



EthxWeb Search Results

Search Detail:

Result= ("14.4".PC.) AND (@YD >= "20000000") NOT (EDITORIAL OR LETTER)

2=1 :

Documents: 1 - 325 of 1076



Document 1

Adashi, Eli Y; Wyden, Ron

Public reporting of clinical outcomes of assisted reproductive technology programs: implications for other medical and surgical procedures.

JAMA : the journal of the American Medical Association 2011 Sep 14; 306(10): 1135-6



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Document 2

Silva, Susana; Machado, Helena

The construction of meaning by experts and would-be parents in assisted reproductive technology.

Sociology of health & illness 2011 Sep; 33(6): 853-68

Abstract: This article explores the construction of meaning regarding assisted reproductive technology by legal framers, medical practitioners and would-be parents, through the concept of ecology of knowledge. It is argued that these inter-relationships between experts and lay people can be understood in terms of the formation of a social structure of ecology of knowledge, which depends on local and emotional knowledge co-produced by medical doctors, jurists and lay people in dynamic ways without compromising the autonomy of medical, legal and lay knowledge and skills. The assessment of the benefits and risks of assisted reproductive technology partially represents negotiations of knowledge between these social and professional groups, aiming to reproduce existing relations and practices, particularly the social power of medicine and technology, the dominant perceptions about women's and men's bodies and the geneticisation of genealogy. These negotiations of knowledge generate new rights, new social actors, new scientific fields and new ways of thinking and talking about individual and institutional responsibilities. Ecology of knowledge comes imbued with hope, trust, power, credibility of institutions and moralisation whereby some citizens' rights may be weakened.



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Document 3

Rauprich, O; Berns, E; Vollmann, J

Information provision and decision-making in assisted reproduction treatment: results from a survey in Germany.

Human reproduction (Oxford, England) 2011 Sep; 26(9): 2382-91

Abstract: The objective of this study was to investigate the views of patients and experts in Germany on information provision and decision-making in assisted reproduction treatment (ART).



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Document 4

Scaravelli, G

Benefit and risk of application of European tissue management regulation in ART.

Placenta 2011 Sep; 32 Suppl 3: S243-7

Abstract: The application of the European Tissues and Cells Directive requires that a high standard of quality and safety be applied to all tissue establishments, including that of assisted reproductive centres. In the countries where the Directive has been implemented, changes in the ART clinic and laboratory procedures have been made. However, many requirements stipulated in the Directive are already in place in some European countries and are mandatory by the country specific laws,

while some other requirements have been recently implemented. In this article the benefits and the potential risks of the Directive implementation on the efficacy, safety and cost of all the different assisted reproductive technologies performed, including cryopreservation techniques and storage policies have been widely analysed. The feasibility of the implementation of some of the specific requirements when considering the delicate issues of reproductive cells in contrast to other cells or tissues covered by the Directive has been evaluated.



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Article Document 5

Association of Clinical Embryologists; Bliss; British Fertility Society; British Infertility Counselling Association; Donor Conception Network; Endometriosis UK; Fertility Friends; Human Fertilisation and Embryology Authority; Infertility Network UK; Miscarriage Association; Multiple Births Foundation; National Gamete Donation Trust; National Perinatal Epidemiology Unit; Royal College of Nursing; Royal College of Obstetricians and Gynaecologists; Royal College of Paediatrics and Child Health; Surrogacy UK

Multiple births from fertility treatment in the UK: a consensus statement.

Human fertility (Cambridge, England) 2011 Sep; 14(3): 151-3



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Article Document 6

Janvier, Annie; Spelke, Bridget; Barrington, Keith J

The epidemic of multiple gestations and neonatal intensive care unit use: the cost of irresponsibility.

The Journal of pediatrics 2011 Sep; 159(3): 409-13

Abstract: To determine the proportion of infants admitted to our neonatal intensive care unit (NICU) from multiple gestations resulting from artificial reproductive technology (ART), the complications experienced and interventions required by these infants, and the estimated effect of a mandatory policy of single embryo transfer on admissions and complication rates in our hospital and across Canada.



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Article Document 7

Annas, George J

Assisted reproduction--Canada's Supreme Court and the "global baby".

The New England journal of medicine 2011 Aug 4; 365(5): 459-63



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Article Document 8

Johnson, Martin H

Robert Edwards: the path to IVF.

Reproductive biomedicine online 2011 Aug; 23(2): 245-62

Abstract: The early influences on Robert Edwards' approach to the scientific research that led to human IVF are described. His interest as a graduate student in the genetics of early mammalian development stimulated him later to investigate whether the origins of human genetic diseases such as Down, Klinefelter and Turner syndromes might be explained by events during egg maturation. This clinical problem provided the most powerful stimulus to achieve both oocyte maturation and fertilization in vitro in humans. Indeed, preimplantation genetic diagnosis was his main goal until he met Patrick Steptoe in 1968. A re-evaluation of his meeting with Steptoe suggests that initially Steptoe's laparoscopic skill was of interest for its potential to solve the sperm capacitation problem. Steptoe's impact on Edwards was twofold. First, Steptoe's long-held interest in infertility raised this application of IVF higher in Edwards' priorities. Second, Steptoe offered a long-term partnership, in which oocyte collection without in-vitro maturation was a possibility. The professional criticism generated by their work together encouraged Edwards to pursue a deliberate programme of public education about the issues raised and to challenge and develop professional bioethical thought and discourse about reproduction.



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Document 9

Makuch, María Y; Simônia de Padua, Karla; Petta, Carlos A; Duarte Osis, Maria José; Bahamondes, Luis

Inequitable access to assisted reproductive technology for the low-income Brazilian population: a qualitative study.

Human reproduction (Oxford, England) 2011 Aug; 26(8): 2054-60

Abstract: In Brazil, access to infertility care, including assisted reproductive technology (ART) is restricted. This is a second report of a study which evaluated the availability and access of low-income couples to ART services. The objective was to assess the perspective of health professionals and patients with respect to access to ART procedures within the public health network



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Document 10

Gnoth, C; Maxrath, B; Skonieczny, T; Friol, K; Godehardt, E; Tigges, J

Final ART success rates: a 10 years survey.

Human reproduction (Oxford, England) 2011 Aug; 26(8): 2239-46

Abstract: Cumulative pregnancy rates (CPRs) and live birth rates (CLBRs) are much better indicators of success in IVF programmes than cross-sectional figures per cycle or embryo transfer. They allow a better estimation of patient's chances of having a child and enable comparisons between centres and treatment strategies.



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Document 11

Flori, François

[Follow-up of the children born by ICSI]. = Le suivi des enfants nés par ICSI.

Médecine sciences : M/S 2011 Aug-Sep; 27(8-9): 701-2



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Document 12

Dickenson, Donna L

Regulating (or not) reproductive medicine: an alternative to letting the market decide.

Indian journal of medical ethics 2011 Jul-Sep; 8(3): 175-9

Abstract: Whilst India has been debating how to regulate 'surrogacy' the UK has undergone a major consultation on increasing the amount of 'expenses' paid to egg 'donors', while France has recently finished debating its entire package of bioethics regulation and the role of its Biomedicine Agency. Although it is often claimed that there is no alternative to the neo-liberal, market-based approach in regulating (or not) reproductive medicine--the ideology prevalent in both India and the UK--advocates of that position ignore the alternative model offered by France's tighter regulation, as well as its overarching concern with protecting the vulnerable and ensuring social justice. Whilst the concepts underpinning the French model of regulation also have their provenance in Western political philosophy and not in the developed world, they embody a very different attitude and suggest that there is indeed an alternative to letting the market decide. However, even in France that alternative is highly contested.



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Document 13

Haines, Erica; Taylor, Ken

The contributions of empirical evidence to socio-ethical debates on fresh embryo donation for human embryonic stem cell research.

Bioethics 2011 Jul; 25(6): 334-41

Abstract: This article is a response to McLeod and Baylis (2007) who speculate on the dangers of requesting fresh 'spare' embryos from IVF patients for human embryonic stem cell (hESC) research, particularly when those embryos are good enough to be transferred back to the woman. They argue that these embryos should be frozen instead. We explore what is meant by 'spare' embryos. We then provide empirical evidence, from a study of embryo donation and of embryo donors'

views, to substantiate some of their speculations about the problems associated with requesting fresh embryos. However, we also question whether such problems are resolved by embryo freezing, since further empirical evidence suggests that this raises other social and ethical problems for patients. There is little evidence that the request for embryos for research, in itself, causes patients distress. We suggest, however, that no requests for fresh embryos should be made in the first cycle of IVF treatment. Deferring the request to a later cycle ensures that potential donors are better informed (by experience and reflection) about the possible destinations of their embryos and about the definition of 'spare embryos'. Both this article, and that by McLeod and Baylis, emphasize the need to consider the views and experiences of embryo donors when evaluating the ethics of embryo donation for hESC research.



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Document 14

McGuinness, Sheelagh; Uí Chonchaitigh, Sorcha

Implications of recent developments in Ireland for the status of the embryo.

Cambridge quarterly of healthcare ethics : CQ : the international journal of healthcare ethics committees 2011 Jul; 20(3): 396-408

Abstract: One of the most significant developments in the area of reproductive health in Ireland is the Roche v. Roche [2009] case. The case concerned a woman who wished to implant cryopreserved embryos made with a former partner, against the partner's wishes. Of particular interest are questions about the status of the embryo: in Ireland the life of "the unborn" is constitutionally protected. Therefore the courts in Roche had to decide whether embryos were "unborn" within the meaning of the Irish Constitution.



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Document 15

Benagiano, Giuseppe

The ethical dimension of assisted reproduction technology.

Reproductive biomedicine online 2011 Jun; 22(7): 655-7



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Document 16

Serour, Gamal

Invited commentary on 'Robert G Edwards and the Roman Catholic Church'.

Reproductive biomedicine online 2011 Jun; 22(7): 663-4

Abstract: The paper 'Robert G. Edwards and the Roman Catholic Church' by Benagiano and colleagues in this issue of Reproductive BioMedicine Online is a very important and timely article published by well-informed authors on the occasion of the long-awaited award of the Nobel Prize to a well-deserved scientist, Bob Edwards. I found it very interesting and challenging that the authors went through all the arguments and criticism made by the Catholic and Orthodox Churches and other agents against the newly developed techniques of assisted reproductive technology.



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Document 17

McGovern, Kevin

Invited commentary on 'Robert G Edwards and the Roman Catholic Church'.

Reproductive biomedicine online 2011 Jun; 22(7): 661-2

Abstract: The objectification of procreation and its products - i.e. their separation from their normal human context and meaning - is an inevitable consequence of assisted reproduction technology. This should be a matter for serious ethical reflection, for we are all diminished if becoming a mother or a father, or carrying a child, or if children themselves are stripped of their profound human meanings.



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Document 18

Head, Ivan Francis

Invited commentary on 'Robert G Edwards and the Roman Catholic Church'.

Reproductive biomedicine online 2011 Jun; 22(7): 658-60

Abstract: In this issue of Reproductive BioMedicine Online, Benagiano, Carrara and Filippi have produced a clearly written and comprehensive account of why the Roman Catholic Church has not welcomed the award of the 2010 Nobel Prize in Physiology and Medicine to Dr Robert G Edwards for the development of human IVF. I commend the article for its clarity and lucidity but attempt to point out some areas where disagreement even with its nuanced opposition to IVF may be legitimate. I try to make some simple comments that explain why this is so and I suggest some areas to which contemporary theology and philosophy can commit itself. But it is good to see even a nuanced response to the work of Robert G Edwards rather than a blanket condemnation.



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Document 19

Hudson, Nicky; Culley, Lorraine; Blyth, Eric; Norton, Wendy; Rapport, Frances; Pacey, Allan

Cross-border reproductive care: a review of the literature.

Reproductive biomedicine online 2011 Jun; 22(7): 673-85

Abstract: Cross-border reproductive care (CBRC) has attracted considerable attention in media and professional publications. The aim of this review is to present a critical narrative overview of the published evidence on CBRC. A systematic search of key academic databases was undertaken with no time restrictions set for publication. This was supplemented by additional searches of key websites, reference chaining and enquiries to people working in the field. A total of 54 items are included in the review, including both empirical research studies (18) and debate papers (36). The key themes discussed are: terminology and definitions; incidence; experiences; explanations; implications; and policy responses. Significant methodological limitations and gaps in the literature are identified. Evidence on incidence is scant, though it suggests that CBRC is increasing. The literature suggests legal, social and political drivers, which vary in importance geographically and between individuals. Limited findings on patient perceptions suggest a broadly positive patient experience. Suggested policy responses include prohibition, regulatory harmonization and harm minimization. There is a need for better international data collection tools and both quantitative and qualitative work which encompasses views of patients, donors, surrogates and professionals and which explores the implications for healthcare services in sending countries.



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Document 20

Benagiano, Giuseppe; Carrara, Sabina; Filippi, Valentina

Robert G Edwards and the Roman Catholic Church.

