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MORAL DILEMMAS OF MEDICALLY ASSISTED HUMAN REPRODUCTION

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Abstract

The rapid expansion of medically assisted reproductive technologies (ART) services as a viable solution to infertility has stimulated public interest in the need to address related moral issues inherent in the techniques. Assisted Reproductive Technology (ART) is practiced today through gamete donations and InVitro Fertilization as a result of developments in the field of medicine to combat infertility. While the development is welcomed, certain issues associated with its practice need to be examined from ethical perspective. In Western societies, new scientific knowledge has brought new techniques of assisting infertility dysfunctions, but these interventions require ethical assessment. Morally, the parental role is correctly understood as basically an altruistic endeavor—parents procreate and rear children so that these new lives can develop and flourish. This paper argues for an ethical standard that limits alternative reproductive techniques to those that remedy the infertility of a committed couple in average expectable conditions that can adequately support child care. To this end, the author argues that the unity of genetic, gestational, and rearing parents should remain intact. Collaborative reproduction risks the good of the child, the good of families, the good of donors, and the important norm that agents uphold personal moral responsibility for their reproductive actions.

Keywords: Morality, Assisted reproductive technology, in vitro fertilization, ethics

Introduction

In the African culture, the exact meaning of marriage is mainly fulfilled if the couple conceives and bears children. Africans consider their children to be a source of power and pride, and children act as a potential source of support for their parents in old age. The other major aspect of child bearing is that it is an assurance of family continuity. This aspect creates the view of child sex preference in families, for example among the Igbo ethnic group in Nigeria, a male child is preferred to a female child just because it's the boy child that would ensure the continuity of the family name. hence, this inability to reproduce has negative implications on women especially in Sub-Saharan Africa where high fertility is preferred (Ibisom and Mudega, 2018). In Nigerian society, with high levels of gender inequality, regardless of diagnosis, women are blamed for failing to bear children. Women may suffer from stigma, social isolation and ridicule within their communities. Fertility problems are also a potential source of tension between partners. When a marriage remains childless, some men abuse their wives, verbally or even physically. Women expressed feelings of anxiety, frustration, grief, lack of self-esteem and a general sense of powerlessness.

As opined by Fehintola (2020), the rapid development of biochemistry, genetics and biotechnology, not only the great technological advances but also the modern methods of the medical sciences on problems such as low fertility and infertility, disconnecting sexual intercourse from reproduction, thus, giving hope to thousands of people to have descendants, a possibility that nature deprived them of. The birth of children to infertile couples brings not only great human joy but a new human being. It is consistent in theory with the ethical principles of

autonomy and we beneficence, often argued to be the premier ethical principles. Assisted reproductive technology (ART) has become a standard intervention for couples with infertility problems, especially as ART is highly successful and overall carries low risks. Assisted reproductive technology (ART) gives hope to infertile couples even though only a few can afford it. Couples in the higher socioeconomic group who desire their own biological child can have a child through high technology options like In-vitro Fertilization (IVF), Gamete Intra Fallopian Transfer (GIFT), Intracytoplasmic Sperm Injection (ISCSI).

Despite the benefits of ARTs in helping couples to realize their marriage dream, the adoption of these technologies is still fraught with a number of cultural and ethical challenges. While some couples view these technologies as a good option to follow, many people are apprehensive about them due to socio-religious norms and values about natural process of reproduction (Horbst, 2010). For the sake of lucidity and coherency, the methodology that will be used in this essay shall be expository and critical analysis of the subject matter. We shall also employ the tool of conceptual elucidation of the concept of morality and assisted human reproductive technology which will serve as a springboard for our exploration into the moral dilemmas of medically assisted human reproduction in Nigeria.

Conceptual Elucidation

Morality: The terms moral and immoral, good morals and bad morals are frequently mentioned in our day-to-day conversations concerning questions of public and private conducts. The fact is that everybody will like to distinguish between actions, thus, they call some good, others bad. The first are classed as moral, the second as immoral. Hence, the general notion of morality

seems to be that quality of human acts by reason of which some are called good and others evil (Dakariy, 2018). When we look at morality from the perspectives of laws and conscience, if we recall that a law is a fixed rule of teaching what is to be done and what is to be left undone, promulgated in the very consciences of men, in order that by applying it to individual acts they may attain the end of their existence, it follows that a human act leads to this end, and hence, is good or evil according to its conformity or not with law and conscience. Hence, the traditional definition of morality, then, is seen to be quite in keeping with the facts: "Morality is the agreement or disagreement of human acts with the dictates of reason, whether of uncreated reason, which is the eternal law, or of created reason, which is conscience. Eternal law, therefore, is the ultimate norm or criterion of morality and conscience is the proximate norm.

