Assisted Reproductive Technologies and Psychological Support—An Ethical Minefield

A Review of

Ethical Dilemmas in Fertility Counseling
by Judith E. Horowitz, Joann Paley Galst, and Nanette Elster
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Reviewed by
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When my colleague Kevin Connolly and I reviewed the literature relating to psychology and infertility almost a quarter of a century ago (Edelmann & Connolly, 1986), I doubt either of us envisaged the exponential growth that has occurred in both psychological research and practice in this exciting field. At that time specialist journals such as *Human Reproduction* and *Journal of Reproductive and Infant Psychology* had only just been launched and, while medical science had made huge advances in the investigation and treatment of infertility, psychological issues had received limited attention. Regulation of assisted reproductive technologies (ART) had yet to evolve.

In the United Kingdom, the Human Fertilization and Embryology Authority (HFEA) was not established until 1990; the evolution of regulatory bodies in the United States has been rather more complicated (Chang & DeCherney, 2003). The National Advisory Board on Ethics in Reproduction served as an unofficial advisory body that addressed ethical issues in reproduction while the American Society for Reproductive Medicine (ASRM) has assumed a similar role.

The HFEA in the United Kingdom has made counseling provision, by a suitably qualified counselor, mandatory at clinics offering ARTs, and the need for counseling provision in relation to infertility treatments has been included in the frameworks proposed by regulatory bodies in a number of other countries. The position is rather more flexible in the United States with the ASRM suggesting that counseling may be helpful in certain circumstances and for certain individuals.

Of course, this raises a major dilemma in its own right: Who is to judge when counseling might be appropriate and for whom? Given the number of ethical, moral, and personal dilemmas raised in *Ethical Dilemmas in Fertility Counseling* by Horowitz, Galst, and Elster, it is perhaps surprising that most individuals seeking ARTs survive the whole process and remain psychologically intact. The authors state that "this book is meant to be thought provoking" (p. 4), and it most certainly is. In fact I would suggest they have been overly restrictive with the title of the book, suggesting it relates only to counseling; in my opinion it should be read by all people involved in ARTs to inform them of the range of moral and ethical dilemmas couples (and various practitioners) face.

What Is the Role of Infertility Counseling?

When Connolly and I wrote our 1986 article, we raised the following questions pertaining to infertility counseling: What are the client’s own needs? What exactly should be the goals of therapeutic support? What form should that support take? What would constitute successful outcome from such support? Interestingly, in our subsequent evaluations, over
two thirds of couples attending infertility clinics preferred not to have such support (Edelmann & Connolly, 1987), and because most couples attending infertility clinics are well adjusted, there tends to be a limited impact of counseling on global measures of distress (Connolly et al., 1993).

However, as Horowitz and her colleagues make clear, the situation is far more complicated than that. Their well-written and highly readable book is not about counseling per se but about the varied and difficult decisions faced by couples and the moral and ethical dilemmas they raise for anyone working with those couples but most particularly the psychologists concerned.

In the first lines of the Acknowledgments, the authors state: “This book was inspired by postings on the Mental Health Professional Group listserv, where brave psychotherapists grappling with issues regarding reproductive medicine have reached out to their peers for answers and guidance” (p. ix). In this context, counseling in relation to ARTs is not so much to do with dealing with issues of psychopathology but about helping couples make difficult moral and ethical decisions, although doing so is likely to raise issues for professional practice.

The Ethical Minefield

*Ethical Dilemmas in Fertility Counseling* is organized into nine chapters, most of which deal with a separate topic including, for example, embryo disposition, multiple pregnancies, sperm donation, and surrogacy. Each of these chapters is organized with sections dealing with the medical background; the psychosocial literature; existing laws, policies, and legislation; and bioethical and moral issues. Each also presents a clinical vignette raising issues for discussion.

This wonderful book really is a joy to read, and it is difficult to pick out one or two illustrative examples of the range of dilemmas the authors raise. Important issues are raised in relation to assessing parental fitness; we do not, after all, assess fertile couples, and yet ART clinics set criteria as to whom they will treat.

I was also fascinated by the example relating to embryo disposition in which a couple stored eight frozen embryos and agreed that divorce, death, or disagreement between them should result in the embryos being destroyed. Of course, life never runs smoothly, and the couple divorce. However, the woman develops cancer, which is successfully treated but renders her infertile. The embryos then represent her only chance of pregnancy with her own eggs, but her ex-husband objects.

Would counseling help? The authors argue that each person should meet with a mental health professional to discuss his or her circumstances, concerns, and feelings in the hope that a satisfactory agreement can be reached. It is unclear whether this represents an actual case, but I would have been intrigued to know the outcome; sadly I could envisage a rather unsatisfactory outcome, with the couple facing each other across a courtroom. Would this represent a failure of counseling? At a basic level of promoting change, I imagine it would; however, given the goal of facilitating decision making, the most one can do is try.

I was also intrigued by the vignette of a couple seeking a surrogate arrangement, a domain that raises a host of difficult psychological issues (Edelmann, 2004). The couple were provided with the details of psychologists from whom they could choose to conduct their psychoeducational session and the psychological evaluation with the couple who had agreed to carry the child to term. The cheaper option was a psychologist who had received neither training (formal or informal) nor supervision in the psychology of reproductive health. This should serve as a reminder to all mental health practitioners of their respective codes of conduct and that they should not violate these by acting outside their areas of expertise.

Conclusion

Taken overall, I think this is a very impressive book. It is not a prescriptive, “This is what to do” book but an exceptionally thought-provoking and insightful text that should make anyone working in the field of ARTs sit up and take
note. Couples can be faced with exceptionally difficult decisions that an appropriately trained mental health professional can help them to address.

However, this frequently raises moral and ethical issues that many psychologists themselves will find difficult to resolve. Reading this book may help. If I were to be pedantic and find fault with this book, it would be to suggest that the first chapter dealing with psychological theories of distress and models of treatment for infertility seems out of place and could have been omitted. The chapter seems to relate rather more to questions we had initially raised in 1986—that is, what form should infertility counseling take, and for whom should it be provided? The remainder of the book does not deal with this issue, and there are comprehensive texts available that deal thoroughly with this question (e.g., Covington & Burns, 2003).

References