Reproductive biomedicine online 2011 Jun; 22(7): 665-72

Abstract: The Roman Catholic Church reacted negatively to the announcement that the Nobel Prize for Medicine had been awarded to Robert G Edwards. Thirty-three years ago, Cardinal Albino Luciani, on the eve of his election to become Pope, stated that, whereas progress is certainly a beautiful thing, mankind has not always benefited from progress. Catholic criticism has raised seven points: (i) God wants human life to begin through the 'conjugal act' and not artificially; (ii) artificial interventions at the beginning of human life are dangerous and ethically unacceptable; (iii) limits can be imposed even upon an individual's freedom to achieve a legitimate goal, such as having a child within marriage; (iv) the massive loss of preimplantation embryos characterizing IVF must be considered as a tragic loss of 'nascent' human persons; (v) Edwards bears a moral responsibility for all subsequent developments in assisted reproduction technology and for all 'abuses' made possible by IVF; (vi) there can be deleterious consequences for offspring of assisted reproduction technology; and (vii) Edwards' discovery did not eliminate the causes of infertility. This article elaborates from the Roman Catholic perspective on each of these points, some of which are found to be more substantial than others.



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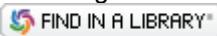
Document 21

Thorpe, Rachel; Petersen, Kerry; Pitts, Marian K; Baker, H W G

New assisted reproductive technology laws in Victoria: a genuine overhaul or just cut and paste?

Journal of law and medicine 2011 Jun; 18(4): 835-50

Abstract: A new Assisted Reproductive Treatment Act was passed in Victoria on December 2008 and came into effect on 1 January 2010. The new legislation changed who was eligible for assisted reproductive technology (ART) and the types of services that clinics could provide. This article reports on interviews with service providers in Victoria who experience first-hand the impact of legislation on clinical practice and patients, as well as regulators who are able to provide insight into the values underpinning the regulatory framework. The new legislation was viewed by all participants as an improvement on the old Act because of the removal of discriminatory and ambiguous aspects. The authors argue that while some of the details of the legislation have changed, the underlying principles and the framework have not.



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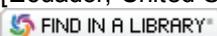
Document 22

Roberts, Elizabeth F S

Abandonment and accumulation: embryonic futures in the United States and Ecuador.

Medical anthropology quarterly 2011 Jun; 25(2): 232-53

Abstract: When frozen embryos are publically debated in the United States, they are most often positioned as having two possible future trajectories: (1) as individual humans and (2) as contributors to stem cell research. Long-term embryo accumulation threatens both of these futures. An accumulated embryo is stuck in a clinic, held back from having an individual future or from contributing to science. There are other kinds of futures, though. For some patients in the United States and Ecuador, where I conducted ethnographic research, future reckoning involves a vision of responsibility toward embryos embedded within a specific family. For these patients, frozen embryo donation to another family or to science constitutes abandonment. The future at stake is not that of an individual embryo's life, but a group's future who would abandon one of its own. These patients would rather destroy embryos than freeze them for a future away from their relations. [Ecuador, United States, in



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Document 23

Ramalho-Santos, João

Human procreation in uncharted territory: new twists in ethical discussions.

Human reproduction (Oxford, England) 2011 Jun; 26(6): 1284-7

Abstract: Since their validation in mammals, there have been profound ethical discussions on the possible applications of somatic cell nuclear transfer, human embryonic stem cells and induced pluripotent stem cells to reproductive medicine. This has been the case whether these technologies were considered as direct (i.e. when procreation is the ultimate goal) or indirect applications. In most countries, the majority of these approaches have been either stringently regulated, or regulation has been strongly and consensually suggested. However, this is not necessarily the case for possibilities such as same-sex chimaeras or the direct differentiation of gametes from somatic cells, skipping a pluripotent cell intermediate. The author suggests that the field of reproductive medicine should be more proactive in discussing both current and emerging developments with possible implications for human reproduction, even those reaching beyond current paradigms.



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Document 24

McConnell, Ryan; Stankiewicz, Marcin; Koczwara, Bogda

Access to assisted reproductive technology for cancer patients in Australia.

Asia-Pacific journal of clinical oncology 2011 Jun; 7(2): 123-8

Abstract: To evaluate patterns of care and equity of access to assisted reproductive technology (ART) for cancer patients in Australia.



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Document 25

Levens, Eric D; Levy, Michael J

Ethical application of Shared Risk programs in assisted reproductive technology.

Fertility and sterility 2011 Jun; 95(7): 2198-9

Abstract: Shared Risk programs require adherence to core principles: transparency, patient autonomy, and appropriate medical care. These programs improve utilization of and perseverance with fertility treatment, receiving strong patient endorsements.



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Article Document 26

Záchia, Suzana; Knauth, Daniela; Goldim, José R; Chachamovich, Juliana R; Chachamovich, Eduardo; Paz, Ana H; Felberbaum, Ricardo; Crosignani, PierGiorgio; Tarlatzis, Basil C; Passos, Eduardo P

Assisted reproduction: what factors interfere in the professional's decisions? Are single women an issue?

BMC women's health 2011 May 31; 11: 21

Abstract: With the development of medical technology, many countries around the world have been implementing ethical guidelines and laws regarding Medically Assisted Reproduction (MAR). A physician's reproductive decisions are not solely based on technical criteria but are also influenced by society values. Therefore, the aim of this study was to analyze the factors prioritized by MAR professionals when deciding on whether to accept to perform assisted reproduction and to show any existing cultural differences.



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Article Document 27

Voelker, Rebecca

Researchers in Canada call for policy to mandate single-embryo transfer in IVF.

JAMA : the journal of the American Medical Association 2011 May 11; 305(18): 1848



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Article Document 28

Stoop, Dominic; Van Landuyt, Lisbet; Van den Abbeel, Etienne; Camus, Michel; Verheyen, Greta; Devroey, Paul

Should a single blastocyst transfer policy be a clinical decision or should it depend on the embryological evaluation on day 3?

Reproductive biology and endocrinology : RB&E 2011 May 5; 9: 60

Abstract: Single blastocyst transfer has the advantage of maximizing the fresh single pregnancy rate. However, in patients with a low number of good quality embryos on day 3, it remains unclear whether immediate embryo transfer or further embryo culture with blastocyst transfer is the most preferable option.



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Article Document 29

Smajdor, Anna

The ethics of IVF over 40.

Maturitas 2011 May; 69(1): 37-40

Abstract: The average age of women having their first child has been rising in recent decades [1]. Since fertility declines with age, it is not surprising that larger numbers of women over 40 are seeking IVF. Any change in reproductive norms tends to generate concern. Women's apparent postponement of motherhood has met with criticism directed variously at women themselves, and at society for its failure to support women to have children at the 'appropriate' time. The provision of IVF to women over 40 is one facet of this broader social trend towards later reproduction. In this paper I consider a number of ethical problems that might be connected with the provision of IVF to patients over 40. I look at risks to women and offspring, and also consider questions of efficacy and cost-effectiveness. I discuss the possibility that IVF for older women could raise increase the problems associated with egg procurement. Finally I address the concept of medicalisation and suggest that as long as IVF is regarded as a medical treatment, access to it should not be used as a means of social control. Nor should it be provided or withheld on the basis of moral judgements about patients' values or lifestyles.



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Document 30

Frith, Lucy; Jacoby, Ann; Gabbay, Mark

Ethical boundary-work in the infertility clinic.

Sociology of health & illness 2011 May; 33(4): 570-85

Abstract: Infertility practice and reproductive technologies are generally seen as 'controversial' areas of scientific inquiry that raise many complex ethical issues. This paper presents a qualitative study that considered how clinicians constructed the role of the 'ethical' in their everyday practice. We use the concept of ethical boundary-work to develop a theory of 'settled' and 'controversial' morality to illuminate how infertility clinicians drew boundaries between different conceptions of the role ethics played in their practice. An attention to areas of settled morality, usually rendered invisible by their very nature, enables us to see how clinicians manage the 'ethical' in their practice. We argue that by creating a space of 'no-ethics' in their practice—part of a settled morality that does not require articulation—the informants re-appropriate an area of their practice from 'outside' influences and control. Bringing these elements to light can help 'outsiders' to challenge and question these distinctions and therefore bring additional perspectives to debates over morality in the infertility clinic. Illuminating the everyday ethical concerns of infertility clinicians can help direct ethical thinking towards these practical concerns, as well as to more abstract debates.



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Document 31

Whittaker, Andrea

Cross-border assisted reproduction care in Asia: implications for access, equity and regulations.

Reproductive health matters 2011 May; 19(37): 107-16

Abstract: This paper gives an overview of the global commercialised market in assisted reproduction treatment in low-resource countries in Asia and raises concerns about access and equity, the potential commercial exploitation of the bodies of subaltern women to service the demand for donated ova and surrogate pregnancy, and the need for protections through regulations. A lack of systematic data about cross-border reproductive care is a significant obstacle to debate and policy intervention. Little is known about the extent, experience or conditions of cross-border reproductive care outside of Europe and the United States. Further research is needed in Asia on the local effects of this trade upon local health systems, couples seeking care, and those women whose body tissues and nurturing capacities facilitate it. More attention needs to be paid to the provision of publicly funded reproductive health services to address the inequitable distribution of treatment and to investigate means to regulate this trade by governments, international NGOs, professional organisations and civil society groups in developing countries. The global trade in assisted reproduction challenges us to balance the rights of individuals to pursue health care across national borders with the rights of those providing services to meet their needs, especially vulnerable groups in situations of economic disparity.



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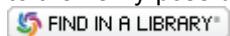
Document 32

Moss, Kate; Hughes, Rowland

Hart-Devlin revisited: law, morality and consent in parenthood.

Medicine, science, and the law 2011 Apr; 51(2): 68-75

Abstract: The debate about law and morality is not new but changing social structures and advances in science, medicine and technology have impacted the decisions courts have to make. Within the fast-changing societies of the 21st century, is judicial decision-making cognisant of these advances and how do the judiciary currently reconcile difficult emergent issues concerning law, science and morality? The dilemma of decision-making regarding frozen embryos, the gametes of deceased donors and the issue of consent is analysed by reference to recent case law and the problem of decision-making in relation to the newly possible.



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Document 33

Baylis, Françoise

Supreme Court of Canada decision on the Assisted Human Reproduction Act creates urgent need for action.

Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstétrique et gynécologie du Canada : JOGC 2011 Apr; 33(4): 317-9



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Document 34

McTeer, Maureen A

Assisted human reproduction: Canada needs a uniform code of practice.

Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstétrique et gynécologie du Canada : JOGC 2011 Apr; 33(4): 323-5



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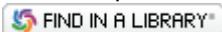


Document 35

Scaruffi, Paola; Primavera, Maria Rita; Abbamonte, Luiza Helena; Levi, Shanti; De Leo, Caterina; Nicoletti, Annamaria; Anserini, Paola

Constitutional change of Italian legislation on assisted reproduction technology improves pregnancy rate especially in older patients.

Human reproduction (Oxford, England) 2011 Apr; 26(4): 959-61



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Document 36

Brezis, Mayer; Malkiel, Avishay; Chinitz, David; Lehmann, Lisa Soleymani

Discordant views of experts and laypersons on the adoption of new fertility technology.

Medical care 2011 Apr; 49(4): 420-3

Abstract: Healthcare costs are increased by the adoption of novel technologies before solid evidence on efficacy and risks. Oocyte cryopreservation for preserving fertility raises special ethical challenges. We compared opinions of professionals for assisted reproductive technology (ART), bioethicists, medical students and the general population toward the questions: do you support access to oocyte cryopreservation to preserve fertility for personal reasons and who should bear the costs?



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Document 37

Eggertson, Laura

Patchwork regulations likely outcome of reproductive technologies ruling.

CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne 2011 Mar 8; 183(4): E215-6



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Document 38

Martin, J Ryan; Bromer, Jason G; Sakkas, Denny; Patrizio, Pasquale

Insurance coverage and in vitro fertilization outcomes: a U.S. perspective.

Fertility and sterility 2011 Mar 1; 95(3): 964-9

Abstract: To compare the impact of mandated IVF insurance coverage on ET practices and resulting multiple pregnancy rates.



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Document 39

Jones, Howard W Jr.

Seven roads traveled well and seven to be traveled more.

Abstract: Over the past 30 years, controlled ovarian hyperstimulation, cryopreservation, intracytoplasmic sperm injection, improved embryologic technology, vaginal egg retrieval, donor gametes, and surrogacy have gotten us where we are. For future progress, we must have group thinking, widely available assisted reproductive technologies, the ability to identify fertilized eggs with newborn potential, an understanding of oligospermia, better preimplantation genetic diagnosis, somatic reproduction, and exogenesis.



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Document 40

Grubb, Joshua; Muramoto, Osamu; Matson, Phillip

Issues arising during the treatment of Jehovah's Witnesses by in vitro fertilisation.