According to Kelley-quon (2013), the distinction between the terms 'ethics' and 'morality' is not always clear. Even in some philosophical texts both are used synonymously, while others seem to draw a clear distinction between them. Historically, the term 'ethics' comes from Greek ethos which means the customs, habits and mores of people. 'Morality' is derived from Latin mos, moris which denotes basically the same; it was introduced by Cicero as an equivalent to the Greek ethos. In philosophy, morality is defined in two distinct broad senses: a descriptive sense and a normative sense. The term "morality" can be used either descriptively to refer to certain codes of conduct put forward by a society or a group (such as a religion), or accepted by an individual for her own behavior, or in the normative sense, "morality" refers to a code of conduct that would be accepted by anyone who meets certain intellectual and volitional conditions, almost always including the condition of being rational.

Berlin (2020), asserted that when we speak of people as being moral or ethical, we usually mean that they are good people, and when we speak of them as being immoral or unethical, we mean that they are bad people. When we refer to certain human actions as being moral, ethical, immoral, and unethical, we mean that they are right or wrong. The simplicity of these definitions, however, ends here, for how do we define a right or wrong action or a good or bad person? What are the human standards by which such decisions can be made? These are the more difficult questions that make up the greater part of the study of moral dilemmas of assisted human reproductive technology. The important thing to remember here is that moral, ethical, immoral, and unethical essentially mean good, right, bad, and wrong, often depending upon whether one is referring to people themselves or to their actions.

Accordig to Dhont (2010), in discussing the application of morality, four aspects may be considered: religious morality, morality and nature, individual morality, and social morality. Religious morality refers to a human being in relationship to a supernatural being or beings. In the Jewish and Christian traditions, for example, the first three of the Ten Commandments pertain to this kind of morality.These commandments deal with a person's relationship with God, not with any other human beings. By violating any of these three commandments, a person could, according to this particular code of ethics, act immorally toward God without acting immorally toward anyone else.Morality and nature refers to a human being in relationship to nature. Some see nature as being valuable only for the good of humanity, but many others have come to see it as a good in itself, worthy of moral consideration. With this viewpoint there is no

question about whether a Robinson Crusoe would be capable of moral or immoral actions on a desert island by himself. In the morality and nature aspect, he could be considered either moral or immoral, depending upon his actions toward the natural things around him (Murphy, 2001).Individual morality refers to individuals in relation to themselves and to an individual code of morality that may or may not be sanctioned by any society or religion. It allows for a "higher morality," which can be found within the individual rather than beyond this world in some supernatural realm. A person may or may not perform some particular act, not because society, law, or religion says he may or may not, but because he himself thinks it is right or wrong from within his own conscience. Social morality concerns a human being in relation to other human beings. It is probably the most important aspect of morality; in that it cuts across all of the other aspects and is found in more ethical systems than any of the others.For the sake of clarity, we assume as a standard definition that morality means the customs, the special do-s and don't-s that are shared and widely accepted as standard in a society or community of people accepted as a basis of life that does not have to be rationally questioned. Ethics on the other hand is the philosophical reflection upon these rules and ways of living together, the customs and habits of individuals, groups or mankind as such. This comes close to the conception of Aristotle (Callahan, 2019).

Assisted Reproduction/Reproductive Technology (ART): is any technological procedure that helps infertile women to conceive (Dakariy, 2018). Assisted reproduction is the assistance provided to address infertility. All treatments of fertility in which handling of both egg and embryo is done are included in "assisted reproductive techniques (ARTs). In these techniques,

eggs from woman's ovaries are surgically removed and combined in vitro with sperm and embryo is ultimately returned to the uterine cavity. ARTs therefore incorporate a wide range of procedures that are used to overcome natural barriers in fertilization by directly collecting and in vitro handling of human gametes and replacement of embryo into the uterus.

