

Test-Tube Truths

Couples Tempted by IVF Face a Number of Moral Dilemmas

by Kate Bluett

In the science-fiction future, there will be no disease. Women will no longer die in childbirth, and they will barely labor at all to bring forth perfect, chosen babies. Disease will be a thing of the past, as will deformity. Death will lose its hold over mankind. We will finally be in control of the matter of our own bodies. And we will finally become, as the subtitle to *He-Man* so eloquently puts it, Masters of the Universe.

Sometimes it seems like the fictional future is here. Science has unlocked the key to curing so many diseases (or at least making them livable). New advances are discovered daily. It really can't be long before the future arrives, can it? That's one theory, anyway.

The other is that science is writing checks that the human body simply cannot cash. In the future that is now, infertile men can father children. Older women can bear children without the aid of angelic visitors. Children with genetic abnormalities can be passed over in favor of their perfect brethren. We are able, as never before, to control our bodies.

And our childbirth and infant mortality rates are on the rise. Children conceived through in vitro fertilization (IVF) spend more time in the hospital than naturally conceived children. They have higher rates of low birth weight and birth defects; they are more likely to be born prematurely and spend the first days of their lives in the neonatal ICU. But those facts are not stopping the proliferation of assisted reproductive technologies; we are boldly going where no man has gone before, and it will be years before we figure out exactly what we ran over on the way there.

It is possible, though, to see which map we're following; the road is marked by a big, green "\$." In the United States, assisted reproduction is an entirely private industry. IVF debuted in the late seventies, and after *Roe v. Wade*, the government wanted nothing more to do with embryos—ever. It thus refused to fund any research into the new field. All IVF and gamete donation in this country is done in the high-dollar world of private clinics, and those clinics must attract their clientele. Success rates are a big selling point, and embryos are more likely to implant when transferred to the womb in batches. Hopeful couples encourage the practice; IVF is incredibly expensive, and many hope that by having twins, they can complete their families in just one round of treatment. Therefore, it is not at all uncommon for an embryo transfer procedure, when it succeeds, to result in three or four babies (or more) sharing one womb.

This is not a good situation for the babies. The human body is only built to bear one child at a time; only ten percent of twin pregnancies make it to their due dates. The more babies in one womb, the earlier they're born, and the more time they'll have to spend in NICU. The more likely, also, they are not to survive. Born early and drastically underweight, such babies are often

considered miraculous if they even make it home. Moreover, such high-risk pregnancies are more likely to end by C-section, and it's the high rate of C-sections that is in part blamed for the current rise in maternal mortality.

Of course, it's possible for a multiple pregnancy to be reduced, and the procedure is fairly common. After all, goes the logic, better to lose two babies *in utero* than lose all four at birth. Doctors can determine the position of all the fetuses by using ultrasound. They will then test those fetuses that are easiest to reach for abnormalities. And if all the fetuses are equally healthy and get-at-able, the doctors will ask the parents which gender they would prefer to keep. Usually, triplets and quads are reduced to twins (the risks go far, far down with only two in the womb), so parents may be able to choose one of each sex and complete their family right away, assuming they've already got a dog at home.

It's an understandable logic: Eliminate one or two so the remaining two can thrive. But it completely bypasses the real question: Should these children have been created in the first place? There's something to be said for the old "children are a blessing" mentality; it fostered the idea not only that children are good, but also that children are sent from somewhere else. Their coming cannot be rigidly controlled. If anything, it's the notion that the timing and apportioning of children can be controlled absolutely that's gotten us into this situation.

Giving Life

Since abortion was legalized, the number of babies put up for adoption has plummeted. Would-be adoptive parents far outnumber the babies who need a home. The control of childbearing has resulted in a dearth of children. Infertile couples who want children must therefore choose between long waiting lists and assisted reproduction. The latter holds out the promise of a genetic bond with the resulting child.

But some of the infertility is itself a direct result of controlled childbearing: Women who delayed pregnancy into their late thirties and early forties (and beyond) find it difficult to become pregnant. Or they miscarry over and over, because the quality of a woman's eggs declines as she ages. Yet, as more women delay before successfully bearing a child (even if it's genetically unrelated), the more women see such delay as a viable option. Many are then devastated to learn that they cannot use their own eggs at age 45, or that the success rates for IVF are less than 50 percent per cycle.

Thus, their only option for conceiving and carrying a child is to use the donated eggs of a younger woman. Egg donation is really the only option for older women who do not want to adopt. This drives the costs of treatment up, since would-be parents must not only pay the clinic at which they receive treatment, but they must also pay for the donor's medications, travel expenses, health insurance, and donor fees. And those fees can be steep.

In part, this is because egg donation is a lengthy, complex process. Unlike sperm, unfertilized eggs cannot yet be preserved successfully. Therefore, the donor and the recipient must take drugs to line up their menstrual cycles. Then the donor takes more drugs to stimulate her ovaries to mature multiple eggs at once. The eggs are retrieved in the lab, and the donor can go home, having written off any claim to kinship with, or responsibility for, any children that may

result.