Human fertility (Cambridge, England) 2011 Mar; 14(1): 35-40

Abstract: Four Jehovah's Witness couples were treated between 2000 and 2009 using in vitro fertilization or intracytoplasmic sperm injection. A review of the issues encountered during their treatment, and the options chosen, was made in an attempt to provide effective treatment without compromising the moral views of the individuals concerned. Considerations specific to the Jehovah's Witness faith were identified that required departure from the standard operating procedures used in the clinic, and the development of modified protocols prior to treatment is recommended to minimize the stress and anxiety of patients and staff alike. Issues raised included the collection of semen by masturbation, the use of donor gametes, the number of oocytes inseminated, the discard of poor quality embryos conventionally thought unsuitable for transfer or embryo cryopreservation. A common request was the avoidance of blood products as a culture medium supplement. The use of recombinant human albumin circumvented this, although a recent shift by the Watchtower Bible and Tract Society of Pennsylvania in the interpretation of the Bible opens the possibility of using blood fractions if not whole blood, and so the use of standard culture medium containing human serum albumin is now acceptable to some Jehovah's Witnesses.



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Document 41

Belaish-Allart, J; Madelenat, P

[ART for women with bad prognosis?]. = L'AMP pour les femmes de mauvais pronostic?

Gynécologie, obstétrique & fertilité 2011 Mar; 39(3): 180



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Document 42

Hazout, A

[Is ART a solution for women with bad prognosis?]. = AMP pour les femmes de mauvais pronostic?

Gynécologie, obstétrique & fertilité 2011 Mar; 39(3): 183-4



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Document 43

Canis, M

[ART for women with bad prognosis? "Without life, science stands for nothing". Against selection before ART]. = L'AMP pour les femmes de mauvais pronostic? "Sans la vie, la science n'est rien". Contre la sélection avant PMA.

Gynécologie, obstétrique & fertilité 2011 Mar; 39(3): 181-2



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Document 44

de Wert, G; Dondorp, W; Pennings, G; Shenfield, F; Devroey, P; Tarlatzis, B; Barri, P; Diedrich, K
ESHRE Task Force on Ethics and Law

Intrafamilial medically assisted reproduction.

Human reproduction (Oxford, England) 2011 Mar; 26(3): 504-9

Abstract: For different motives, couples in need of third party assisted reproduction sometimes prefer the help of a family member over an unrelated collaborator. Quantitative (frequency) and qualitative (experience) data about this practice are lacking or scarce. Forms of intrafamilial medically assisted reproduction (IMAR) are different with respect to (i) familial closeness between the collaborator and the person whose reproductive contribution he or she replaces and whether assistance would be intra- or intergenerational, (ii) the relationship between the collaborator and the fertile partner (this relationship may or may not be consanguineous) and (iii) with regard to the material (sperm and oocytes) that is donated and the services (surrogacy) that are offered. This document aims at providing guidance to the professional handling of requests for IMAR. It briefly sketches the background of this practice and discusses a variety of relevant normative aspects.



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Article Document 45

Nau, Jean-Yves

[Bioethics: Reproductive assisted techniques]. = Bioéthique: petite toilette tricolore.

Revue médicale suisse 2011 Feb 23; 7(283): 468-9



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Article Document 46

Cook, Jocelynn L; Collins, John; Buckett, William; Racowsky, Catherine; Hughes, Edward; Jarvi, Keith

Assisted reproductive technology-related multiple births: Canada in an international context.

Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstétrique et gynécologie du Canada : JOGC 2011 Feb; 33(2): 159-67

Abstract: It has been well-documented that the use of assisted reproductive technology (ART) increases the risk for multiple births, which are associated with sub-optimal outcomes for pregnant women and their offspring. The occurrence of multiple births due to infertility treatments has been recognized as a significant problem globally, and a number of countries have developed approaches, policies, statutes, and regulations geared to decreasing the rates of multiple births as a result of ART. This review was designed to explore Canada's position in the international context of ART-related multiple births and to examine the strategies of other countries intended to decrease rates of multiple pregnancy.



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Article Document 47

Gardner, Richard L; Johnson, Martin H

Bob Edwards and the first decade of Reproductive BioMedicine Online.

Reproductive biomedicine online 2011 Feb; 22(2): 106-24



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Article Document 48

Levi Setti, P E; Albani, E; Cesana, A; Novara, P V; Zannoni, E; Baggiani, A M; Morenghi, E; Arfuso, V; Scaravelli, G

Italian Constitutional Court modifications of a restrictive assisted reproduction technology law significantly improve pregnancy rate.

Human reproduction (Oxford, England) 2011 Feb; 26(2): 376-81

Abstract: In May 2009, the Italian Constitutional Court banned most of the limitations of a restrictive law regulating assisted reproduction technology on the grounds that it limited a couple's right to have access to the best possible medical treatment and reduce any possible higher risk of complications. The aim of the study was to compare our results in fresh cycles before and after this change.



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Document 49

Donchin, Anne

In whose interest? Policy and politics in assisted reproduction.

Bioethics 2011 Feb; 25(2): 92-101

Abstract: This paper interprets the British legislative process that initiated the first comprehensive national regulation of embryo research and fertility services and examines subsequent efforts to restrain the assisted reproduction industry. After describing and evaluating British regulatory measures, I consider successive failures to control the assisted reproduction industry in the US. I discuss disparities between UK and US regulatory initiatives and their bearing on regulation in other countries. Then I turn to the political and social structures in which the assisted reproduction industry is embedded. I argue that regulatory bodies are seldom neutral arbiters. They tend to respond most readily to special interests and neglect strategies that could more effectively meet the health needs of the people they represent. Neither national nor international bodies have aggressively pursued policies to harness the industry, reduce infertility rates, or meet the needs of people whose fertility is threatened by substandard healthcare and environmental neglect. In conclusion, I consider recent initiatives by activist groups to mount an alternative response to the industry's current practices and build a transnational reproductive justice movement.



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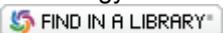
Document 50

Jones, Howard W Jr.; Cooke, Ian; Kempers, Roger; Brinsden, Peter; Saunders, Doug

International Federation of Fertility Societies Surveillance 2010: preface.

Fertility and sterility 2011 Feb; 95(2): 491

Abstract: Surveillance is a triennial worldwide compendium of national rules and regulations for assisted reproductive technology. It was last published in 2007.



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Document 51

Giménez Amaya, José Manuel

[A nuclear document in the moral debates of our time]. = Un Documento Nuclear en los Debates Morales de Nuestro Tiempo.

Cuadernos de bioética : revista oficial de la Asociación Española de Bioética y Ética Médica 2011 Jan-Apr; 22(74): 13-23

Abstract: We summarize the contents of the Instruction Dignitas personae and briefly attempt to explain why we find ourselves before an impossible debate when we talk about human life, its conception and reception. We will also try to provide some light as we try to escape this cul de sac so characteristic in the moral discussions of our time. To do so, we seek the help of the moral philosopher, Alasdair MacIntyre, whose life's work makes him especially suited to identifying the anthropological paradoxes that we are facing nowadays and which are very much related to the different issues mentioned in the Instruction.



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Document 52

Pastor, Luis Miguel

[Ethical analysis and commentary of the Dignitas Personae document: from continuity towards innovation]. = Análisis y Comentario Ético del Documento Dignitas Personae: Desde la Continuidad a la Novedad.

Cuadernos de bioética : revista oficial de la Asociación Española de Bioética y Ética Médica 2011 Jan-Apr; 22(74): 25-46

Abstract: In 2009 the Catholic Church published a document entitled Dignitas Personae (DP) about a range of bioethical issues related to the areas of assisted reproduction and human genetics. The objective of this paper is analyzing the issues treated in the same and comments the novelty of his arguments in the bioethical thinking of the Catholic Church. DP document has an introduction, three parts and a conclusion. The publication of document is due to recent advances that have occurred in recent years in the two areas mentioned above. These advances were not analyzed in a previously document called Donum Vitae (DV). DP analyzes these new advances from the anthropological and ethical approaches of DV. Not intending to contradict DV, the DP applies the arguments of DV to new situations. In both the title and elsewhere in the text it is affirmed that the human embryo has the dignity of human person. From this principle DP analyzes issues such as the status of the human embryo, intracytoplasmic sperm injection, (ICSI), preimplantation diagnosis, embryo

cryopreservation, contragestion, embryo reduction etc. In these matters, as in the questions such as human genetics, cloning, gene therapy or the use of biological material obtained from abortions, the document reaffirms previous ideas of the Catholic Church, applies them to new problems or develops new arguments that will require further reflection. In conclusion, the document is very useful for understanding the current bioethical thinking of the Catholic Church on these issues; it clarifies certain disputes, suggesting new arguments, and leaves other issues to free discussion and subsequent interventions of the Catholic Magisterium. Finally, the document reaffirms the commitment of the Catholic Church to the poor of our techno-scientific society, the proletariat of the new century: human embryos.



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Document 53

Mroueh, Adnan

Ethical issues in assisted reproductive technologies.

Le Journal médical libanais. The Lebanese medical journal 2011 Jan-Mar; 59(1): 17-22



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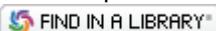


Document 54

Coeytaux, Francine; Darnovsky, Marcy; Fogel, Susan Berke

Assisted reproduction and choice in the biotech age: recommendations for a way forward.

Contraception 2011 Jan; 83(1): 1-4



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Document 55

Maheshwari, Abha; Griffiths, Siriol; Bhattacharya, Siladitya

Global variations in the uptake of single embryo transfer.

Human reproduction update 2011 Jan-Feb; 17(1): 107-20

Abstract: Single embryo transfer (SET) is the most effective way of reducing multiple pregnancy rates associated with assisted reproductive technology (ART). Despite published evidence suggesting that the judicious use of elective SET can lead to near-elimination of multiples without compromising cumulative live birth rates, the uptake of this strategy has been variable.



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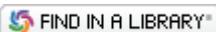


Document 56

Rosenthal, M Sara

The Suleman octuplet case and egregious ethical breaches.

Women's health issues : official publication of the Jacobs Institute of Women's Health 2011 Jan-Feb; 21(1): 98



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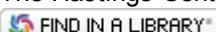


Document 57

Smith, Maxwell J

Rights vs. liberty.

The Hastings Center report 2011 Jan-Feb; 41(1): 5; author reply 5-6



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Document 58

Bergmann, Sven

Fertility tourism: circumventive routes that enable access to reproductive technologies and substances.

Signs 2011; 36(2): 280-88

Abstract: ?Fertility tourism? is a journalistic eye?catcher focusing on the phenomenon of patients who search for a reproductive treatment in another country in order to circumvent laws, access restrictions, or waiting lists in their home country. In Europe, the reasons why people seek reproductive treatments outside their national boundaries are quite diverse, in part because regulations differ so much among countries. Beginning with four examples of people who crossed borders for an in vitro fertilization (IVF) treatment with gamete donation, this article provides some insight into these transnational circumvention practices based on material from ethnographic fieldwork and interviews in Spain, Denmark, and the Czech Republic. In all three countries, gamete donation is made strictly anonymous. Clinical practices such as egg donor recruitment and phenotypical matching between donors and recipients serve to naturalize the substitution of gametes and to install social legitimacy through resemblance markers with the prospective child. In comparison to other areas of medical tourism, which are subjects of debate as a consequence of neoliberal health politics and international medical competition, mobility in the area of reproductive technologies is deeply intertwined with new forms of doing kinship. For prospective parents, it holds a promise of generating offspring who could pass as biogenetically conceived children. Therefore, IVF with gamete donation is mostly modeled after conceptions of nature. Through anonymity and concealment it creates forms of nonrelatedness that leave space for future imaginings and traces of transnational genetic creators.



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Chapter Document 59

Karsan, Shirin

The influence of Islam in the use of assisted reproduction technologies (ART) in the United Arab Emirates (UAE) and how it shapes the decision-making processes of Emirati families using modern technologies

In: Arda, Berna; Rispler-Chaim, Vardit, eds. Islam and Bioethics. Ankara [Turkey]: Ankara University; 2011: 187-194

Call number: [R725.59 .I85 2010](#)



Article Document 60

O'Rourke, Kevin D.

Catholic principles and in vitro fertilization

The National Catholic Bioethics Quarterly 2010 Winter; 10(4): 709-722



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Article Document 61

Bitthner, Uta; Eichinger, Tobias

An ethical assessment of postmenopausal motherhood against the backdrop of successful anti-aging medicine.

Rejuvenation research 2010 Dec; 13(6): 741-7

Abstract: By creating fertility reserves, women are now able to become pregnant using their own eggs, even after menopause. Multiple arguments already exist against postmenopausal motherhood, most of which stress the potential risk of damage involved due to the mother's advanced age. Consequently, the question arises: Can successful anti-aging medicine be applied to preserve or enhance cognitive and physical capacity at an advanced age and invalidate these objections? In this article, we shall explore this issue further and come to three main conclusions: (1) Until now, enabling postmenopausal women to become pregnant has not been a specific objective of anti-aging medicine. (2) Postmenopausal motherhood can find legitimacy through the development and success of anti-aging medicine. (3) The acceptance of postmenopausal motherhoods in our society first requires that anti-aging medicine itself find some sort of ethical legitimacy. To evaluate the arguments for and against anti-aging medicine and postmenopausal motherhood, it is important to take into consideration two points more in depth, which are constantly being impacted by both medical arguments alike: (1) The identity and role of medicine itself as well as (2) the normative role of our body's natural boundaries.