ART refers to a number of techniques, primarily: (a) in vitro fertilization (IVF), in which the fertilization of an egg by sperm takes place in a laboratory setting; (b) intracytoplasmic sperm injection (ICSI), in which a single sperm is introduced into the egg to be fertilized, also in a laboratory setting; (c) artificial insemination, which involves artificially delivering semen to the female genital tractthe semen may be from the woman's own partner or a donor; and (d) gamete intrafallopian tube transfer (GIFT), which involves removing eggs laparoscopically after controlled ovarian hyperstimulation, followed by introduction of the mixture of the couple's eggs and sperm into the fallopian tube so that fertilization occurs in the body, unlike IVF and ICSI, in which it takes place in vitro although several modifications of these techniques have been proposed (Ibisom and Mudega, 2018).

Assisted Reproductive Techniques

Intrauterine insemination: Intrauterine insemination involves selecting only the most active sperm, then placing them directly in the uterus. The most active sperm are selected by washing a semen sample. Doctors try to place these sperm in the uterus at the same time as ovulation. With this procedure, pregnancy usually occurs by the sixth attempt if it is going to occur. Intrauterine insemination is far less effective than in vitro fertilization but is much less invasive and less expensive.

In vitro (test tube) fertilization (IVF)

In vitro fertilization (IVF) can be used to treat infertility regardless of the cause (including when it is unidentified).IVF typically involves the following:

Stimulating the ovaries: Typically, a woman's ovaries are stimulated with human gonadotropins, with or without clomiphene. A gonadotropin-releasing hormone (GnRH) agonist or antagonist is often given to prevent ovulation from occurring until after several eggs have matured. As a result, many eggs usually mature. Then, human chorionic gonadotropin is given to stimulate ovulation. A GnRH agonist is used to stimulate ovulation in women with a high risk of developing ovarian hyperstimulation syndrome (Fehintola, 2020).

- **Retrieving released eggs:** Guided by ultrasonography, a doctor inserts a needle through the woman's vagina into the ovary and removes the eggs that have grown and developed (about 34 hours later). Sometimes the eggs are removed through a small tube (laparoscope) inserted through a small incision just below the navel.
- **Fertilizing the eggs:** The eggs are placed in a culture dish and fertilized with sperm selected as the most active. At this point, a single sperm may be injected into each oocyte (called intracytoplasmic sperm injection), particularly if sperm production is abnormal in the woman's partner.
- **Growing the resulting embryos in a laboratory:** After sperm are added, the eggs are allowed to grow for about 2 to 5 days.
- **Implanting the embryos in the woman's uterus:** One or a few of the resulting embryos are transferred from the culture dish into the woman's uterus through the vagina. The

number of embryos implanted is determined by the woman's age and likelihood of response to treatment.

More and more often, additional embryos are being frozen in liquid nitrogen to be used later if pregnancy does not occur. Also, practitioners may try IVF using only one egg that develops normally during a menstrual cycle (that is, without using fertility drugs).The chances of having a baby with in vitro fertilization depend on many factors, but the woman's age may be most important. According to Dakariy (2018), the greatest risk of in vitro fertilization is;

- Having more than one fetus (multiple pregnancy)

A multiple pregnancy can cause serious complications in the mother and the newborns. Complications may be related to the pregnancy. For example, the mother may develop high blood pressure or diabetes or have excessive bleeding. The fetuses may die, or the babies may have a low birth weight. Because of these complications, doctors now transfer fewer embryos to the uterus at one time. The risk of have a multiple pregnancy can be eliminated when doctors transfer only one embryo to the uterus and freezing the rest.Birth defects are slightly more common among babies conceived through IVF. However, experts are unclear whether the reason is related to the technique or to the fertility problems that made IVF necessary. Also, more than 6 million babies have been conceived through IVF, and the overwhelming majority of these babies have had no birth defects.

In the United States, the chances of taking home a live baby for each egg retrieved is estimated to be almost 50% for women under age 35 and slightly over 10% for women aged 41 to 42.

In Vitro Fertilization: Intracytoplasmic sperm injection Intracytoplasmic sperm injection may be used when

- Other techniques are likely to be unsuccessful.
- A severe problem with sperm is present.

