

## CASE STUDY RESPONSE

# Infertility treatment is a human right

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Although assisted reproduction may not be a public health priority in many countries, it is a central issue in the lives of the individuals who are unable to have child. Few situations in life are as challenging and overwhelming as coping with childlessness. In these situations, the personal suffering of the infertile couple is exacerbated and can lead to unstable marriage, domestic violence, stigmatisation and even ostracism. It has to be recognised that couples who want children will go to great lengths to have them, and that there will always be providers to make services available to those who can pay for them. Moreover this is considered to be a human right based on the following note from the UN Declaration of Human Rights, Article 16.1: "Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family".

Another important human rights provision is also nondiscrimination on grounds of physical and mental disability, according to which physically disabled people should be placed at no disadvantage to people of normal abilities.

As regards the case under discussion (1) I must state that the right to procreate is the natural right of this couple irrespective of their financial status or the husband's physical disability. That the motive behind having a child could be to garner additional social security or prevent the woman from divorcing the husband is purely speculative and without any basis. The woman went ahead with the marriage knowing fully well that the husband was severely disabled. This should be sufficient response to any speculations regarding divorce. About the decision being made by a third party it is the responsibility and clinical duty of the doctor concerned to counsel the couple thoroughly

after eliciting a complete history and all relevant information regarding the reasons for starting a family. In all such cases the doctor concerned should consult with the couple together as well as individually to ensure that they freely share the same desire. All aspects of the treatment should be explained to them and the doctor should only proceed after obtaining complete informed consent. In all such cases if the couple or woman is subjecting herself to IVF under family pressure the doctor should counsel them about the inadvisability of taking such a step. If the couple are still adamant it is the duty of the doctor to provide treatment, and the right of the patient to receive the best treatment that medical technology offers.

This inevitably raises questions about whether such services are justifiable in a context where resources are severely limited, where there are other pressing problems that are not adequately addressed. I would like to reiterate that not having children is a source of social and psychological suffering for both men and women and can place great pressures on the relationship within the couple. In addition to the personal grief and suffering it causes, the inability to have children especially in poor communities can create broader problems, particularly for the woman, in terms of social stigma, economic hardship, social isolation, and even violence. On a practical level, many families in developing countries depend on children for economic survival. Taking all these factors into consideration it is my opinion that the couple under question had every right to go in for IVF-ET as long as they were properly counselled for it.

### **Reference**

- (1) Adibah I., Abu Bakar AYW N. Should this couple have undergone fertility treatment. *Indian Journal of Medical Ethics* 2005; 2:126.