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Article Document 62

Sperling, Daniel; Simon, Yael

Attitudes and policies regarding access to fertility care and assisted reproductive technologies in Israel.

Reproductive biomedicine online 2010 Dec; 21(7): 854-61

Abstract: Despite the high profile of fertility care and assisted reproductive technologies, their social and regulatory contexts remain largely unexplored. Yet, studies reveal a practice of candidate screening on a somewhat arbitrary basis. Examining the above issues is of special importance to Israel, given its high fertility rates. To this end, this study conducted a survey of physicians' attitudes regarding access to fertility care and treatment. An anonymous questionnaire was distributed among IVF providers in all fertility clinics in Israel during 2008-2009. A total of 46 physicians (>40%) responded. Although all agree that every person has a right to procreate, 15.25% believe it is important to screen candidates and 55.6% believe they should consider non-medical criteria when providing care. Only 47.8% of physicians acknowledge the existence of guidelines in their units, but where they exist, 22.5% state they do not follow them. Furthermore, between 24.4-63.0% of physicians are willing to perform controversial procedures if backed by official guidelines. In conclusion, existing guidelines are often vague or ignored. Contrary to the USA, IVF providers in Israel are shaped by the pro-natalist approach highly encouraged by the state and they act less as trustees and gatekeepers to the future child.



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Document 63

Mitzkat, Anika; Haimes, Erica; Rehmann-Sutter, Christoph

How reproductive and regenerative medicine meet in a Chinese fertility clinic. Interviews with women about the donation of embryos to stem cell research.

Journal of medical ethics 2010 Dec; 36(12): 754-7

Abstract: The social interface between reproductive medicine and embryonic stem cell research has been investigated in a pilot study at a large IVF clinic in central China. Methods included observation, interviews with hospital personnel, and five in-depth qualitative interviews with women who underwent IVF and who were asked for their consent to the donation of embryos for use in medical (in fact human embryonic stem cell) research. This paper reports, and discusses from an ethical perspective, the results of an analysis of these interviews. The participants talked of extreme social pressure to become pregnant. Once they had a baby, 'spare' embryos lost practical significance due to the Chinese one-child policy. In the context of decision making about donating embryos to research, the women used the clinical distinctions between 'good and bad quality' embryos and also between frozen and transferred embryos, as guiding moral distinctions. In the absence of concrete information about what sort of research their embryos should be used for, the women interviewed either refused consent (for fear that the embryo would be given to another couple) or accepted, expressing motives of solidarity with other women in a similar situation. This reveals that they filled the knowledge gap with an image of research improving fertility treatment.



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Document 64

Zuppa, Antonio A; Alighieri, Giovanni; Catenazzi, Piero; Scorrano, Antonio; Romagnoli, Costantino

Toward a bioethical issue: induced multiple pregnancies and neonatal outcomes.

Italian journal of pediatrics 2010 November 11; 36: 74

Abstract: Assisted reproductive technology has made great progress during the last three decades. After the initial enthusiasm, many ethical, legal and social issues related to the application of these procedures began to evolve. Multifetal pregnancy and fetal reduction, embryo cryopreservation, preimplantation genetic diagnosis, risks of birth defects and other adverse outcome associated with assisted reproductive technology are issues that have to be addressed building future collaborative studies and continuing the debate on related ethical issues.



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Document 65

Dickens, Bernard

Cross-border reproductive services: FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health.

International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics 2010 Nov; 111(2): 190-1



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Document 66

Thaler, Christian J

[Nobel Prize for Robert Edwards. The Award came rather late]. = Nobelpreis für Robert Edwards. Die Auszeichnung kam reichlich spät.

MMW Fortschritte der Medizin 2010 Oct 21; 152(42): 17



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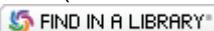


Document 67

Dyer, Clare

White mother given mixed race sperm in IVF loses compensation claim.

BMJ (Clinical research ed.) 2010 October 15; 341: c5806



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Document 68

Manhart, Reinhold

[Biologist Robert G. Edwards honored. Nobel Prize in Medicine for the devil's work]. = Biologe Robert G. Edwards ausgezeichnet. Medizin-Nobelpreis für ein Teufelswerk.

MMW Fortschritte der Medizin 2010 Oct 14; 152(41): 6



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Document 69

Abbott, Alison

Baby boom bags Nobel prize.

Nature 2010 Oct 7; 467(7316): 641-2



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Document 70

McHale, Jean

The Bonfire of the Regulators: the HFEA an unjustified death?

British journal of nursing (Mark Allen Publishing) 2010 Oct 28-Nov 10; 19(19): 1256-7

Abstract: The Government has confirmed that the Human Fertilisation and Embryology Authority is to be abolished with a number of its functions transferred to other bodies as part of the 'bonfire of the quangos'. This article explores these proposals and questions whether such wide-scale reform is an appropriate approach to the regulating of what remains such an ethically controversial area.



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Document 71

Simonstein, Frida

IVF policies with emphasis on Israeli practices.

Health policy (Amsterdam, Netherlands) 2010 Oct; 97(2-3): 202-8

Abstract: The social acceptance of IVF has had the effect of shifting the focus of discussion from the earlier disapproval of IVF to its [un]availability. It has also been suggested that affordable ARTs may stop the falling rates of population turnover in Europe. As many couples cannot afford it, let alone in developing countries, there are ongoing efforts to make IVF 'cheaper' and 'affordable'.



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Document 72

Mashta, Oona

Fertility organisations call for cross border regulations to protect IVF patients.

BMJ (Clinical research ed.) 2010 September 14; 341: c4982



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Document 73

Mertes, Heidi; Pennings, Guido

Ethical aspects of the use of stem cell derived gametes for reproduction.

Health care analysis : HCA : journal of health philosophy and policy 2010 Sep; 18(3): 267-78

Abstract: A lot of interest has been generated by the possibility of deriving gametes from embryonic stem cells and bone marrow stem cells. These stem cell derived gametes may become useful for research and for the treatment of infertility. In this article we consider prospectively the ethical issues that will arise if stem cell derived gametes are used in the clinic, making a distinction between concerns that only apply to embryonic stem cell derived gametes and concerns that are also relevant for gametes derived from adult stem cells. At present, it appears preferable to use non-embryonic stem cells for the derivation of gametes. Adult stem cell derived gametes do not present any problems with regard to the moral status of the human embryo, bypass the safety risks linked to SCNT and do not present any ambiguity or novel problems with regard to informed consent, psychological consequences for the child or genetic parenthood. A remaining ethical concern, however, regards the safety of the procedure in terms of the welfare of the resulting children. This should spark a thorough reflection on how far one must go to accommodate a person's wish to have a genetically related child.



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Document 74

Farquhar, C M; Wang, Y A; Sullivan, E A

A comparative analysis of assisted reproductive technology cycles in Australia and New Zealand 2004-2007.

Human reproduction (Oxford, England) 2010 Sep; 25(9): 2281-9

Abstract: There are different funding arrangements for fertility treatments between New Zealand (NZ) and Australia. In NZ, there are two options for patients accessing treatment: either meeting specified criteria for age, no smoking and BMI for publicly funding or funding their own treatment. This differs from Australia, which has no explicit eligibility criteria restricting access to fertility treatment. An analysis of assisted reproductive technology (ART) in Australia and NZ was undertaken to consider the impact of these different funding approaches.



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Document 75

Johnson, Martin H; Franklin, Sarah B; Cottingham, Matthew; Hopwood, Nick

Why the Medical Research Council refused Robert Edwards and Patrick Steptoe support for research on human conception in 1971.

Human reproduction (Oxford, England) 2010 Sep; 25(9): 2157-74

Abstract: In 1971, Cambridge physiologist Robert Edwards and Oldham gynaecologist Patrick Steptoe applied to the UK Medical Research Council (MRC) for long-term support for a programme of scientific and clinical 'Studies on Human Reproduction'. The MRC, then the major British funder of medical research, declined support on ethical grounds and maintained this policy throughout the 1970s. The work continued with private money, leading to the birth of Louise Brown in 1978 and transforming research in obstetrics, gynaecology and human embryology.



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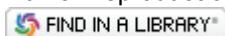


Document 76

Van Steirteghem, André

Can an understanding of the past influence research funding of the future?

Human reproduction (Oxford, England) 2010 Sep; 25(9): 2155



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Document 77

Donchin, Anne

Reproductive tourism and the quest for global gender justice.

Bioethics 2010 Sep; 24(7): 323-32

Abstract: Reproductive tourism is a manifestation of a larger, more inclusive trend toward globalization of capitalist cultural and material economies. This paper discusses the development of cross-border assisted reproduction within the globalized economy, transnational and local structural processes that influence the trade, social relations intersecting it, and implications for the healthcare systems affected. I focus on prevailing gender structures embedded in the cross-border trade and their intersection with other social and economic structures that reflect and impact globalization. I apply a social connection model of responsibility for unjust outcomes and consider strategies to counter structural injustices embedded in this industry. The concluding section discusses policy reforms and proposals for collaborative action to preclude further injustices and extend full human rights to all.



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Document 78

De Geyter, Christian; Boehler, Brigitta; Reiter-Theil, Stella

Differences and similarities in the attitudes of paediatricians, gynaecologists and experienced parents to criteria delineating potential risks for the welfare of children to be conceived with assisted reproduction.

Swiss medical weekly : official journal of the Swiss Society of Infectious Diseases, the Swiss Society of Internal Medicine, the Swiss Society of Pneumology 2010 July 16; 140: w13064

Abstract: Swiss legislation limits the provision of assisted reproductive medicine strictly to those infertile couples, who can guarantee future welfare of their child. Daily practice often makes it difficult to balance between avoiding the discrimination against infertile couples living in a borderline socio-economic or health situation on the one hand, and keeping to the stipulated maximal standards of future child welfare on the other. Obstetricians and neonatologists often criticize prior decisions made by physicians involved in reproductive medicine.



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Document 79

Rosenthal, M Sara

The Suleman octuplet case: an analysis of multiple ethical issues.

Women's health issues : official publication of the Jacobs Institute of Women's Health 2010 Jul-Aug; 20(4): 260-5

Abstract: The Suleman octuplet case is the first reported case in which surviving octuplets were born as a result of in vitro fertilization and embryo transfer. In this case, the octuplets were born to an American single mother of six children, who was on public assistance, and who used a sperm donor. This has raised multiple ethical questions, which include the ethical obligations of the health care providers involved, the informed consent process, as well as moral obligations of the mother to her existing children and unborn children. This case analysis provides a clinical ethics and prenatal ethics framework, based on relevant American media and public documents available from January 26, 2009, to January 26, 2010, the period of time in which media scrutiny of this case was most relevant. Although this analysis introduces broader ethical implications, it is not intended as a philosophical discourse regarding the rights of patients to reproduce or the rights of society to place limits on who can and who cannot reproduce; neither is it intended as an in-depth policy review of reproductive technologies. Rather, this analysis focuses on clinical ethics breaches in this particular case, which led to an unintended outcome. The relevant clinical ethical principles, duties, and obligations are identified, with recommendations for a preventative ethics approach in the absence of clear policies that regulate embryo transfer.



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Document 80

Brosens, J J; Gellseren, B

Something new about early pregnancy: decidual biosensing and natural embryo selection.

Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in Obstetrics and Gynecology 2010 Jul; 36(1): 1-5



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Document 81

Caplan, Art L; Patrizio, Pasquale

Are you ever too old to have a baby? The ethical challenges of older women using infertility services.

Seminars in reproductive medicine 2010 Jul; 28(4): 281-6

Abstract: Older parenthood raises a variety of important factual and ethical questions. None of the questions have received sufficient attention despite the rapid expansion in the United States and other nations in the numbers of older parents. We do not know much about the safety, economic, and psychosocial impact of these emerging practices on children or parents. Nor have there been many analytical considerations of the ethical issues raised. We argue in this article that there are reasons for concern when older persons seek to utilize fertility treatments, including the safety of pregnancy for older women, risks posed to children delivered by older mothers, issues around what constitutes safe conditions for having a child relative to the age of parents, and the importance of guaranteeing that someone will serve in the parental role should an older parent or parents become disabled or die. To protect the best interest of children created by technology in new familial circumstances, internationally recognized and enforced standards for fertility clinics to follow ought to be enacted in making decisions about treating older parents seeking infertility services.



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Document 82

Chilvers, Rebecca A; Hossain, Amjad; Phelps, John Y

The ethical challenges of providing fertility care to patients with chronic illness or terminal disease.

