In Vitro Fertilization (IVF) Issues

Overview

Infertility is an emotionally painful experience for about two million married couples in the United States. Advances in technology have provided welcome answers to many suffering couples who desperately want children.

Most people are familiar with in vitro fertilization as one of the main technological advances of the last 35 years that allows an infertile couple to have a baby. But, the advances in assisted reproductive technology (ART) have not stopped there, with at least thirty-eight ways to “make a baby.” That number will most likely continue to grow.

Largely because of the rapid advances in technology, this field has gone almost entirely unregulated. As a result, many in the industry have pushed the boundaries of ethics in the name of “building a family.”

It is tempting to gloss over these troubling ethical questions because the outcome is often that a couple who desperately wants a baby receives that wonderful gift. Infertility doctors and advocacy groups work to keep the focus on the desires of the infertile couple to have a child and off the difficult issues. However, when life is destroyed or someone’s health is jeopardized just so another person can have something they want, the grave moral problems remain, despite the efforts to sweep them under the rug. An unethical action is not justified by how much good comes of it in the end.

Issue Analysis

Center for Arizona Policy does not take a position with regard to in vitro fertilization itself, but we are concerned about the many serious ethical issues that surround the practice and the significant public policy issues that need to be addressed. These are the ethical issues:

Sanctity of Human Life

A human embryo contains the entire genetic makeup of a new human being at the moment that the sperm and egg are fused together. An embryo is a human life at its earliest stage of development, and it deserves to be respected.
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Infertility treatment often leads to the creation of more embryos than the couple wants or chooses to have implanted. In most cases, these embryos are left frozen, discarded, or “donated” to research. In the name of “creating life,” infertility clinics are responsible for the destruction of countless unused, unwanted, or “unfit” embryos. Infertility doctors readily admit that they perform experiments and training on embryos that they have deemed unlikely to survive.

**Commodification of Human Life**

Recognizing the inherent value of each person as a whole, our laws already prohibit the sale of human beings (think: slavery) and even human organs. Our adoption laws also place the focus on what is best for the children – the adopting parents are screened extensively, and a couple seeking to adopt a baby are prohibited from enticing a woman into giving up her baby with financial gifts. Yet, anyone can spend tens of thousands of dollars – purchasing the genetic material (eggs and sperm), paying for the various medical procedures, and even hiring a woman to serve as a “gestational carrier” to carry the preborn child to birth – just to obtain a baby. This market takes the focus off what is in the best interests of children and instead focuses on only what the adult desires. In this structure, children are a “right” instead of a gift, and anyone willing to spend enough money can have one.

**Egg Providers**

The large sum of money involved in egg donation can lead to exploitation of young women. Unlike sperm donation, egg donation is a lengthy, medically-invasive process that has the potential for serious health risks. Since no study has ever been done on the long-term risks from the medications or the egg harvesting procedure on the egg providers, young women who are considering providing their eggs do not have adequate information to make a fully-informed and voluntary decision. Factor in the emotional appeal of helping a desperate couple, plus the incentive of thousands of dollars in cash payment, and the result is a situation where young women are at an unfair disadvantage in making a decision that could jeopardize their health.

**Donor-Conceived Children**

Using donor eggs or donor sperm when a couple is unable to conceive with their own eggs or sperm is a growing practice. Estimates of children born in the United States through donor conception are in the tens of thousands each year. A recent survey of donor-conceived children who are now adults revealed that most struggle with their origins and identities. Overall outcomes for donor-conceived children are worse when compared to children raised by their biological parents, and the problems they experience are similar to those of children who are adopted – with the notable difference that adoption is an institution designed to provide families for children who need them, whereas an intentional choice is made to form a donor-conceived child who may never know his or her biological heritage.
Mechanism for Devaluing of the Family

The technology that helps married couples “build a family” is the same technology that allows so-called “single mothers by choice” and same-sex couples to thwart the reality that children need a mom and a dad. Deteriorating respect for marriage in our culture is worsened by practices that undermine the necessity of marriage for procreation and child-rearing.

Specifically, three of the major ethical issues to consider in the context of in vitro fertilization are related to egg providers, human embryos, and donor-conceived children.

Arizona Law

Regarding Egg-Providers: In 2010, the Arizona Legislature took a small step toward protecting these young women by passing a Center for Arizona Policy (CAP)-supported bill to require that information about the procedure and risks be provided to the potential egg providers before performing any procedure or prescribing any medications.7 The law also prohibits the sale of human eggs for purposes other than infertility treatment, but does not in any way limit payment by infertility clinics and egg brokers.8

Regarding Human Embryos: Arizona law prohibits the sale of human embryos and destructive embryonic stem cell research but does not prohibit any other form of embryo destruction or experimentation.9

Regarding Donor-Conceived Children: Arizona law is silent on the issue of donor-conceived children.

Talking Points

• An embryo is a human life at its earliest stage and it deserves to be protected. Infertility treatment often leads to the creation of more embryos than the couple wants or chooses to have implanted. In most cases, these embryos are left frozen, discarded, or “donated” to research.

• The IVF industry is largely unregulated, leading some to engage in unethical practices in the name of “building a family.” The troubling ethical practices of the industry must not be glossed over because a couple desperately wants a baby – ends do not justify the means.

• Donor-conceived people should not be left in the dark about their origins. This can create serious emotional and physical complications for these individuals. For instance, donor-conceived people currently have no legal right to access the medical history of the biological family.
In vitro fertilization offers hope to many infertile couples, but that hope comes with serious costs that are often not taken into account. The serious ethical and public policy issues surrounding IVF need to be addressed.

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3 Proponents of egg donation cite studies that have been conducted on infertile women undergoing the same or similar procedures, but these do not take into account the medical differences between young, fertile egg providers and generally older, infertile women. One study has been done on the short-term side effects, including internal bleeding, severe pain, ovarian torsion, and ovarian hyperstimulation syndrome. Daniel Bodri, et al., Complications Related to Ovarian Stimulation and Oocyte Retrieval in 4052 Oocyte Donor Cycles, 2 Reproductive Biomedicine Online 237 (2008).
4 Elizabeth Marquardt, et al., My Daddy’s Name is Donor: A New Study of Adults Conceived Through Sperm Donation, Inst. For Am. Values (2010), at 17.
5 Id.
6 Id. at 37.