determined that the practice is permissible provided that the semen and ovum are from a couple who are legally married and that the fertilization takes place during their marriage, but not after divorce or the death of the husband. (www.fertilityauthority.com).

Shi’as allow gamete donation (Inhorn, 2006). This is because the Sunni Fatwa is based upon the sanctity of the male inheritance line, while the Shi’ite Fatwa is based on the fact that gamete donation does not involve sexual intercourse. Consequently, donor insemination and oocyte donation is allowed by Shi’as with the following consequences: (1) the child of the egg donor has the right to inherit from his (her) biologic mother, (2) the baby born of sperm donation will follow the name of the infertile father rather than the sperm donor, and (3) as with egg donation, the donor child can only inherit from his biological father, the sperm donor, since the infertile father is considered to be like an adoptive father (Inhorn, 2006). Gestational surrogacy is also accepted in Shi’s Islam (Rahmani et al., 2011). Hinduism is a very liberal religion concerning assisted reproduction. In fact the Hindu religion agrees with most of the assisted reproduction techniques, but it demands that the oocyte and the sperm used in the procedure to (better) come from a married couple. However, Hinduism also accepts sperm donation but the donor has to be a close relative of the infertile husband. (www.ncbi.nlm.nih.gov).

The church teachings allow two types of reproductive assistance, Intrauterine Insemination (IUI) and Gamete Intrafallopian Tube Transfer (GIFT). Both procedures are approved by the church as long as masturbation is not the method for collecting the sperm. The church forbids third-party reproduction, specifically egg donation and surrogacy, whether traditional or gestational. (www.fertilityauthority.com).

In Jewish teachings in vitro fertilization (IVF) using the father and mother’s sperm and eggs is generally accepted (although there is some debate here), but it requires rabbinical supervision to be considered halachic, or in accordance with Jewish law. When considering donated eggs or sperm, there again is not a complete consensus. Recently a law was passed in Israel which allows women to donate their eggs for infertile couples. The law provides that a baby born through IVF will be the legal child of the birth mother, rather than the egg donor. (www.fertilityauthority.com).

Conclusion:
Artificial conception raises the possibilities of myriad problems - legal or otherwise, which may need resolution by legislation or national guidelines. Many people believe that embryos should not be used for research because they have the potential to become human beings - and in fact, embryo research is banned in Germany by law. Others feel that to restrict research is unfair to childless couples, who should be allowed to make their own choices.
There will always be two views of looking at the technology of assisted conception. At one end of the spectrum, will be people who feel that this technology allows couples to manipulate nature to produce children and will object to it. At the other end will be people who believe that this technology is a triumph of man's ingenuity which can be used to overcome Nature's constraints. It will never be possible to reconcile these viewpoints - since these are based on deeply held personal beliefs (and not facts) - and we will have to learn to live with this moral dichotomy. At least this explains the heated debates about when life begins! Since it may never be possible to have a consensus on this issue, this decision should not be left to moralists, or philosophers - or the government, or the doctors. Instead, the decision should be left to each individual couple, who provide the reproductive apparatus to create the baby.

But there are ethical issues attached to it with medication's side effects, psychosocial problems with stress, depression, anxiety, low self-esteem etc. for these issues proper law has to be made. We should bring awareness among people to be more understanding and supporting towards the childless couple particularly women. More research has to be done to minimize the side effects of the treatment. The attitude of the family and society should be positive and inclusive. Because the attitude of the people around (family and friends) affects much more than anything else.

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