Seminars in reproductive medicine 2010 Jul; 28(4): 303-14

Abstract: The field of fertility is rapidly evolving, bringing opportunities for improvement in our patients' quality of life as well as bringing new ethical dilemmas. As medical science continues to advance, significant numbers of the reproductive-aged population are living with chronic and/or terminal conditions but have reasonable odds of lengthy survival and wish to have children. Likewise, there are adolescents diagnosed with cancer who are increasingly expected to achieve an improved, if not normal, life expectancy after treatment. Oftentimes these children are told they must sacrifice their ability to later have genetically related offspring; however, technologies to preserve fertility are changing this prognosis. Patients with chronic infection are living longer, more normal lives and are increasingly seeking reproductive assistance. Moreover, there is an increasing number of patients' families desiring posthumous use of gametes, which also raises ethical and legal issues. This article discusses ethical principles of bioethics and then highlights specific ethical issues through four plausible cases that may be seen in a fertility practice providing medical care to patients with chronic illness or terminal disease. It concludes that prompt referral of patients to the reproductive endocrinologist, along with a multidisciplinary approach to care, provides increased chances of successful treatment of this group of patients.



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Document 83

Sauer, Mark V

Ethics and reproductive medicine. Preface.

Seminars in reproductive medicine 2010 Jul; 28(4): 277-80



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Document 84

Jones, Mavis; Salter, Brian

Proceeding carefully: assisted human reproduction policy in Canada.

Public understanding of science (Bristol, England) 2010 Jul; 19(4): 420-34

Abstract: The Canadian Act Respecting Assisted Human Reproduction and Related Research (AHR Act), which came into effect in 2004, was the culmination of fifteen years of policy development in this often controversial field. Drawing from a

series of semi-structured elite interviews and extensive documentary research, we examine the path to policy for the AHR Act. We identified several influences on the Act's development, including: (1) feminist-informed activism which found a balance between rejecting the medical model of reproduction and instituting protections against the commodifying potential of reproductive technologies; (2) Canada's proximity to the United States (and its contrasting structures and stances); (3) the role of professional elites in supporting or resisting the proposed regulations; and (4) the tensions between federal and provincial jurisdiction in the Canadian federalist state. The path to this outcome provides an illuminating study of the tensions between internal and external pressures in the policy process.



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Document 85

Hook, C Christopher

In vitro fertilization and stem cell harvesting from human embryos: the law and practice in the United States.

Polskie Archiwum Medycyny Wewn?trznej 2010 Jul; 120(7-8): 282-9

Abstract: The challenges before science and medicine are these: science must explore the natural world as thoroughly as possible, while still honoring, protecting, serving and preserving the subject of its investigations, and the human beings for whom it is a tool; medicine must confront disease and disability as effectively as possible, while also honoring, protecting, and preserving those beings for whom it serves - all of those beings, not just some, or even most, at the potential expense of others. These goals are challenged by embryo-destructive human embryonic stem cell research. The human embryo is a human being as clearly defined by embryology, and as such should be protected by the codes governing human subject research. However, because of the "potential" benefits offered by pluripotent stem cells, coupled with abortion politics and a very poorly regulated infertility industry, United States governmental advisory commissions and the scientific, medical, and political communities have attempted to define away the humanity of the human embryo, with a few notable exceptions. Because infertility treatments in the United States are poorly regulated, there are large numbers of supernumerary embryos in cryopreservation. However, only a tiny portion of these will ever be potentially available for research, and thus are not a realistic source of the cells necessary to provide treatments to the millions who might benefit from proposed stem cell based therapies. Cloning will not be the answer either, given the millions of women who must be exploited to provide sufficient numbers of eggs to generate the cloned cell lines. Moreover, the disposition decisions parents must make for their extra embryos are often agonizing, and not uncommonly change. The use of supernumerary embryos as a source for human embryonic stem cells is unethical, will never be a sufficient source for the medical treatments expected from stem cell research, and is often a source of great distress for the conceiving parents. The United States experience is not a positive model for other countries to emulate.



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Document 86

Ponte, Carène

[4/6. Embryo transfer] = 4/6. L'accueil d'embryon.

Soins. Pédiatrie, puériculture 2010 Jul-Aug(255): 45-6



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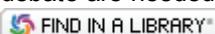
Document 87

Mladovsky, Philipa; Sorenson, Corinna

Public financing of IVF: a review of policy rationales.

Health care analysis : HCA : journal of health philosophy and policy 2010 Jun; 18(2): 113-28

Abstract: There is great diversity in in vitro fertilization (IVF) funding and reimbursement policies and practice throughout Europe and the rest of the world. While many existing reimbursement and regulatory frameworks address safety and legal concerns, economic factors also assume a central role. However, there are several problems with the evidence that is available on the economics of IVF. This suggests there is a need for more robust cost-effectiveness studies. It also indicates the need for alternative rationales to justify the reimbursement of IVF, which might more fully account for the social, political, ethical, and philosophical considerations embedded in notions of infertility and technology-driven reproductive treatments. The merits and limitations of five alternative rationales are discussed. The review suggests that while no existing single rationale provides a complete framework with which to support funding decisions, taken together they provide guideposts which signal important issues for consideration and highlight where further research, action, and debate are needed.





Document 88

Balabanova, Ekaterina; Simonstein, Frida

Assisted reproduction: a comparative review of IVF policies in two pro-natalist countries.

Health care analysis : HCA : journal of health philosophy and policy 2010 Jun; 18(2): 188-202

Abstract: Policies on reproduction have become an increasingly important tool for governments seeking to meet the so-called demographic 'challenge' created by the combination of low fertility and lengthening life expectancies. However, the tension between the state and the market in health care is present in all countries around the world due to the scarce resources available and the understandable importance of the health issues. The field of assisted reproduction, as part of the health care system, is affected by this tension with both the state's and the market's involvements carrying important implications. Bulgaria and Israel share the same size of population, are markedly paternalistic and both have strong pro-natalist cultures by which large families are expected. For a range of reasons the two countries contrast sharply, however, in terms of their capacity to intervene in the health system, and also in terms of the political will to act on matters of reproduction. This paper examines how assisted reproduction, as reflected by present policies in both countries, influences women's welfare and considers whose interests the practices of assisted reproduction in these countries actually serve. By reviewing some of the present data on women's status in Bulgaria and Israel and assessing both states' policies and involvement in assisted reproduction this paper helps to identify some of the intended and unintended consequences of assisted reproduction policies in different countries.



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Document 89

Jegede, Ayodele S; Fayemiwo, Adetona S

Cultural and ethical challenges of assisted reproductive technologies in the management of infertility among the Yoruba of southwestern Nigeria.

African journal of reproductive health 2010 Jun; 14(2): 115-27

Abstract: This paper discusses the cultural and ethical issues arising from the use of Assisted Reproductive Health Technologies. Twenty-five in-depth interviews were conducted with 5 couples of reproductive age who have never conceived or brought pregnancy to term after one year of unprotected intercourse, 4 adult males, 4 adult females, a gynecologist, a nurse, a herbalist and 2 religious leaders in Ibadan, Nigeria. Content analysis was used for data analysis. Legitimacy of children born through ART, religious obligation, patriarchy, polygamy and value of children are cultural issues surrounding ARTs while decision making about it, discrimination against children born through ART, psychological problems and loss of self-esteem, side effects of the technologies and the cost of accessing them are the ethical challenges. The findings have methodological implications for conducting infertility research in non-western societies.



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Document 90

Svitnev, Konstantin

Legal regulation of assisted reproduction treatment in Russia.

Reproductive biomedicine online 2010 Jun; 20(7): 892-4

Abstract: Russia remains one of the countries with a most favourable approach towards human reproduction in Europe, allowing almost everybody wanting to have a child of their own through assisted reproduction treatment to fulfill their dream. The legal situation around assisted reproduction treatment in Russia is very favourable; surrogacy, gamete and embryo donation are permitted, even on a commercial level. Gestational surrogacy is an option for heterosexual couples and single women, although a court decision might be needed to register a 'surrogate' child born to a couple who are not officially married or a single woman. However, it is not explicitly allowed nor prohibited for single men.



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Document 91

Apel, Susan B

Teaching law and medicine on the interdisciplinary cutting edge: assisted reproductive technologies.

The Journal of law, medicine & ethics : a journal of the American Society of Law, Medicine & Ethics 2010 Summer; 38(2):



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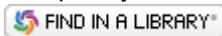


Document 92

Dute, Joseph

European Court of Human Rights. ECHR 2010/12 Case of S.H. and others v. Austria, 1 April 2010, no. 57813/00 (First Section).

European journal of health law 2010 Jun ; 17(3): 307-13



Georgetown users check [Georgetown Journal Finder](#) for access to full text



Document 93

Davies, Trish

Cross-border reproductive care: quality and safety challenges for the regulator.

Fertility and sterility 2010 Jun ; 94(1): e20-2

Abstract: Cross-border reproductive care (CBRC) is increasing and poses legal, ethical, and moral challenges, not least for the organizations that regulate IVF. Fertility treatment in the U.K. is regulated by the Human Fertilisation and Embryology Authority which has focused on providing comprehensive information for people seeking CBRC, the standards of quality and safety they should expect, and issues of donor anonymity, surrogacy, multiple births, and PGD.



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Document 94

Thorn, Petra; Dill, Sandra

The role of patients' organizations in cross-border reproductive care.

Fertility and sterility 2010 Jun ; 94(1): e23-4

Abstract: This article provides an overview of cross-border reproductive care from a patient perspective. It outlines motives for seeking reproductive care outside patients' home countries or in other jurisdictions of their home country, describes the role of patients' organizations in general, and concludes by indicating potentials for collaboration between professionals' and patients' organizations.



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Document 95

Nygren, Karl; Adamson, David; Zegers-Hochschild, Fernando; de Mouzon, Jacques; ,

Cross-border fertility care--International Committee Monitoring Assisted Reproductive Technologies global survey: 2006 data and estimates.

Fertility and sterility 2010 Jun ; 94(1): e4-e10

Abstract: OBJECTIVE: To collect data on the prevalence and reasons for cross-border fertility care (CBFC). DESIGN: Retrospective survey conducted by the International Committee Monitoring Assisted Reproductive Technologies. SETTING: Forty-nine countries who have previously participated with the International Committee Monitoring Assisted Reproductive Technologies. PATIENT(S): Number of CBFC patients per country. INTERVENTION(S): Questionnaire. MAIN OUTCOME MEASURE(S): Number of CBFC patients and reason for travel. RESULT(S): The majority of replies were comprised of estimates for incoming and outgoing patients having CBFC. The main reasons for leaving a home country for CBFC included treatment anonymity and legality issues, whereas incoming patients most often traveled due to efficacy and access. CONCLUSION(S): Few countries are able to quantify numbers of patients having CBFC, although our data suggest that incoming treatment seekers are more easily numerated due to clinic registration procedures. Standardization of data collection and creation of national databases are needed to collect quantitative information that will help reproductive caregivers to provide support for patients having CBFC.



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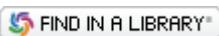


Document 96

Nau, Jean-Yves

[Kant, substitute mothers, human dignity] = Kant, mères porteuses, dignité humaine.

Revue médicale suisse 2010 May 19; 6(249): 1034-5



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Document 97

Alvarez-Díaz, Jorge Alberto

[Embryo donation in developing countries]. = Donación de embriones en países desarrollados.

Gaceta médica de México 2010 May-Jun; 146(3): 228-41

Abstract: In theory there are three things that can happen to surplus embryos: cryopreservation, discarding, or donation. Embryo donation has three different aims: clinical use (generally infertility therapy), research (basic biomedical research, stem cell research, etc.) or teaching (mainly used by clinical embryologists). We present a literature review that analyzes empirical data from developed countries (Germany, Australia, Belgium, Canada, Denmark, Spain, U.S.A., Finland, France, Italy, New Zealand, United Kingdom, Sweden and Switzerland) regarding the probable fate of surplus embryos. According to the literature, embryos are most often discarded or donated for research.



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Document 98

Rauprich, O; Berns, E; Vollmann, J

Who should pay for assisted reproductive techniques? Answers from patients, professionals and the general public in Germany.

Human reproduction (Oxford, England) 2010 May; 25(5): 1225-33

Abstract: Financing ART is variously regulated in the different countries of Europe. In Germany, coverage of assisted reproduction by statutory health insurances was restricted to 50% in 2004. We conducted a national survey among patients, professionals (physicians and other academics in IVF centres, psychosocial counsellors, medical ethicists, social lawyers, health politicians) and the general public in Germany regarding their opinions on financing ART.



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Document 99

Orentlicher, David

Multiple embryo transfers: time for policy.

The Hastings Center report 2010 May-Jun; 40(3): 12-3



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Document 100

Chatzinikolaou, Nikolaos

The ethics of assisted reproduction.