It resembles in vitro fertilization except that only one sperm is injected into each egg. In 2018, over two thirds of assisted reproductive procedures in the United States involved intracytoplasmic sperm injection. Birth defects may be more likely after this procedure, possibly because of the following:

- The procedure can damage the egg, sperm, or embryo.
- If sperm from men with an abnormal Y chromosome (one of the sex chromosomes) are used in this procedure, the development of reproductive organs in a male fetus may be affected, typically resulting in fertility problems like those of the father. Most birth defects in babies conceived by intracytoplasmic sperm injection involve the reproductive organs.

In Vitro Fertilization with Intracytoplasmic Sperm Injection

Gamete intrafallopian tube transfer (GIFT) Gamete intrafallopian tube transfer is rarely used in the United States because in vitro fertilization is very successful. GIFT can be used if the fallopian tubes are functioning normally. Eggs and selected active sperm are obtained as for in vitro fertilization, but the eggs are not fertilized with sperm in the laboratory. Instead, the eggs and sperm are transferred to the far end of the woman's fallopian tube through a small incision in the abdomen (using a laparoscope) or through the vagina (guided by ultrasonography), so that

the egg can be fertilized in the fallopian tube. Thus, this technique is more invasive than in vitro fertilization (Ibisom and Mudega, 2018).

Medical problems in children born by ART

The primary purpose of ART is the treatment of infertility and the conception and safe delivery of healthy children with the potential to become healthy adults, but some techniques permit embryo selection and testing.As the range, application and success rates (live births per treatment cycle) of ART have increased, so their consequences for the children produced have become more apparent. Since pediatricians have moral obligations to maximize children's welfare and to act as their advocates, they may have reasonable concerns about the health and welfare of the increasing number of children conceived by ART.Children born by ART have a higher percentage of adverse medical effects than those conceived naturally, which gives rise to unanswered bioethical questions. Thus, these children have higher rates of prematurity and low birth weight as well as an increased risk of birth defects, especially cardiac malformations and chromosomal abnormalities, than children conceived naturally. Another study nonetheless failed to confirm these differences when children were stratified according to the age of their mothers, parity and gestational age.

Moral Dilemmas of Assisted Reproduction

The ethical issues surrounding assisted human reproduction are ever present. Religious communities are grappling with them all the time and their guidance is available not just to believers but also to the wider society. The strength of these views stems in large part from how the religious communities look to their founding beliefs and principles for guidance in the light of today’s knowledge. The pain of infertility on an individual level will also be considered,

alongside the wider needs of society.One ethical justification for taking risks and adopting new assisted reproductive technologies claims that they should be permitted because they are analogous to, and just an extension of, the socially accepted practice of adopting children. Adoption is an ancient and widespread human practice that continues to flourish in modern societies. Evidence abounds that without ties of genetic kinship, one can incorporate children successfully into families by legal adoption. Therefore, why not allow and encourage innovative infertility treatments that break genetic ties and involve collaboration from third parties, such as egg and sperm donors or surrogate mothers? The claim is that the psychological intent and social commitments of parents are the most important and essential characteristics for family success. Therefore, achieving parenthood and founding a family through reproductive technological assistance should, like adoption, be open to infertile heterosexual couples, single parents, and homosexual couples.

How a child is physically created is also of key importance. There is broad agreement in all faiths with the view that a child has the right to be carried in his or her mother's womb and brought up within marriage. In the security and love of the parents, children develop their own identity and reach maturity. The major religious groups readily concur with the Islamic belief that children are a blessing that it is in God's gift to grant or deny and, if the latter is ordained, the community should be there to be concerned and to comfort. Such a stance of considering the needs of all of society in the light of a divinely inspired belief system runs counter to the growth of Western individualism and moral relativism.

