REPRODUCTIVE TECHNOLOGY

MORE QUESTIONS THAN ANSWERS

By BARRY PARKINSON

When the birth control pill was introduced over twenty years ago, the public was amazingly placid. The Roman Catholic Church, of course, opposed it; but simply on the grounds that it was artifical contraception - a rather broad objection which treats the pill in the same was as a condom.

In recent years, however, question have been raised not only about the safety of the pill, but also about the safety, ethics, and wisdom of many developments in medical technology. The fundamental questions posed - or even implied - by our increasing control over the body have necessitated a withering of the medical profession's mystique and an emergence of a new awareness on the part of legislators, the clergy and the general public to the fantastic difficulties which medical technology can present.

The enormous scope of bioethics is scary. Perhaps the most troubling of all the technologies are those which deal with the beginning of life -reproductive technologies. To quote Dr. Arthur Schafer of the Centre for Professional and Applied Ethics (U of Manitoba):

> *There is just such an embarrassment of riches in terms of really nasty moral and value problems, and legal and jurisprudential ones as well from which to select.*

Because of this, it might be wise to stick strictly to the problems surrounding alternative techniques for conception.

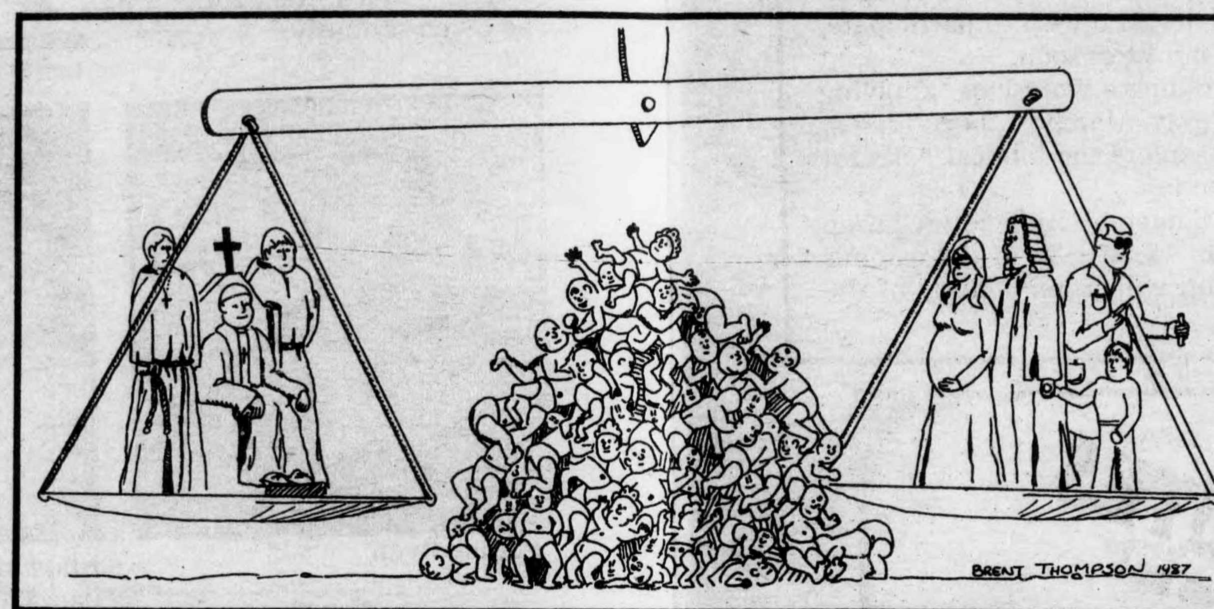
Off-hand, alternative methods of conception seem like valuable tools. Fifteen per cent of couples engaging in unprotected intercourse will not be successful in conceiving a child within a year. Artifical insemination - with sperm provided by a donor or, in some cases, the woman's partner - and in vitro and in vivo fertilization are solutions in such cases. As well, A I D (Artificial Insemination by Donor) allows single women and lesbian couples to have children.

The legal and ethical dilemmas which characterize the debates over reproductive technologies tread over a lot of familiar ground. How much intervention into a natural process -such as conception - should be permitted? What is the relationship between the child, the natural parents and the social parents? Who controls the technology and access to it? What protection is there for all parties with regard to legal action or availability of information?

And the list goes on. . .

The matter is further complicated by the overlapping and often contradictory natures of law and ethics.

The issue of whether or not techniques such as A I D and in vitro and in vivo fertilization should be allowed in, thankfully, a fairly simple place to start. Legally, there is no problem. And the Vatican has just come out with a statement expressing disapproval for any conception method other than intercourse between a husband and wife, despite the fact that artificial conception has been practiced and largely accepted for years.