Journal of reproductive immunology 2010 May; 85(1): 3-8

Abstract: Issues concerning the beginning of life and medical intervention in the onset of human existence are very delicate in their nature; they involve multi-dimensional knowledge, they are difficult to comprehend and sensitive to handle. When pure scientific elements are combined with profound emotions, when the genius of technological discoveries touches upon human dignity and sanctity, when passion for the technological achievement intervenes in basic human rights, then the sense of inadequacy and ignorance becomes intense and critical. Silence seems more sought-after than words, and willingness to learn more prudent than the desire to speak. Fear of the inconceivable consequences and even more so the inability to assess them, experiments with the unknown, the likelihood that basic historical, ethical and social values may change forever, but mainly the replacement of God in His wondrous work of creation--the onset of human life--places the ethics of reproductive technologies on the frontline of contemporary bioethics. This opinion paper does not deal with dangers, insults, fears, threats, "speed limits" or ethical controversies, but rather with the very mystery of life. Although

there are no generally accepted replies to the various questions being posed, some thoughts and reservations, which can shed some light upon complicated dilemmas are presented. Firstly, the content of reproductive technologies, the problem of infertility today, the methods of fertility treatment, and of prenatal and pre-implantation testing are described, and then the social impact of IVF, complicated cases, deontological dilemmas and some ethical concerns are discussed.



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* Article Document 101

Orentlicher, David

Multiple embryo transfers: time for policy

Hastings Center Report 2010 May-June; 40(3): 12-13



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<http://www.thehastingscenter.org/Publications/HCR/Archive.aspx> (link may be outdated)



Article Document 102

Borahay, Mostafa; Phelps, John

Potential liability of reproductive endocrinologists for high order multiple gestation.

Journal of assisted reproduction and genetics 2010 Apr; 27(4): 157-9

Abstract: BACKGROUND: In light of the recent octuplet birth and the accompanying intensive media coverage, there has been much attention on high order multiple births resulting from assisted reproductive technology. OBJECTIVES: The purpose of this commentary is to review 1) the relative contribution of ART to high order multiple gestation and its impact on infant morbidity, mortality, and health care dollar loss; 2) American Society of Reproductive Medicine's guidelines for the number of embryos transferred in ART; and 3) how reproductive endocrinologists can lessen their exposure to litigation by following the ASRM guidelines for the number of embryos transferred and documenting proper informed consent in the medical records. RECOMMENDATIONS: In situations in which the number of embryos transferred is in excess of the ASRM guidelines, justification for deviating from the ASRM guidelines should be justifiable and documented in the medical records.



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Article Document 103

Dondorp, W J; De Wert, G M; Janssens, P M W

Shared lesbian motherhood: a challenge of established concepts and frameworks.

Human reproduction (Oxford, England) 2010 Apr ; 25(4): 812-4



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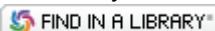
Article Document 104

Marina, S; Marina, D; Marina, F; Fosas, N; Galiana, N; Jové, I

Sharing motherhood: biological lesbian co-mothers, a new IVF indication.

Human reproduction (Oxford, England) 2010 Apr ; 25(4): 938-41

Abstract: BACKGROUND: We herein present the initial experiences of the CEFER Institute of Reproduction in the formation of a new family model: two biological mothers, lesbians, one who provides the eggs and the other who carries the embryo in her womb. We have called this family model ROPA (Reception of Oocytes from PArtner). It is a pioneer event in Spain and among the first at a worldwide level. METHODS AND RESULTS: Fourteen lesbian couples have undergone treatment using the ROPA technique. This paper briefly describes the technique. Six pregnancies have been obtained from 13 embryo transfers. There were two miscarriages and there are three ongoing pregnancies, one of them twins. One healthy female baby was born. The following aspects are addressed: (i) legal status of lesbian couples in Western countries; (ii) the lesbian couple's access to assisted reproduction techniques; (iii) ethical aspects; (iv) medical acceptability; and (v) single mother versus lesbian mothers. CONCLUSIONS: In countries where the ROPA technique is legal, it offers lesbian couples a more favourable route, involving both partners, to start a family, and doctors who treat lesbian couples must be sensitive to this new family model.





Document 105

Stein, Rob

Fairfax clinic's giveaway of donor eggs sparks uproar [news]

Washington Post 2010 March 18; p A1, A13



<http://www.washingtonpost.com/> (link may be outdated)



Document 106

Benagiano, Giuseppe; Giaroli, Luca

The Italian Constitutional Court modifies Italian legislation on assisted reproduction technology.

Reproductive biomedicine online 2010 Mar; 20(3): 398-402

Abstract: On 8 May 2009, the Italian Constitutional Court declared, at least in part, that the law regulating assisted reproduction technology in Italy (Law 40/04) is unconstitutional. The most important theoretical point made by the Court is that the law does not provide unlimited protection to embryos, since it admits that some of them may not produce a viable fetus. Embryo protection is therefore limited by the imperative to ensure a concrete possibility to achieve a successful pregnancy. The Court also reaffirmed the need to empower the attending physician with the means to carry out a full evaluation. At present, the situation is not clear and, theoretically, requires a new intervention by Parliament. This, however, is unlikely.



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Document 107

Bugger, E. Christian

Parthenotes, iPS cells, and the product of ANT-OAR: a moral assessment using the principles of hylomorphism

National Catholic Bioethics Quarterly 2010 Spring; 10(1): 123-142



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Document 108

Fullerton, G.; Hamilton, M.; Maheshwari, A.

Should non-mosaic Klinefelter syndrome men be labelled as infertile in 2009?

Human Reproduction (Oxford, England) 2010 March; 25(3): 588-597

Abstract: BACKGROUND: Klinefelter syndrome is a common genetic condition. Affected non-mosaic men are azoospermic and have been labelled as infertile. Despite reports that these men can have children using assisted reproduction techniques, it is not common practice in the UK to offer sperm retrieval to these men. METHODS: Medline and EMBASE (1980-2009) were searched independently by two authors and all studies involving surgical sperm retrieval in non-mosaic Klinefelter syndrome were included. The primary outcome was success of surgical sperm retrieval and the secondary outcome was live birth rate. RESULTS: The overall success rate for sperm retrieval was 44%, with a higher rate of success using micro-dissection testicular sperm aspiration (micro-TESE) (55%). This, along with ICSI, has led to the birth of 101 children. However, there are no known predictors for successful sperm retrieval. Although there are concerns about genetic risk to the offspring of non-mosaic Klinefelter patients, this risk has not been found to be greater than that of patients with non-obstructive azoospermia with normal karyotype. CONCLUSIONS: It is possible for a man with non-mosaic Klinefelter to father a child. However, before these techniques are offered, some ethical issues need to be explored.



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Document 109

Ferraretti, Anna Pia; Pennings, Guido; Giaroli, Luca; Natali, Francesca; Magli, M Cristina

Cross-border reproductive care: a phenomenon expressing the controversial aspects of reproductive technologies.

Reproductive biomedicine online 2010 Feb; 20(2): 261-6

Abstract: Cross-border reproductive care, also called reproductive tourism, refers to the travelling of citizens from their country of residence to another country in order to receive fertility treatment through assisted reproductive technology. Several reasons account for cross-border reproductive care: (i) a certain kind of treatment is forbidden by law in the couple's own country or is inaccessible to the couple because of their demographic or social characteristics; (ii) foreign centres report higher success rates compared with those of the centres in the country of residence; (iii) a specific treatment may be locally unavailable because of a lack of expertise or because the treatment is considered experimental or insufficiently safe; and (iv) limited access to the treatment in the couple's home country because of long waiting lists, excessive distance from a centre or high costs. Although cross-border reproductive care can be viewed as a safety valve, the phenomenon is often associated with a high risk of health dangers, frustration and disparities. Solutions to these problematic effects need to be considered in the light of the fact that cross-border reproductive care is a growing phenomenon.



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Document 110

Ory, S.

The American octuplet experience: a transformative event.

Fertility and Sterility 2010 February; 93(2): 337-338

Abstract: The Suleman case has served as a catalyst to examine a range of clinical and ethical decisions, making the birth of the octuplets a truly transformative event.



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Document 111

Rosenthal, M. Sara

A preventive ethics approach to IVF in the age of octuplets.

Fertility and Sterility 2010 February; 93(2): 339-340

Abstract: A preventive ethics approach recognizes that ethical obligations of the in vitro fertilization practitioner should prevail, regardless of whether embryo transfer is regulated.



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Document 112

Stillman, Robert J.

The Suleman octuplets: what can an aberration teach us?

Fertility and Sterility 2010 February; 93(2): 341-343

Abstract: The Suleman case shows that there are "heightened expectations" of our field on the part of our colleagues, the public, legislative and regulatory officials, and our patients. And it can teach us that we have both the history and the promise within our own field to fulfill those heightened expectations through continued clinical progress in promoting safe successful outcomes.



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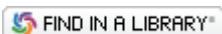
Document 113

Mallia, Pierre

Problems faced with legislating for IVF technology in a Roman Catholic country.

Medicine, Health Care, and Philosophy 2010 February; 13(1): 77-87

Abstract: Malta traditionally enjoys a Roman Catholic Society, with the official religion of the country being cited in the second article of the constitution. Recently the government proposed to legislate to regulate human reproductive technology, in particular In Vitro Fertilization, which has been practiced for over two decades without controlling legislation. A Parliamentary Committee for social affairs was set up to study the situation inviting most stakeholders. The arguments gravitated mostly on issues of the status of the embryo and the media played a considerable role. At the end of the discussion the Archbishop made a statement which pointed out that IVF involves destruction of embryos and the process stopped. This article examines what caused the deterioration of the process and points favourably towards a way forward within the context of a Catholic Country.



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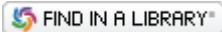
Document 114

Díaz Martínez, Ana

[Tort liability in the application of assisted reproduction techniques: differences with biomedical research (Regarding the SSTS of October 23, 2008 and November 20, 2009)]. = Responsabilidad por daños en la aplicación de técnicas de reproducción asistida: diferencias con la investigación biomédica (A propósito de las SSTS de 23 de octubre de 2008 y 20 de noviembre de 2009).

Revista de derecho y genoma humano = Law and the human genome review / Cátedra de Derecho y Genoma Humano/Fundación BBV-Diputación Foral de Bizkaia 2010 Jan-Jun(32): 193-218

Abstract: The first court decisions concerning tort liability in assisted reproduction treatments have started to be enacted in Spanish law. They emphasize the scope of the health professionals' duty to inform more thoroughly in this field, than on curative medicine. This article discusses the basis of the liability in reproductive medicine in the light of art. 18 of Law 14/2006 of 26 May, and the notable differences in compensation for damage aroused in biomedical research, which is governed by a particular system established by Law 14/2007 of 3 July.



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Document 115

Carlos, Juan

[Royal Decree 42/2010, of January 15, regulating the National Commission on Human Assisted Reproduction]. = Real Decreto 42/2010, de 15 de enero, por el que se regula la Comisión Nacional de Reproducción Humana Asistida.

Revista de derecho y genoma humano = Law and the human genome review / Cátedra de Derecho y Genoma Humano/Fundación BBV-Diputación Foral de Bizkaia 2010 Jan-Jun(32): 259-65



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Document 116

Eggsploitation

Center for Bioethics and Culture [CBC]

Abstract: This expanded edition includes the documentary, trailers, clips, and Calla Papademas' full-length testimony.

<http://www.eggsploitation.com> (link may be outdated)



Document 117

The Kids Are All Right (2010)

Abstract: A lesbian couple with two children conceived by a sperm donor experience changed family life after their children identify and bring their biological dad into their lives.



Document 118

Erickson, Theresa M.

SURROGACY AND EMBRYO, SPERM, & EGG DONATION: WHAT WERE YOU THINKING? CONSIDERING IVF & THIRD-PARTY REPRODUCTION

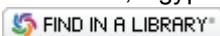
New York: iUniverse, Inc., 2010. 332 p.

Call number: [RG135 .E75 2010](#)



Document 119

Shahin, Mahmud Sa'd



Document 120

Morell, Paul; Morell, Shannon; and Hunt, Angela

MISCONCEPTION: ONE COUPLE'S JOURNEY FROM EMBRYO MIX-UP TO MIRACLE BABY

Nashville, TN: Howard Books, 2010. 239 p.

Call number: [RG135 .M667 2010](#)

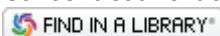


Document 121

Fleetwood, Amanda; Campo-Engelstein, Lisa

The impact of infertility: why ART should be a higher priority for women in the global South.

Cancer treatment and research 2010; 156: 237-48



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Document 122

Winkel, Esther; Roumen, Frans J M E; Dermout, Sylvia M

[IVF surrogacy after embryo transfer abroad. Dilemmas of pregnancy follow-up]. = Draagmoederschap na ivf in het buitenland: dilemma's bij de begeleiding.

