Should an age limit be imposed on in vitro fertilization?

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In vitro Fertilization or IVF is a process that requires three steps: the removal of the human oocyte (egg) from the ovary, followed by the fertilization of the egg with the sperm of a partner or donor in a laboratory, and finally the transfer of the fertilized egg (embryo) back into the uterus.

A short history of IVF.

Louise Brown was the first reported live birth conceived by in vitro fertilization in 1978 in England, and Dr. Edwards and Dr. Stepto completed this procedure. The process was first performed in the United States in 1981 and there are now currently over 100,000 babies in the United States that have been conceived through IVF.

The Debate

The issues arise when one looks at the limitations currently being pushed by this procedure. While IVF offers a chance for infertile couples to have a biological child, the real debate is about whether or not there should be an eventual age limit. Proponents of an age limit point out the complications of older women giving birth and reasons why an older parent is not as optimal as a younger one. Opponents of an age limit contend that every parent has the freedom and the right to have a child, and those older parents may in fact be more ideal.

Proponents of an age limitation point to the statistics that show that older women have a higher chance of overall miscarriage and overall birth defects. A specific example is in the case of Down syndrome (also known as Trisomy 21). There is a 1 in 1250 chance that the defect for a child being conceived by a 25 year old woman. Those odds rise dramatically to 1 out of only 30 for women at the age of 45.

Proponents also point out that parents can be too old and don’t have the energy to raise a child. There are issues like a higher chance that older parents will die before a child has fully grown. Thus, the child could be short-changed before even being born. The question also appears when asked whether or not the children can cope with taking care of older parents and the fact that having older parents can place excess stress on the child if they become ill or succumb to issues that are more likely to occur with old age. In addition, many of these parents are desperate, and it is quite possible that they are being taken advantage of by this process, since after the age of 23, success rates begin to decline. After the age of 46, chances are virtually 0. In the end, the procedure just seems plain unnatural and flies in the face of Mother Nature.

Opponents point to the issue of both patients and doctor’s rights of discretion and choice. An arbitrary age limit would equal an inability for physicians and patients to make their own decisions. Doctors have been trained to assess situations, so why should a legislative
body take that ability away from them. Doctors can and sometimes still choose not to perform the procedures if they feel it isn’t in the best interest of both the parents and the child. Patients thus still have the ability to choose and find other doctors, but are forced to deal with the consequences of the decisions they make.

Opponents also argue that not only is it the right of a patient and doctor to choose, but that it is something that already requires informed choices to be made. Many IVF clinics provide mandatory information on the possible medical risks, procedure information, psychological risks, possible birthing problems, and go even so far as to request legal work to form contingency plans in case anything goes wrong.

Opponents also debunk the idea that older parents are bad. They do agree that while they may not have the same energy level as a younger parent, there are still many significant improvements that older parents can have over younger parents. Older parents tend to be financially stable, have fewer career pressures, have a much higher level of experience and emotional maturity, and even more, with IVF, the child is wanted and never considered an accident. In fact, things are improving with age. Humans are already living longer and the technology to increase the quality and productivity of our lifespans is also improving. An arbitrary would not be able to take these factors into account at all. Like most technology, in vitro Fertilization has been improved, thus moving towards even high success rates (such as with the use of hormones, something that was not originally a part of the procedure). These improvements give parents more time to choose when they want to have a child. Limiting that age simply forces limitations on that choice.

Lastly, the issue of women’s rights occurs. Childbearing is a woman’s choice, so why would the civil rights of a young woman not carry through to later on in her life? And women, just like men, are constitutionally guaranteed the right to happiness. Why suddenly would these rights (choice and happiness) become void in older age? Women can now also postpone childbirth so that they can have the same equality as men to fully pursue a career. Women’s rights were hard-won and suddenly limiting the age when she can have a child through IVF would undermine those rights. It would more likely force her to have to choose between giving childbirth and having a career. This would undermine all efforts for gender equality.

Conclusion

This ethics presentation was an overview of some of the issues presented by both sides of this debate. The key to all ethical issues is to understand that no side is completely right or wrong and that it is valuable to be given the ability to decide your opinions and viewpoints for yourself. IVF is sure to stay a controversial issue for some time and this is why we are glad to have been able to present a balanced overview of both sides of this subject.