

Selected Ethical Dilemmas of different ages

Dr. Sahar Hassan

Ethical Issues in Reproductive Health

Examples of ethical Issues related to RH

- Maternal-fetal conflict
- Challenge to provide basic beneficent-principle care for the mother or mother fetus dyad

Maternal-fetal conflict

- Occurs when a pregnant woman's interests (as she defines them) conflict with the interests of her fetus (as defined by the woman's physician).
- Occurs when a pregnant woman's treatment is hazardous to the fetus or when a pregnant woman does not comply with Dr.'s recommendations that nurture the fetus's growth & development

Maternal-fetal conflict

Historically, reasons for Maternal-fetal conflict include:

- Life-style choices & issues i.e.
 - ✓ Abortion
 - ✓ use of substances
 - ✓ refusal of treatment by the mother
 - ✓ issues of maternal brain death
 - ✓ issues surrounding occupational health

Maternal-fetal conflict

- Ethical issues is based on:
 - ✓ Human rights for each (mother & fetus); principle of respect for autonomy & moral standing of the woman & principle of autonomy of the fetus
 - ✓ Dilemma btw principle of respect of the woman & principle of nonmaleficence of the fetus

Maternal-fetal conflict

Questions:

- What happens when medical therapy is indicated for one pt., yet it is contraindicated for the other?
- When does the fetus or newborn become a person?
- People have rights. Does a fetus have rights?
- What about obtaining court orders to force pregnant women to comply?

Conflict of rights issues

Abortion

- The center of the pro-choice and pro-life debates is about human rights:
- The right to life of the fetus or
- The woman's right to control her own body by choosing whether to carry a pregnancy to term, have a baby, and parent it.
- Pro-choice groups labeled the pro-life group as anti-choice

Abortion

- Abortion, especially in the first trimester, is legal in many countries including the US.

Pro-choice vs pro-life views

- According to the pro-choice view: abortion is almost always (morally & legally) permissible & can be justified.
- Documented reasons for abortions:
 - ✓ Rape
 - ✓ Incest
 - ✓ Physical life of mother
 - ✓ Physical health of mother
 - ✓ Fetal health
 - ✓ Mental health of mother
 - ✓ Personal choice

Pro-choice vs pro-life views

- Personal choice include:
 - ✓ Too young
 - ✓ Not ready for responsibility
 - ✓ Too immature
 - ✓ Economic
 - ✓ To avoid adjusting life
 - ✓ Mother single or in poor relationship
 - ✓ Enough children already

Pro-choice vs pro-life views

The argument of the pro-choice group is:

- A fetus cannot survive outside a woman's body is not considered viable.
- Thus, a fetus cannot override the women's right to choose an abortion when the fetus is not viable outside the uterus.

Pro-choice vs pro-life views

- Pro-choice group has 2 opinion regarding the beginning of life:
 1. The fetus does not have a human life until the mother is in the 17th week of gestation
 2. The fetus with sentience & moral status has a human life at the 7th month gestation, when the nervous system has fully developed.

Pro-choice vs pro-life views

Pro-choice group:

- support the use of emergency contraceptive (EC): a post-coital contraception to prevent pregnancy
- EC prevent implantation of a fertilized egg if taken within 72 hours of intercourse.
- Anyone can buy it over the counter
- Very popular

Pro-choice vs pro-life views

- Pro-life group believe that the embryo or fetus as a person
- They argue that life & full moral status begins at conception; as a single-cell zygote & moral status acquired at conception
- Abortion is immoral & murderous & should be illegal

Pro-choice vs pro-life views

Pro-life group:

- They view that embryo from time of conception & throughout the development of the fetus, has the same right to life due each person living outside the uterus
- Unless mother's life was threatened, the uterus was protected b/c it is worthy to respect vulnerable to murder & harm

Reproductive Technology

- Assisted Reproductive Technology (ART):
- Handling & management of sperm & eggs & every kind of fertility treatment or drug used for the purpose of retrieving eggs to be used in the treatment

Reproductive Technology

- 3 types of ART:
 1. In vitro fertilization (IVF): extracting woman's eggs, fertilizing them with sperm, then transferring the embryo through the cx into the uterus
 2. Gamete intrafallopian transfer (GIFT): transferring unfertilized egg & sperm into the woman's fallopian tubes through a very small abd incision
 3. Zygote intrafallopian transfer (ZIFT): fertilizing eggs in the Lab with sperm, then transferring the zygote into fallopian tubes

Reproductive Technology

- Embryos resulting from IVF can be frozen until the time comes when woman/couple will need one or more of them.
- The embryo is then unfrozen & implanted without significant risks to the fetus.

Reproductive Technology

The basic ethical issue here is:

- Should reproductive technology be used at all?
- Issue of cost & cannot be accessible by all
- Issue of reimbursement by insurance agencies

Reproductive Technology

Ethical issues divided into 5 groups:

1. Risks created as a result of technology i.e. multiple-infant live births

2. Third-party involvement through donor eggs & embryos & carrying fetus through surrogacy

• What are the ethical issues regarding surrogacy?
(group project)

Reproductive Technology

3. Surplus reproductive products resulting from technology i.e.

What happens to the remaining eggs? Many embryos?

4. Sperm sorting or gender selection i.e. family balancing

- Sperm sorting dramatically increases the couple's chance of having an unaffected child

Reproductive Technology

5. Inheritable genetic modification (IGM):

A procedure to modify genes along the germ lines that are transmitted to offspring i.e. stem-cell research

- What if researchers could help a couple to create the perfect baby?

Case: Molly & Adam Nash

- Adam Nash was born in USA on 29/8/2000. He has been an embryo that was sorted, screened & selected from at least 12 embryos from Nash couple, Lisa & Jack, for the purpose of tissue matching for their critically ill daughter, Molly
- Molly Nash was born on 4/7/1994 with Fanconi's anemia, a fetal autosomal recessive bone marrow failure (aplastic anemia) which is treatable only with a bone marrow transplant from sibling's umbilical cord blood. The success rate of a bone marrow transplant from an unrelated donor was only 42%, but from a sibling, the success rate increased to 85%

Case: Molly & Adam Nash

- The Nash parents, with support of physicians, made a decision to have a preimplantation genetic testing on the embryo in the hopes of saving their only child.
- In the process, 12 of Lisa's eggs were fertilized by Jack's sperm via IVF, 2 of the embryos had Fanconi's anemia & were discarded. Of the remaining 10 embryos, only 1 matched Molly's tissue. This one became Adam Nash.

Case: Molly & Adam Nash

Questions

- Were the Nash justified in creating Adam for the purpose of helping Molly get well?
- In other words, should humans be used as a means to an end? Explore the connection of deontology theory & Nash's situation
- What could have potentially happened to the 9 remaining embryos?
- How was it justified to discard the 2 embryos with Fanconi's anemia & keep the one that became Adam?
- Consider your beliefs regarding when life begins & moral equality of each life