A proposed ethical standard

The ethical issues surrounding assisted human reproduction are ever present. Religious communities are grappling with them all the time and their guidance is available not just to believers but also to the wider society. The strength of these views stems in large part from how the religious communities look to their founding beliefs and principles for guidance in the light of today's knowledge. The pain of infertility on an individual level will also be considered, alongside the wider needs of society.With the aim of safeguarding the well-being of the child, individual parents, family structures, and positive moral values of society, the following ethical standard for the use of alternative reproductive technologies can be proposed. It is ethically permissible to use an alternative reproductive technology if it makes it possible for a socially adequate heterosexual married couple to have a child that they would normally expect to have but cannot because of their infertility. The innovative techniques used should be proved medically safe and not harmful to nascent life or to the health and well-being of individual women and men.

As in any practice of medicine, the techniques used must be ethically acceptable; they should correct, remedy, and restore without doing harm to the infertile who suffer, to the child, or to others. Important values of the society at large need to be respected and encouraged. Ethically acceptable assisted reproductive technologies that meet these requirements would include artificial insemination by husband (AIH), in vitro fertilization (IVF) of the couple's egg and sperm, or various tubal transfer methods that neither use third-party donors nor deliberately destroy embryonic lives. It seems morally contradictory to destroy human life to create new life. Such A remedial ethical standard for reproductive technology is based on evolved biological and

developed sociocultural norms in which the genetic parents, the gestational mother, and the rearing parents are not separate and are adequately prepared to rear the child that results from remedial medical intervention. To this end, potential parents who are to be medically assisted to reproduce should be presently alive and well, in an appropriate period in their life cycle, and possess average psychological and social resources to care for a potential child.

Employing third-party donors or different forms of surrogates is not, in this author's judgment, an ethically acceptable use of reproductive technologies. The practice of selling eggs and sperm is equally suspect and belies the meaning of a "donor" as a gift giver. It is possible to variously combine collaborative procedures using procured surrogates or sperm and eggs to produce embryos that may gestate in hired gestational wombs purchased through contract. Such separating and fragmenting of the reproductive process poses social and psychological risks arising from diffusion of responsibility and fragmentation of identity. To understand the problems with third-party donors, we need to consider the evolution of values, goods, and safeguards in the biological and cultural norm of having two heterosexual parents who are the genetic, gestational, and rearing parents of their biological children, who will be cared for over an extended family life cycle.The concept of natural law can be explained as 'the existence of an objective moral code implanted in human nature. Cardinal Murphy (2001), provided this definition when he was outlining his views on society's approaches to moral questions and the role of conscience and God's 'map'. He illuminated this concept further by using extracts from two quite different thinkers who had arrived at similar conclusions. Isaiah Berlin informs us that Albert Einstein held that here: 'Moral and aesthetic values, rules, principles cannot be derived

from the sciences, which deal with what is, not with what should be; but neither are they generated by differences of class, culture or race. No less than the laws of nature from which they cannot be derived, they are universal, true for men at all times, discovered by moral or aesthetic insight common to all men, and embodied in the basic principles (not the mythology) of the great world religions.

Conclusion

It would be wrong to see the upholders of the beliefs of various religions as being unfeeling or unsympathetic to the understandable desire of people to have children. It is understood that, when two people love each other, there is a natural desire to create life through that love. Not being able to conceive is therefore a great loss, but from a religious perspective the good intentions to create life by artificial means, which offend against the principles of the inalienability of all life, lead to a greater wrong. This stance forces us to address the conflict of the divine ideal and the imperfections of reality. These realities are often faced at the pastoral level, where the local religious leader comes face to face with an individual's burden or dilemma; wanting to minister to the person in their anguish, he or she has to have regard for the divine norm. These norms should not be seen as unfeeling instructions from 'head office', yet the values they espouse and the natural law that they uphold are seen as timeless.

In Western societies, new scientific knowledge has brought new techniques of assisting infertility dysfunctions, but these interventions require ethical assessment. Morally, the parental role is correctly understood as basically an altruistic endeavor parents procreate and rear children so that these new lives can develop and flourish. This paper argues for an ethical standard that limits alternative reproductive techniques to those that remedy the infertility of a committed

couple in average expectable conditions that can adequately support child care. To this end, the author argues that the unity of genetic, gestational, and rearing parents should remain intact. Collaborative reproduction risks the good of the child, the good of families, the good of donors, and the important norm that agents uphold personal moral responsibility for their reproductive actions. Certain limits should be set on using new technological means for assisted reproduction. As Gandhi wisely said, “Means are ends in the making.”

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