PRENATAL ETHICS—AN EXTENSION TO FETUSES CREATED IN THE LABORATORY

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SUMMARY

The analysis of the obligations to mother and fetus in obstetric care describes a practical method to evaluate prenatal ethics concerning mother-fetus-physician. The routine practice of in vitro fertilization (IVF) and other methods of reproduction demands an extension of prenatal ethics to embryo or fetuses created in the laboratory. Formulations of uniform ethical principles regarding fetuses produced in vitro in India will help in the formulation of suitable laws to protect these 'probable persons.'

The advent and introduction of newer methods in obstetric care has led to formulation of norms of ethics concerning mother-fetus-physician. This form of ethics known as prenatal ethics deal (various aspects) and describes the moral obligations of physicians how best they can render medical benefits to the patients in obstetric practice. Ethical principles of beneficience and autonomy therefore, when adopted by physicians give rise to moral obligations that protect and promote the best interests of patients. The fetus because of its insufficiently developed central nervous system does not get entitled to autonomy-based obligations that are accorded to a fully developed 'person'. (Chervenak and McCullough, 1985). For better obstetric care the fetus gets entitled to the principles of beneficience that provides a moral status to the fetus and thereby the serious obligations owed to it. From the point of view of medicine fetus becomes a 'patient' so that obstetric care will result in promoting the normal development of a 'potential person', (Tauer, 1985) i.e., the child. The pregnant woman being a moral fiduciary has beneficience-based obligations to the fetus. She in normal circumstances is required to protect and promote her 'fetus' the best interests keeping in mind of giving birth to a normally developed child.

It has not yet been clear when moral obligations to the fetus starts in terms of age. Particularly this becomes important in an era of technologically aided methods of reproduction, freeze-thawing of embryos, *in vitro* fertilization (IVF). Even in USA where IVF is reported to be practiced to a great extent, is considered as an area unchartered by legal precedents, which are required to define IVF related situations (Gleicher, 1984). But artificially grown fetuses need obstetric care and physicians are morally obliged to them as they are to fetuses

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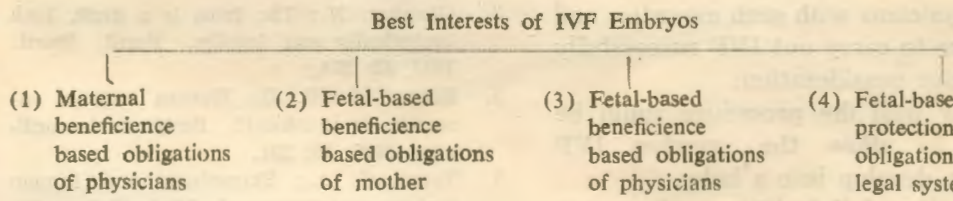
grown *in vivo*. Thus, prenatal ethics concerning fetuses grown in artificial environment needs to be defined. Artificially grown fetuses (i.e. fetuses created outside the womb of the mother) thus require special protection. The physicians and scientists involved in the creation of IVF fetuses become moral fiduciaries of these fetuses. In such situations the physicians are responsible for both fetal-based-beneficience based obligations of a mother and fetal-based beneficience-based obligations of a physician. The physicians may also be required to fit in situations like treating a surrogate mother, who is considered to be a person who has agreed to undergo artificial insemination (AID) with the sperm of a man she often does not know, to carry the child to term and then to give the child to the natural father and mother and to terminate all moral rights (Cohen, 1984). With the slower entry of such artificial methods of reproduction in India, the introduction of such methods like IVF and also surrogate motherhood may not be very far as a routine practice in Indian obstetric care. It will be, thus, appropriate to formulate prenatal ethics as well as to extend such ethical norms to IVF fetuses as well.

It is said that ethics should provide a foundation on which to construct law and not vice-versa (Woodruff, 1970). That requires giving importance to medical ethics in India and to lay down uniform ethical principles concerning obstetric care and extending it to include IVF babies. It is true that there is still raging controversy with respect to arriving at a consensus at an international level regarding adopting IVF and other related procedures. IVF produced embryo or fetus (14 days or earlier) is considered as a probable person because the development of a child from it takes place under certain casually and deliberately selected conditions (Sultan Sheriff, 1966). This type of definition has led to the possibility of opening up new avenues of research on human embryos. It is said that an embryo after fertilization is a human life in microscopic stage. Woodruff (1970) says, 'I believe from the time of fertilization the embryo should be regarded as possessing a measure of individuality which increases during development and becomes complete at birth.' Warnock (1984) reported by Sultan Sheriff (1986) says that embryos should have a 'special status' as a matter of 'fundamental principle' and thus be given some protection in laws. Thus, it becomes necessary to define and protect the best interests of IVF embryos.

1. *Maternal beneficience-based obligations of physicians*

It becomes necessary for the physician or the IVF team to judge whether it is absolutely necessary to undertake an IVF or other artificial methods of reproduction in an Indian societal set up. If undertaken, it becomes quite vital to assess



the psycho-social integrity of the adopting couple apart from assessing the economic status of the would be parents. It may be true that only those who can afford to undertake such expensive methods of reproduction prefer IVF. Yet it is better to include economic assessment along with other requirements in order to provide the best 'total' care to the IVF baby to be born.

2. *Fetal-based beneficience-based obligations of mother*

The mother who consents to adopt IVF procedure (natural or surrogate) and undergoes oocyte aspiration needs to give proper thought and judge:

(a) whether she can cope up to demands of societal as well as family tradition-based oppositions.

(b) whether the purpose behind such aspirations of oocytes are only for growing up of a baby or for other scientific pursuits.

(c) whether the oocytes aspirated extra are protected properly or not, (discarded without any legal protection), taking into consideration the IVF medical team, the recipient (the natural parents).

3. *Fetal-based beneficience-based obligations of physicians*

The physicians with such expertise and experience to carry out IVF successfully need to give consideration:

(a) how well the procedure could be adopted to allow the growing IVF embryo to develop into a baby.

(b) whether full facilities and precautions needed to protect and preserve excess embryos are available.

(c) whether they have clear well-defined framework of ethical, legal principles to undertake such procedure in India.

4. *Fetal-based protection-based obligations of legal system*

Lastly it is essential for the Indian legal system:

(a) to protect and safeguard 'the embryo's interests'.

(b) to provide a clear social status and parental rights to the child to be born.

(c) to define and accord the moral status required to be given to such 'IVF embryos,' the mother (natural or surrogate) and adopting parents.

Thus, it becomes important that the obstetric community of India places importance to such ethical considerations to be given to such embryos and proper laws to be formed to protect them. Such development of framework of ethical system of India may be taken as an example all over so that IVF embryo interests are fully taken care of and, will allow them to enjoy a status free from human injuries including unethical human embryo research.

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