

ULTRASOUND IN ART

Ethical issues raised by U/S for infertile patients
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Disclaimer

The speaker has nothing to disclose.


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Learning objectives

- To understand the ethical issues raised by U/S investigations in subfertility
- To be able to analyse the ethical questions in a systematic manner (with a few examples)
- To be able to appraise current ethical concerns in the clinical context, at national level and at ...
- the European context

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What is bioethics?

- Ethics principles
- "Philosophy is not a doctrine, but an activity with the aim to logically clarify one's thinking"

Wittgenstein

Ethics: logical analysis of our moral dilemmas



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Short guide to (3/4) ethics principles

- The 4 principles Beauchamp and Childress: **Beneficence/Non maleficence**: (2) patient(s) + future offspring

- **Autonomy** (v paternalism)

- **Justice**

Post modern world: international dimension (eg X border and social sex selection)

PS: it is not belief (to be respected) but dialectics

+ **welfare of the child**, in our specialty



Relevant ethical issues in ultrasound

- :u/s "baseline" often **an early** investigation
- **Information (key to consent)**: whose duty? when?+ always evidence based (eg PCO pattern)
- First: **access**, UK needs referral from GP, many other countries women see a gynaecologist ("office") first, not all specialised (eg AFC v might perform a "monitored cycle")
- Justice and access, funding : **primary ethical issues**



A few (other) examples

- 1. poor ovarian reserve and “futile treatment”
- 2. congenital uterine anomalies **and surrogacy**
- 3. hydrosalpinx and delay in treatment : **justice and access**
- **Illustrating:**
- **Justice (3)**
- **Autonomy (1, 2)**
- **Bene v non maleficence (2, 3)**
- **Within WC principle (all)**



Justice and equity in reproduction

- 1. Access (nationally)
- 2. European patchwork
- 3. worldwide inequity (low resources countries, rights and interests):

ESHRE Ethics and law TF 16, **Providing infertility treatment in resource-poor countries**

(all available www.eshre.eu) , under SIG Ethics and law information
Ethics and law TF justice, CBRC



Number of ART cycles per capita 2004



ESHRE - ERM data



The core issues in (in)fertility

- There is a **"demographic age shift toward later conception** (which) results in an increased age in the subfertile population and...
- an **increased demand** for medical care" (de Graaff, Land, Kessels and Evers, Fert and Ster, 95, 1, January 2011: 61-66)
- **Access varies** between (European/ worldwide) countries: legal and financial issues (political)
- Justice for all: **equity** of access, limitless access or age limits?
- Increase in **Cross Border Reproductive Care (CBRC)**

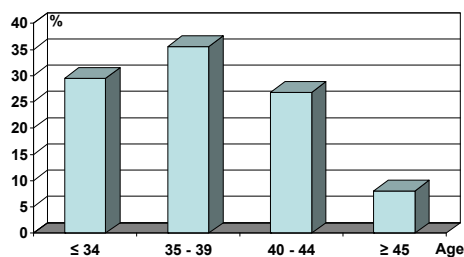


General reasons for travelling according to the patients' country of residence

Patients' residence	Illegal	Access difficulty	Better quality	Past failure	Anonymous Donation
Italy	70.6	2.6	46.3	26.1	14.1
Germany	80.2	6.8	63.8	43.5	25.4
Netherlands	32.2	7.4	53.0	25.5	10.7
France	64.5	12.2	20.6	18.7	42.1
Norway	71.6	0.0	22.4	16.4	16.4
UK	9.4	34.0	28.3	37.7	26.4
Sweden	56.6	13.2	24.5	5.7	18.9
Total n	674	86	531	358	220
%	54.8	7.0	23.2	29.1	17.9



Cross border women's age (FS et al, Hum Reprod, 25, No.6: 1361-1368, 2010)



A few examples

- 1. poor ovarian reserve and futile treatment: OD and ethical issues
- 2. congenital uterine anomalies and surrogacy
- 3. hydrosalpinx and delay in treatment : justice and access



FROZEN EGG BANK Inc. *Selling eggs v donation, + - compensation* (eg 900 euros, egg sharing..)



Basic Package (6 eggs).....\$15,000
Premium Package (12 eggs).....\$25,000



Mommy's too old

When a woman in her 40s becomes pregnant, she has another shot at motherhood. But what about the 50s?

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Maria Carmen del Bousada died 3 years after having twin through OD in LA when she was almost 67



UK's oldest mother Elizabeth Adeney who delivered aged 66 when she received donor eggs from Ukraine



ESHRE GPG to CBRC: Aims and objectives

- **Safety** first; patients, offspring, and donors
 - **Promote Information** via ESHRE, patients organisations (caveat our study), ...
1. Enhance Clinical ("good practice") and Lab **safety** (comparatively easy, in Europe at least with EUTD)
 2. Reduce multiple pregnancy
 3. Protect **vulnerable** collaborators (especially oocyte donors)
 4. Disseminate information re standards via patients' organisation, etc...
 5. Other (communication between practitioners, insurance matters)



S.H. v Austria: subsidiarity

- the ECtHR held that the individual member states of the Council of Europe should themselves decide whether, how, and when to allow citizens to use reproductive technology
- the decision signals that assisted reproduction is not an international human right in Europe
- **Austria prohibits egg donation altogether and sperm donation for IVE** because it favours genetic ties in parent-child relationships and wishes to protect women who might be exploited by egg donation. Austria does not object to sperm donation for artificial insemination because it is a well-known and not particularly sophisticated method that can easily be performed at home and would be difficult to prevent
- "consensus" as too malleable, too subject to change in response to the 'fast-moving medical and scientific developments' (Since 1984!)



Good practice guide (investigations, sharing information)

- **Donors**
- Donors should receive similar care to patients and local donors. No distinctions should be introduced based on their origin and/or motivation. National and foreign donors should be offered comparable compensation and the recruitment criteria should be the same



Evidence based egg donation conditions

- New TF CBRC study, about to be published
- 1423 forms were received from 11 countries
- **Spain sent** 449 forms (31.6%)
- Five countries sent more than 100 forms (Czech Republic, Finland, UK, Poland, Portugal)
- Five sent between 49 and 86 forms (Ukraine, Greece, Belgium, France and Russia)



Analysis of >1400 egg donors questionnaires

- Demographics
- Motivation, altruistic or for "compensation"
- Relation to PPP
- **Ethical issues:** is disproportionate compensation a barrier to consent (autonomy), against EUTD?
- The dignity argument



When surrogacy is needed: ethical concerns

- Congenital anomalies, or adhesions, multiple fibroids not amenable to surgery
 - Where is it legal in Europe?
- Specific ethical issues:**
- Consent and disproportionate compensation (see OD)
 - Health risks
 - CBRC to low resource areas/countries: Ukraine, India



A topical issue

- ESHRE Exco comment on Lancet article last Nov
- To be also published on FIGO's website
- HFE Act 2008: non **discrimination**, same sex couples access, France in middle of debate



Conclusions

- Ethics and ultrasound: from consent (? Simple) to many of major issues in ART using "collaborators"



References

- Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine, Oviedo, 4.IV.1997