In the the other areas of concern, however, there are not such straight-forward statements of positions.

For instance, in the case of A I D, where does the donor - the biological father - stand with regard to the child? The law is unclear on this. In general, the practice is for both donor and recipient to sign a release at the fertility clinic freeing the donor from any responsibility to the child. Actually, the donor and recipient remain anonymous to each other, unless the donor consents to information relating to his identity being made available to the recipient or the child. Provisions can also be made so that the donor may leave property to the child in his will. However, there is really no legislation addressing these practices; how a child would be traced in order to inform it of its inheritance is not obvious.

Suppose a child is artificially conceived and is then born terribly disabled? Can anyone be held to "blame" for this? The answer is no. It is usually the case that any irregularities with a child conceived artificially are treated as they would be under ordinary circumstances. The clinic, in particular, is absolved of all responsibility.

But how much responsibility can a clinic offering A I D legitimately escape? Surely the recipient has a right to expect donors to be screened for genetic disorders and sexually transmittable diseases.

In fact, donors are screened, to one extent or another. The Grace Maternity Infertility Clinic in Halifax (the closest facility to Fredericton) gives each of its donors a thorough screening, including family history, before they may donate. Separate records are kept on the donors and if they appear to be the cause of the problem, donors are informed and dropped from the system.

This method of dealing with donors is, of course, imperfect. Not only is the donor excluded only after a problem has been identified, but there is also the difficulty in knowing for certain whether the donor is responsible. In A I D cases, the donor is generally similar in blood type and physical characteristics to the woman and her partner (if any); and the woman and her partner are encouraged to have sex on the same day as the insemination takes place. If the fertility problem lies only in low sperm count, then there is the possibility of conception taking place naturally.

Should a child be conceived, there is a grey area as to which conception succeeded. In any case, there is no mention on the birth certificate of A I D. Again, there is no legislation laying out these guidelines; rather they are merely accepted -though not necessarily universal - practise.

There are a variety of twists which can make debate over the desirability of reproductive technologies even more difficult to resolve.

Perhaps the most publicized complication in the debate is the role of surrogate motherhood where sperm is artificially inseminated with the understanding that the child will be given up to the donor and his partner. Is it acceptable to restrict activities of the surrogate mother during pregnancy for the sake of the fetus' health? Does a payment of fee to the surrogate mother constitute the selling of a child, or is it merely compensation for a service rendered? What is adequate compensation for carrying another's child? Are analogies like womb-renting legitimate? And, if so, how does society respond to them? What is to be done if the surrogate mother has to have a thereputic abortion? Suppose the surrogate mother decides to keep the child - can she be sued for breach of contract? Is a contract which affects the rights of an unborn child even valid?

There are far more questions than answers. Legislation should likely be broad in letter, leaving the ethical subtleties open to individuals. At the same time, it should offer specific measures to deal with disputes which arise after the fundamental decisions have been taken.

Unfortunately, the legislation does not exist. The only means of guarding against long and possibly unproductive court battles over the above questions is a detailed agreement, drawn up by the parties before-hand. And even then, the validity of such agreements could be contested.

Integral to both the ethical and legal aspect of the debate are the issues of control and access to the technology. It is not obvious that the medical profession is, can, or should be the ultimate decision-making body for reproductive technology users to turn to. Artificial insemination is not even a technique which really requires a doctor.

Further, control over access to the technology is a problem of major importance. Is there a right to reproduction? Should costs be borne by individuals or society? What criteria, if any, should be used in determining who may make use of alternative methods of conception?

At present, the main decision makers are the courts and the medical profession. They decide who will make a good parent or who will make an acceptable surrogate mother. And "they" are traditionally male-dominated institutions.

In a society which still espouses values of a male-dominated family, single people and lesbian couples are often discriminated against. Grace Maternity in Halifax, for instance, will not perform A I D on a single woman. Many physicians have expressed reservations about utilizing artificial conception techniques in situations where a "standard", husband-wife situation does not exist.

Obviously, some screening might be necessary, for instance, in choosing a surrogate mother. But such judgements will have to be made with the sensitivity which the issues' complexity demands.

And sensitivity is perhaps the key to coming to some kind of just and practical means of dealing with the technology which now exists. Ethical dillemas, of course, cannot be resolved through legislation or proclamations. However, a society cannot be expected to cope with the sorts of challenges artificial conception presents without at least a legal framework from which to work. Comprehensive legislation regulating reproductive technologies must be enacted in order to at least partially clear the terribly muddied waters.

As things stand now, individuals are caught in the bind of wanting to have a child through alternative means but are faced with a hopeless vacuum of guidelines. Unfortunately, legislators are now in a position where they must play "catch-up", to write laws affecting practices which are already wide-spread. And this rarely works to satisfaction.