The extra difficulty involved in egg retrieval accounts for the high reimbursement rates. In part, that is; specialty traits account for the rest. Egg donors with Ivy League degrees command higher fees, as do Jewish and Asian donors. Donors whose eggs have been proven viable get paid more the next time they donate.

Of course, no donation occurs until a couple chooses a particular donor. Clinics usually keep a stable of willing donors, and their clients can browse personal profiles (including height, weight, GPA, ethnic background, and major interests) and current and childhood photos before selecting that special someone to be the genetic mother of their children. This process tends to stir odd feelings in the couples in question; how, after all, do you choose a total stranger's DNA? What criteria do you use? Should the donor resemble the infertile woman who will hereafter be known as "Mom"? If the couple in question is homosexual, should the egg donor resemble one of them or neither of them? If they're heterosexual and Dad will be fertilizing the eggs, is he the "real" parent? Will he carry more weight with the kids once they find out? And will they ever find out?

Birthrights

Once parents wrestle with questions of motherhood and genetics, they have to wrestle with the question of their children's rights. Most couples who use donor gametes—egg or sperm—never tell the children their origins. Or they vow to, but never seem to find the right moment; meanwhile, the children get older and older.

Some children find out and start looking for their genetic parents; they almost never succeed. Gamete donors relinquish all claims and responsibilities once they've been paid, and by and large, they prefer to remain anonymous. So much so that, in 2005, when England passed a law stating that all donor-conceived children have the right to learn who their genetic parents are when they reach age 18, the donor pool dried up overnight. Children are sometimes able to find their half-siblings, the children of people who bought the same sperm vials, through internet registry sites, but tracking down their genetic forebear is often impossible.

And it's usually well before the children from the first round are old enough to ask about their genes that parents face another question: What do you do with the excess embryos? Depending on how many eggs are retrieved for donation or IVF, couples may wind up with more fertilized eggs than can be implanted. The "leftovers" are frozen for future use. But to what use will they be put? Tens of thousands of embryos are in cryo-storage in this country, many of whose parents—owners?—have whereabouts that are currently unknown to the storage facilities' personnel. Parents can have their embryos implanted, donate them to other couples, donate them to science, or thaw them out and throw them away. The decision is not an easy one. And the supply of frozen embryos is growing exponentially as IVF becomes more common and parents without answers debate longer and longer about what to do with all of these excess could-be babies.

These questions mark the horizons of the strange land we're all entering, the

one in which we're not even strangers anymore. We're already living there; high-risk, multiple pregnancies are becoming the norm. Selective reduction only raises an eyebrow when someone accidentally "reduces" the wrong fetus. We're finding our way through the trees, but we haven't a clue what lives in this forest.

Luckily for us, we're not the ones who have to find out; that's left to the babies being born in greater and greater numbers who will have to struggle with questions of genetic identity, with siblings lost *in utero*, and with the fact that half of their genes were shopped for and purchased by credit card. And that's only after they make it home from the hospital. If they do. •

Kinship Slaves

It is estimated that 30,000 children are born to sperm-bank fathers in a given year. The mothers of these children typically argue that their sons and daughters are unaffected by this arrangement—that they are loved, which offsets any weird feelings they may have about their anonymous dads—but the kids themselves contend otherwise.

Many donor-conceived children call themselves "kinship slaves," "lopsided," or "half-adopted"; this should give you some idea of how they really perceive their origins. But the real tip-off is the Donor Sibling Registry (DSR), an 8-year-old website that allows parents and offspring to search for donor-conceived sisters and brothers by sperm bank and donor number. Thus far, the registry has made 5,574 matches, and the site is currently overloaded with teenagers who are searching desperately for some connection to their "real" family. "I hate when people that use D.I. [donor insemination] say that biology doesn't matter (cough, my mom, cough)," wrote one young girl to DSR. "Because if it really didn't matter to them, then why would they use D.I. at all? They could just adopt or something and help out kids in need."

According to psychologists, the difference between being adopted and being donor-conceived is huge. Where adopted children tend to feel gratitude to their adopted parents for having saved them from biological parents who could not or would not raise them, donor-conceived children generally view their parents as having caused the severed relationship between their biological father and themselves. Those who claim that origins do not matter thus anger these children, who then become determined to locate paternal relatives.

This is no easy task. One donor-conceived child recently found out that he has seven siblings with seven different mothers, and popular donors have conceived several dozen children or more. Those kids who want to find their fathers face even bigger obstacles. If they ever do locate them—which is rare, since most men insist on anonymity when donating sperm—the result is almost uniformly unpleasant. For example, when one young woman contacted her biological father, he sent her a dismissive letter saying, "Well, clearly this is the Holy Grail for you." He then told her that he didn't want his wife to find out that he had a daughter. It has yet to be determined what effect such disastrous encounters have on the psyches of our nation's youth.