Nederlands tijdschrift voor geneeskunde 2010; 154: A1777

Abstract: A 43-year-old female, gravida 3, para 2, who was 9 weeks pregnant, presented herself as a surrogate mother for a 33-year-old couple at our outpatient clinic in Heerlen, the Netherlands, for pregnancy follow-up. As she had not passed the selection procedure in the Netherlands (VU University Medical Center, Amsterdam), IVF using the gametes of the prospective parents and embryo transfer was performed in Belgium. We discussed the management of possible problems and complications during pregnancy and delivery. After an uneventful pregnancy and delivery a healthy boy was taken home by the donor couple. In the Netherlands, high-tech surrogate motherhood under strict non-commercial conditions has been accepted by law since 1997. Since the inclusion criteria are very strict, some couples seem to find a way to have their wish fulfilled abroad. Uniformity of the IVF surrogacy legislation in Europe is necessary to discourage this practice. When this situation occurs nevertheless, it is important that doctors involved know how to handle the (often unknown) medical, ethical, legal, emotional and psychosocial aspects associated with high-tech IVF-surrogacy.



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Document 123

Merchant, Jennifer

Assisted reproductive technology (ART) in the United States: towards a national regulatory framework?

Journal international de bioéthique = International journal of bioethics 2009 Dec; 20(4): 55-71, 109-10

Abstract: In most of the industrialized world, comprehensive oversight and/or regulation of assisted reproductive technology has been in place for some time now. For example, in countries such as France or the UK, fertility clinics are licensed by a government agency. This arrangement allows for rules to be modified as needed, and also provides a mechanism for ensuring that clinics are following them. Rules about permitted procedures, guided by consistent principles, are set and enforced by the licensing agency. Above all, countries that regulate assisted reproduction differ from the United States in one very crucial way: they regard health care as a right and provide it to their citizens. This paper will offer a panorama of the practice of assisted reproductive technology (ART) in the United States, present some key events and the contemporary context that have provoked an urgent call for national regulation, examine some states wherein regulation exists, and estimate the possibility for a national regulatory framework.



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Document 124

Alves, Cristiane Avancini

Human embryo donation: a bridge between health care and research in assisted reproduction

EACME Newsletter [electronic] 2009 December; (23): 5-6



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<http://www.eacmeweb.com/en/> (link may be outdated)



* Article Document 125

Alghrani, Amel

The Human Fertilisation and Embryology Act 2008: a missed opportunity?

Journal of Medical Ethics 2009 December; 35(12): 718-9



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Article Document 126

Díaz, Carlos Gil

La bioética en los medios de comunicación: el caso Carmen Bousada [Bioethics in the media: the case of Carmen Bousada]

Bioetica and Debat 2009 September-December; 15(58): 19-21



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Article Document 127

Sánchez Abad, Pedro José; López Moratalla, Natalia

Carencias de la comunicación biológica en las técnicas de reproducción asistida. = Lack of biological exchange in assisted reproductive techniques

Cuadernos de Bioética 2009 September-December; 20(70): 339-355



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Article Document 128

Leal Herrero, Fernando

Psicopatología del aborto espontáneo y trastornos tras las técnicas de reproducción asistida. = Psychopathology of miscarriages and psychic disorders following fertility treatments

Cuadernos de Bioética 2009 September-December; 20(70): 393-403



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Dobson, Richard

One in four multiple pregnancies at London clinic came from fertility treatment overseas [news]

BMJ: British Medical Journal 2009 August 1; 339(7715): 259



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Oleson, Christopher

More thoughts on Dignitas personae and embryo rescue: a reply to Stephen Napier

Linacre Quarterly 2009 August; 76(3): 250-264



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Inhorn, Marcia C.

Right to assisted reproductive technology: overcoming infertility in low-resource countries

International Journal of Gynecology and Obstetrics 2009 August; 106(4): 172-174



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Cortés Bechiarelli, Emilio

[Criminal code and assisted human reproduction] = Código penal y reproducción humana asistida.

Law and the human genome review = Revista de derecho y genoma humano / Chair in Law and the Human Genome, BBV Foundation-Provincial Government of Biscay, University of Deusto 2009 Jul-Dec(31): 43-77

Abstract: The Spanish Criminal Code punishes in the article 161 the crime of assisted reproduction of the woman without her assent as a form of crime relative to the genetic manipulation. The crime protects a specific area of the freedom of decision of the woman, which is the one that she has dealing with the right to the procreation at the moment of being fertilized. The sentence would include the damages to the health provoked by the birth or the abortion. The crime is a common one--everyone can commit it--and it is not required a result of pregnancy, but it is consumed by the mere intervention on the body of the woman, and its interpretation is contained on the Law 14/2006, of may 26, on technologies of human assisted reproduction. The aim of the work is to propose to consider valid the assent given by the sixteen-year-old women (and older) in coherence with the Project of Law about sexual and reproductive health and voluntary interruption of the pregnancy that is studied at this moment, in Spain, in order to harmonize the legal systems.



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Raposo, Vera Lúcia; Vale e Reis, Rafael

Assisted reproductive technologies in Portuguese law--commentary to the Judgment no. 101/2009, of March the 3rd of the Portuguese Constitutional Court.

Law and the human genome review = Revista de derecho y genoma humano / Chair in Law and the Human Genome, BBV Foundation-Provincial Government of Biscay, University of Deusto 2009 Jul-Dec(31): 125-58

Abstract: Recently the Portuguese Constitutional Court was asked to analyze the constitutionality of the law on assisted reproduction, Law nr 32/2006. The request was presented by a conservative group, arguing, basically, that the law disregarded the juridical protection due to the embryo and to the participants in reproductive techniques. The main critics pointed out were related with the legitimacy of using reproductive techniques, the absence of a maximum age for beneficiaries, the authorization of embryo experimentation, the decision of not criminalizing every contract of surrogate motherhood, among some other critics. However, the Court concluded that none of the pointed norms went against Constitutional rules and principles.



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Vahrtanian, Anjel; Smith, Yolanda R.

Should access to fertility-related services be conditional on body mass index?

Human Reproduction 2009 July; 24(7): 1532-1537



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The California octuplets and the duties of reproductive endocrinologists.

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Cortés Bechiarelli, Emilio

Código penal y reproducción humana asistida. [The penal code and assisted human reproduction]

Revista de Derecho y Genoma Humano = Law and the Human Genome Review 2009 July-December; (31): 43-77



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Raposo, Vera Lúcia; Vale e Reis, Rafael

Assisted reproductive technologies in Portuguese law -- commentary to the Judgment no. 101/2009, of March the 3rd of the Portuguese Constitutional Court.

Revista de Derecho y Genoma Humano = Law and the Human Genome Review 2009 July-December; (31): 125-158



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De Melo-Martín, Inmaculada

Assisted reproductive technology in Spain: considering women's interests.

CQ: Cambridge Quarterly of Healthcare Ethics 2009 July; 18(3): 228-235



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Dobson, Roger

Number of babies born worldwide by assisted reproduction rises by 12% [news]

BMJ: British Medical Journal 2009 June 6; 338(7707): 1352-1353



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de Doldan, Diana Radakoff; Arozamena, Cecilia; Martínez Perea, María del Carmen; Solsona, María Nieves

Técnicas de tratamiento de la esterilidad. Aspectos tecnológicos y éticos abordados en el Informe Warnock

[Techniques to treat infertility. Technological and ethical aspects touched on in the Warnock Report]

Vida y Ética 2009 June; 10(1): 75-97



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Perazzo, Gerardo; Gargiulo, Lilian

Informe Warnock: revisión y reflexión bioética a los 25 años de su publicación [The Warnock Report: a bioethical review and reflection 25 years after its publication]

Vida y Etica 2009 June; 10(1): 9-25



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Turone, Fabio

Court amends Italy's law on reproduction [news]

BMJ: British Medical Journal 2009 April 11; 338(7699): 851



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Reproductive Biomedicine Online 2009 May; 18(5): 599-602



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Moral justification and human acts: a reply to Christopher Oleson

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Dignitas personae and the question of heterologous embryo transfer

Linacre Quarterly 2009 May; 76(2): 133-49



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The octuplet case -- why more regulation is not likely

Hastings Center Report 2009 May-June; 39(3): 26-28



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Judging octomom



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O'Connor, R

First Irish pregnancies after IVF with gestational carrier.

Irish medical journal 2009 Apr; 102(4): 126; author reply 126



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Singer, Peter

Thirty years of 'test-tube' babies

Free Inquiry 2009 April-May; 29(3): 20-21



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Caplan, Arthur

Crazy eights

Free Inquiry 2009 April-May; 29(3): 18-19



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Campbell, Bruce; Erickson, Lisa

The number of embryos to transfer: current practices in Minnesota.

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Kelley, Raina

Octomom hypocrisy: what our outrage over Suleman says about us

Newsweek 2009 March 16; 153(11): 58



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Human Reproduction 2009 March; 24(3): 517-523



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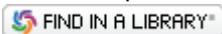


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Janssens, P.M.W.

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Rochman, Bonnie

The ethics of octuplets. As fertility treatments improve, should doctors limit the number of babies a woman can have?

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Motluk, Alison

Seven too many.

New Scientist 2009 February 14-20; 201(2695): 24



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Saul, Stephanie

Birth of octuplets puts focus on fertility industry and risks

New York Times 2009 February 12; p. A1, A28



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California: Fertility clinic identified

New York Times 2009 February 10; p. A13



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Stein, Rob

In vitro fertilization offers new lab for studies

Washington Post 2009 February 9.; p. A6



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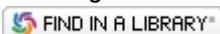


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Washington Post 2009 February 4; p. C1, C8



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The octuplets: balancing the rights of parents and the welfare of children

Bioethics Forum: Diverse Commentary on Issues in Bioethics [electronic] 2009 February 4; 1p.



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Archibald, Randal C.

Octuplets, 6 siblings and many questions

New York Times 2009 February 4; p. A14



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In vitro fertilization can't reverse aging's effects

Washington Post 2009 January 15; p. A1, A10



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Ooi, Joanne Li Shen

Mr Mom: can we deliver?

The journal of family planning and reproductive health care / Faculty of Family Planning & Reproductive Health Care, Royal College of Obstetricians & Gynaecologists 2009 Jan; 35(1): 56-8



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Virzera, Diane L.

The legal and ethical conundrum of embryo adoption

Human Life Review 2009 Winter-Spring; 35(1-2): 85-94



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Mansour, Ragaa; Fahmy, Ibrahim; Tawab, Nevine A.; Kamal, Ahmed; El-Demery; Yehia; Aboulghar, Mohamed; Serour, Gamal

Electrical activation of oocytes after intracytoplasmic sperm injection: a controlled randomized study

Fertility and Sterility 2009 January; 91(1): 133-139



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Parks, Jennifer

Rethinking radical politics in the context of assisted reproductive technology

Bioethics 2009 January; 23(1): 20-27

Abstract: Radical feminists have argued for both the radical potential of assisted reproductive technology (ART) and its oppressive and damaging effects for women. This paper will address the question of what constitutes a radical feminist position on ART; I will argue that the very debate over whether ART liberates or oppresses women is misguided, and that instead the issue should be understood dialectically. Reproductive technologies are neither inherently liberating nor entirely oppressive: we can only understand the potential and effects by considering how they are actually taken up within a culture. The internal contradictions, tensions, and inconsistencies within ART and the way it is addressed within the law points to a dialectic that resists a simple reductivist understanding.



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<http://www3.interscience.wiley.com/journal/121560926/issue> (link may be outdated)



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Donchin, Anne

Toward a gender-sensitive assisted reproduction policy

Bioethics 2009 January; 23(1): 28-38

Abstract: The recent case of the UK woman who lost her legal struggle to be impregnated with her own frozen embryos, raises critical issues about the meaning of reproductive autonomy and the scope of regulatory practices. I revisit this case within the context of contemporary debate about the moral and legal dimensions of assisted reproduction. I argue that the gender neutral context that frames discussion of regulatory practices is unjust unless it gives appropriate consideration to the different positions women and men occupy in relation to reproductive processes and their options for autonomous choice. First, I consider relevant legal rulings, media debate, and scholarly commentary. Then I discuss the concept of reproductive autonomy imbedded in this debate. I argue that this concept conflates informed consent and reproductive autonomy, thereby providing an excessively narrow reading of autonomy that fails to give due regard to relations among individuals or the social, political and economic environment that shapes their options. I contrast this notion of autonomy with feminist formulations that seek to preserve respect for the agency of individuals without severing them from the conditions of their embodiment, their surrounding social relationships, or the political contexts that shape their options. Taking these considerations into account I weigh the advantages of regulation over the commercial market arrangement that prevails in some countries and suggest general guidelines for a regulatory policy that would more equitably resolve conflicting claims to reproductive autonomy.



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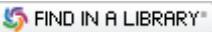
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Cahn, Naomi R.

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New York: New York University Press, 2009. 295 p.

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Assisted reproduction without assisting over-collection: fair information practices and the Assisted Human Reproduction Agency of Canada.

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Pennings, Guido

International evolution of legislation and guidelines in medically assisted reproduction.

Reproductive Biomedicine Online 2009; 18 Suppl 2: 15-18



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Assisted procreation and its relationship to genetics and eugenics.

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Goold, Imogen

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Rosato, Jennifer L.

