

## CASE STUDY

# Should this couple have undergone infertility treatment?

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A 25-year-old woman was sent for treatment for Grade II Ovarian Hyperstimulation Syndrome, as a result of undergoing superovulation with recombinant FSH for In-Vitro fertilisation (IVF) at a private hospital. She was treated conservatively and recovered well.

Her family history revealed that during her engagement, her fiancé had an accident leaving him disabled. This did not change the decision to marry. The couple lives with the man's parents. The man is bed-ridden and jobless. The woman's parents-in-law decided that it was time for the couple to have a child. They managed to accumulate some money, enough to bear the cost of IVF at a private centre.

Advances in medicine are meant to cure diseases, give children to the infertile, improve the quality of people's lives and increase longevity. However, these advances also create ethical dilemmas, for health providers and for the community.

### Justification of the decision

The decision to have infertility treatment was apparently not made by the couple themselves. Given the man's disability, one wonders about the reason for this decision. Caring for a disabled is difficult. Was the decision to have IVF made to ensure that the woman stayed with her husband and took care of him? It is possible that she would ask for a divorce from her husband. But with a child she is less likely to ask for a divorce, as she would have to think of the needs of her child.

The woman claimed that they would get more from social welfare if they had children. If this is true, we feel that it was unethical to have performed IVF for this couple. Technology should not be exploited for the wrong purposes. Superovulation and IVF can be emotionally taxing and stressful for the couple. They also expose the woman to various short- and long-term risks. In this case, the woman experienced a short-term but potentially fatal complication.

Children born in such circumstances may not be loved by parents or relatives. When they grow up they may be taunted by those who know about their background.

No religion will prohibit one to reproduce if the child can be provided all that she or he needs. However, this couple practically lives on social welfare. How are they going to fulfill their child's needs if they themselves need welfare from others? Can the mother single-handedly take care of the child as well as her husband? What about providing the child's education,

which is not cheap? This couple is both economically and physically deficient to raise the child. If the woman conceives without treatment, one can say that it is fated (even though they could use contraception). However in this case they are looking for assisted reproduction despite their disability. In our opinion this cannot be accepted.

### Deciding to grant IVF

The reasons given above are only speculations. It is the job of the attending doctor to decide whether or not to provide a couple with infertility treatment. For this, they must do a pre-treatment assessment for all cases.

Internationally, there are many laws and guidelines on this issue. In general, they accept that assisted reproductive technologies are legitimate medical responses to infertility for married and stable couples, but informed consent is a precondition for treatment. A pre-treatment assessment includes giving information (disclosure), ensuring understanding, ensuring that the couple is competent to decide, and that the decision is voluntary.

We cannot see the voluntariness in this case. Couples considering IVF should be informed on their own chances of having a child as a result of the treatment, the short-term and long-term effects of the treatment, the emotional demands it imposes, and the alternatives to the procedure. A thorough history taking including family history is needed. The patient's wishes can be fulfilled if the physician feels that there is a good reason for the treatment. Physicians should look at the patient's best interests while making the decision. Patients should not be blinded by other factors such as the potential income for themselves.

At the end of it all, another question can be asked: Can someone prevent you from reproducing, or limit your reproduction? Our response is: once the couple has been given all the information, their decision should be respected no matter what others think.

This example is given to emphasise the need for proper local practice guidelines to ensure ethical practices in ART. Areas of potential deception and exploitation should be kept in mind. One should be truthful in the intention of doing something. Doctors must be sincere in giving expertise so as to build a better and healthy community. To do so, they must take a thorough history and make a proper assessment before deciding to offer treatment. Self-regulation is essential for effective patient care and to maintain public trust in assisted reproductive technologies.