Infertile Couple: Right to procreate
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BACKGROUND:
Assisted reproductive technologies (ART) have been strongly documented as a key alternative of natural conception way back in the 18th century, in the form of artificial insemination of husband’s semen. In the late 19th century, the use of donor sperm opens ethical issues of the notions of genetic descent and parenthood. From the mid 20th century onwards series of attempts have undertaken, in the application of technologies of medically assisted procreation (MAP) e.g. Gamete freezing, in vitro fertilization (IVF) to name a few for getting reasonable success in the assisted reproduction - as an alternative to failure of natural conception. This results into a conception of child through frozen-thawed sperm in 1953. In late ’70s, the first IVF baby was born in 1978 in UK has validated the artificial conception through MAP. A decade after, a success of another associated technology i.e. Intra-Cytoplasmic Sperm Injection (ICSI) has been invented in Belgium in 1992 to overcome the cause of male infertility.

INTRODUCTION:
New technologies in the context of artificial procreation have continued to extend the available options for couples who are failure to get parenthood through at least one year unprotected sexual intercourse for at least one year. Whether the MAP is considered to be as an ethically justifiable procedure for these couples is possibly confined between two arguments.

- One is the adult’s desire to become a parent
- And the second one is a kind of welfare of the offspring which is produced through a range of reproductive options for providing prospective parents with a range of extended choice.

There is enough reason to opine that the fecundity of future generations declines (Human Reproduction, Vol.25, No.6 pp. 1348–1353, 2010) which not only changes the conception of human reproduction, but also opens up a complete new paradigms of parenthood in the human society. The present paper deals with the impact of the emergence of reproductive technologies in the notion of parenthood.
SOCIAL-ETHICAL-LEGAL NOTION OF ART:

The social-ethical-legal notion of the assisted reproduction has raised questions of justice in three closely related concerns:

- the effect of new technologies: *for widening the access of ART*
- the impact on couple: *for producing children*
- the conflict of interests: *of treatment procedure*

The effect of new technologies: for widening the access of ART

The effect of new technologies has positive impact on the millions of couple who became parents through the application of such technologies. This technology has built a confidence in the couples mind for initiating the procreation of family in spite of the ability to be biological parents. Infertile couples could also avail the sperm/ovum/embryo donation programme, IVF/surrogacy programme to get rid of the stigma. Since the availability of technologies has broken the age limit, number of live births have become documented among aging couples.

The impact on couple: for producing children

With the rapid acceptance of the reproductive technology, the notion of the parents have been widened e.g. homosexual parents, lesbian parents, single parents who could have equal access like infertile couples to become parents. This poses a further question about the mode of selecting the would-be parents who are desirable to avail such technologies.

The conflict of interests: of treatment procedure

Infertility has been recognized as a potential co-morbidity (S. van der Poel, *World Health Organisation, HRP/RHR, of the 26th Annual Meeting of ESHRE, Rome, Italy, 27 June – 30 June, 2010*) from maternal delivery complications. Hence Infertility management and treatments do not always require access to Assisted Reproductive Technologies (ART). International concerns about ART and its social and ethical implications were raised at the 52nd World Health Assembly in 1999, which requested the World Health Organization (WHO) to review recent developments in the field of ART as well as their social and ethical implications which resulted in a technical report entitled, *Recent advances in medically assisted conception (Technical Report Series No. 820, 1992).*

- **Couple’s autonomy:** The argument that couple cannot exercise intelligent choice due to having inadequate information or by virtue of the information, which they possess at the time of interaction with the clinicians.
- **Clinician’s responsibility:**
  1. Many of the responsibility issues in assisted conception require an appropriate control of professional negligence by members of the profession through the setting of standards of practice.
  2. Most clinicians do not restrict their evaluation of a medical indication for treatment to the physical symptoms.
3. The choice of the most adequate treatment often taking into consideration of patient’s finances, family surroundings, mental health, etc.

There seems a dividing line between autonomy (of couples) and responsibility (of clinicians) due to the problem of a viable pregnancy. This has raised the question of recognizing the standard of practice in terms of decision making by couples and controlling medical factors by clinicians for initiating IVF procedure.

**DISCUSSION:**

Access of technology (by couple) scores over the extent of technology (by clinicians) or the vice versa poses a serious challenge pertaining to the safety and completion of the procedure where none of the industry self-regulation and state legislation has reasonable solution of the problem. Even the tort liability alone will not encourage to both the service provider and receiver to exercise the necessary caution.

A national regulatory body (Draft of THE ASSISTED REPRODUCTIVE TECHNOLOGIES (REGULATION) BILL – 2010 MINISTRY OF HEALTH & FAMILY WELFARE GOVT. OF INDIA) response for underlining the guide lines of ART practice in Indian context.

**CONCLUSION:**

ART is not to exist in the field of MAP without assessing their risks and benefits of patients. The apparent acceptance of this technology along with the ‘collateral challenges, has left some fundamental questions about their safety underappreciated. If couples wish to make use of ART, do they ask for the genetic parenthood? If not, in which permutations of this technology they do ask to clinicians for the sake of child? In such grounds, the understanding of ethics poses a question of justice needs further investigation.

**REFERENCES:**