Regulating assisted reproductive technology: avoiding extremes

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Centers for Disease Control and Prevention [CDC] (United States). National Center for Chronic Disease Prevention and Health Promotion. Division of Reproductive Health; American Society for Reproductive Medicine [ASRM]; Society for Assisted Reproductive Technology [SART]

2007 Assisted Reproductive Technology Success Rates: Preliminary Data National Summary and Fertility Clinic Reports

Atlanta, GA: Centers for Disease Control and Prevention [CDC], 2009; ? p.

<http://www.cdc.gov/ART/ARTReports.htm> (link may be outdated)



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Bharadwaj, Aditya; Glasner, Peter

Sacrificial gifts: infertile citizens and the moral economy of embryos

In their: Local Cells, Global Science: The Rise of Embryonic Stem Cell Research in India. London; New York: Routledge,



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India: Mother claims to be oldest

New York Times 2008 December 10; p. A12



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Tu, Ling; He, Jing; Lu, Guang-xiu

Practice and evaluation of ethical governance in assisted reproductive technologies

Journal International de Bioéthique = International Journal of Bioethics 2008 December; 19(4): 83-93

Abstract: The rapid development of assisted reproductive technologies (ART) raises complex ethical and social problems. This article explores how to perform ethical governance in ART and evaluates the social consequences. In order to urge doctors and patients to abide by medical ethics and moral norms and to ensure the successful development of ART, we argue that ethics committees must be robust and that their guidelines must be followed. Specifically, it is necessary to improve awareness of the fundamentals of ART and related ethical principles among doctors and patients. This includes the need to intensify mechanisms to fully monitor the implementation and enforcement of medical ethical principles and doctrines, such as informed consent.



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New York Times 2008 November 18; p. A12



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Pediatric Nursing 2008 November-December; 34(6): 486-489



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Human fertilisation and embryology authority = Commentaires sur la consultation publique menée au Royaume-Uni sur les cybrides par l'HFEA.

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Tännöö, Torbjörn

Our right to in vitro fertilisation – its scope and limits.

Journal of Medical Ethics 2008 November; 34(11): 802-806

Abstract: There exists a derived negative right to procreative freedom, including a right to in vitro fertilisation (IVF) and to the exercise of selective techniques such as preimplantation genetic diagnosis. This is an extensive freedom, including not only the right to the exercise of a responsible parenthood, but also, in rare cases, to wrong decisions. It includes also a right for less than perfect parents to the use of IVF, and for IVF doctors to assist them, if they want and can agree about the terms.



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Pennings, G.; de Wert, G.; Shenfield, F.; Cohen, J.; Tarlatzis, B.; Devroey, P.

ESHRE Task Force on Ethics and Law 15: cross-border reproductive care

Human Reproduction 2008 October; 23(10): 2182-2184



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Levi Setti, Paolo Emanuele; Albani, Elena; Novara, Paola; Cesana, Amalia; Negri, Luciano

Results of in vitro fertilization in Italy after the introduction of a new law.

Fertility and Sterility 2008 October; 90(4): 1081-1086



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Southern Illinois University Law Journal 2008 Fall; 33: 157-176



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A child of "hers": older single mothers and their children conceived through IVF with both egg and sperm donation.

Fertility and Sterility 2008 September; 90(3): 576-583



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Connolly, M.; Hoorens, S.; Ledger, W.

Money in -- babies out: assessing the long-term economic impact of IVF-conceived children

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Nelen, W.L.D.M.; van der Pluijm, R.W.; Hermens, R.P.M.G.; Bergh, C.; de Sutter, P.; Nygren, K.G.; Wetzel, A.M.M.; Grol, R.P.T.M.; Kremer, J.A.M.

The methodological quality of clinical guidelines of the European Society of Human Reproduction and Embryology (ESHRE)

Human Reproduction 2008 August; 23(8): 1786-1792



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Faith in denial. The Catholic church's insistence on demonising IVF is making it look irrelevant and out of touch.

New Scientist 2008 July 26-August 1; 199(2666): 18



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In vitro we trust: thirty years on, the fertility business could use some rethinking
New York Times Magazine 2008 July 20; p. 11, 12



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30 years: from IVF to stem cells
Nature 2008 July 17; 454(7202): 280-281



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Pearson, Helen
Making babies: the next 30 years
Nature 2008 July 17; 454(7202): 260-262



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Vida y Ética 2008 June; 9(1): 65-79



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Prospective parents' intentions regarding disclosure following the removal of donor anonymity.
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Human Fertility 2008 June; 11(2): 101-107



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Birenbaum-Carmeli, Daphna; Dirmfeld, Martha
In vitro fertilisation policy in Israel and women's perspectives: the more the better?
Reproductive Health Matters 2008 May; 16(31): 182-191



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Krotoski, Wojciech

Traffic in human oocytes/ova/eggs

Linacre Quarterly 2008 May; 75(2): 135-141



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La Sala, Giovanni Battista; Villani, Maria Teresa; Nicoli, Alessia; Valli, Barbara; Iannotti, Francesca; Blickstein, Isaac

The effect of legislation on outcomes of assisted reproduction technology: lessons from the 2004 Italian law.

Fertility and Sterility 2008 April; 89(4): 854-859



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Heng, Boon Chin

Egg sharing in return for subsidized fertility treatment–ethical challenges and pitfalls.

Journal of Assisted Reproduction and Genetics 2008 April; 25(4): 159-161



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Siegel, S.; Dittrich, R.; Vollmann, J.

Ethical opinions and personal attitudes of young adults conceived by in vitro fertilisation

Journal of Medical Ethics 2008 April; 34(4): 236-240

Abstract: Background: Today in vitro fertilisation (IVF) is a widespread and important technique of reproductive medicine. When the technique was first used, it was considered ethically controversial. This is the first study conducted of adult IVF-offspring in order to learn about their ethical opinions and personal attitudes towards this medical technology. Methods: We recruited the participants from the first cases of in vitro fertilisation in Germany at the Gynaecological Clinic of the University Hospital Erlangen. Our qualitative interview study consisted of in-depth, face-to-face interviews with 16 adults who had been conceived by IVF. Our data was analysed with methods of Grounded Theory. Results: For these adults, the most important factor influencing their personal attitudes towards IVF was the knowledge that they were deeply wanted children. The artificiality of their conception seemed irrelevant for their ethical opinion. All participants mentioned that it was important for them to be informed about the circumstances of their conception by their parents. Conclusions: IVF seems to be a medical technique which, although it affects intimate aspects of human existence, can be integrated into the lives of the affected persons without any great difficulties. The findings suggest that parents should inform their children about their fertilisation at an early age and as part of a process over time, not only on a single occasion. Physicians should advise IVF-parents accordingly.



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Ethik in der Medizin 2008 March; 20(1): 61-63



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Reproductive Biomedicine Online 2008 March; 16(Suppl 1): 10-17



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Waldby, Catherine

Oocyte markets: women's reproductive work in embryonic stem cell research

New Genetics and Society 2008 March; 27(1): 19-31



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Tesoriero, Heather Won

Infertile couples head overseas for treatments; clinics in Thailand, Canada, Israel tout cheaper in-vitro; checking up on success rates

Wall Street Journal 2008 February 19; p. D1, D2



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Aldhous, Peter

Male eggs and female sperm [news]

New Scientist 2008 February 2-8; 197(2641): 6-7



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Collins, Timothy P.

On abandoned embryos

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Mertes, Heidi; Pennings, Guido

Embryonic stem cell-derived gametes and genetic parenthood: a problematic relationship

CQ: Cambridge Quarterly of Healthcare Ethics 2008 Winter; 17(1): 7-14



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Cutas, Daniela E.

On a Romanian attempt to legislate on medically assisted human reproduction

Bioethics 2008 January; 22(1): 56-63

Abstract: The paper presents and briefly analyses some of the provisions of a Romanian legislative proposal which arrived at the Presidency for ratification twice, in slightly different forms, and which was rejected twice: the first time at the Presidency in October 2004, and the second at the Constitutional Court in July 2005. The proposal was finally dropped in February 2006. My intention here is to point to some of the most problematic deficiencies of the legislative document in the hope that this may assist with future debates and regulations on assisted reproduction either in Romania or elsewhere. I have isolated the features to be discussed under two headings: (1) whose are the rights to reproduce, that the document claimed to 'acknowledge, regulate and guarantee' and (2) what is the status of the embryo, the child and the surrogate mother?



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Leiva, Rene

A physician responds to Father Cioffi: a recent example of artificial insemination

Ethics and Medics 2008 January; 33(1): 3-4



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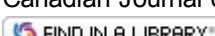


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Equal choice, equal benefit: gendered disability and the regulation of assisted human reproduction in Canada

Canadian Journal of Women and the Law 2008; 20(2): 231-263



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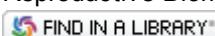


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Khalili, Mohammad Ali; Isikoglu, Mete; Tabibnejad, Nasim; Ahmadi, Mehdi; Abed, Farhang; Parsanejad, Mohammad E; Ghasemi, Mojdeh; el Jamal, Hachem

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In: Dracopoulou, Marianna, ed. Reflections on Contemporary Issues: Opinions and Reports, 2000-2008. Athens, Greece:

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A different kind of life estate: the laws, rights, and liabilities associated with donated embryos.

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Mclean, Sheila A.M.

The human embryo as a clinical tool: private tragedy or public good?

In: Düwell, Marcus; Rehmann-Sutter, Christoph; Mieth, Dietmar, eds. *The Contingent Nature of Life: Bioethics and Limits of Human Existence*. Berlin: Springer, 2008: 209-219

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In: Singer, Peter A.; Viens, A.M., eds. *The Cambridge Textbook of Bioethics*. Cambridge; New York: Cambridge University Press, 2008: 112-120

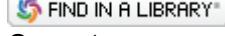
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Braun, Michal; Baider, Lea

Souvenir children: death and rebirth.

Journal of Clinical Oncology 2007 December 1; 25(34): 5525-5527



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Too old for IVF: are we discriminating against older women?

Journal of Assisted Reproduction and Genetics 2007 December; 24(12): 639-644



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Ethik in der Medizin 2007 December; 19(4): 340-341



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Mackenzie, Robin

Regulating reproductogenetics: strategic sacralisation and semantic massage

Health Care Analysis: An International Journal of Health Philosophy and Policy 2007 December; 15(4): 305-319

Abstract: This paper forms part of the feminist critique of the regulatory consequences of biomedicine's systematic exclusion of the role of women's bodies in the development of reproto genetic technologies. I suggest that strategic use of notions of the sacred to decontextualise and delimit disagreement fosters this marginalisation. Here conceptions of the sacred and sacralisation afford a means by which pragmatic consensus over regulation may be achieved, through the deployment of a bricolage of dense images associated with cultural loyalties to solidify support or exclude contradictory elements. Hence an explicit renegotiation of the symbolic order structuring salient debates is necessary to disrupt and enrich the entrenched and exclusionary dominant discourse over reproto genetic regulation. I draw upon previous analyses of strategic rhetoric associated with the regulation of infertility treatment and embryo research in the United Kingdom, the cultural anthropology of biomedicine and feminist ethnographies of reproto genetics to illustrate these claims.



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Eaton, Lynn

Controversial embryo bill receives second reading in Lords

BMJ: British Medical Journal 2007 November 24; 335(7629): 1069



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Human Reproduction 2007 November; 22(11): 2888-2895



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Attitudes of German infertile couples towards multiple births and elective embryo transfer

Human Reproduction 2007 November; 22(11): 2883-2887



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Patient attitudes towards twin pregnancies and single embryo transfer - a questionnaire study.

Human Reproduction 2007 October; 22(10): 2673-2678



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ESHRE Task Force on Ethics and Law 13: the welfare of the child in medically assisted reproduction

Human Reproduction 2007 October; 22(10): 2585-2588



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Cioffi, Alfred

The Church and assisted procreation: cautions for the "infertile" couple

Ethics and Medics 2007 October; 32(10): 1-4



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Cutas, Daniela

Postmenopausal motherhood: immoral, illegal? A case study

Bioethics 2007 October; 21(8): 458-463

Abstract: The paper explores the ethics of post-menopausal motherhood by looking at the case of Adriana Iliescu, the oldest woman ever to have given birth (so far). To this end, I will approach the three most common objections brought against the mother and/or against the team of healthcare professionals who made it happen: the age of the mother, the fact that she is single, the appropriateness of her motivation and of that of the medical team.



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UK study will reimburse part of cost of IVF to women who donate eggs for research [news]

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Schenker, Joseph G.

Assisted reproductive technology in Israel

Journal of Obstetrics and Gynaecology Research 2007 September; 33(Supplement 1): S51-S55



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Impact of Italian legislation regulating assisted reproduction techniques on ICSI outcomes in severe male factor infertility: a multicentric survey

Human Reproduction 2007 September; 22(9): 2481-2487



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Inhorn, M.C.

Masturbation, semen collection and men's IVF experiences: anxieties in the Muslim world

Body and Society 2007 September; 13(3): 37-53



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Sullivan, Gregory J.

The scourge of in vitro fertilization

Ethics and Medics 2007 September; 32(9): 1-2



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Sills, Eric Scott; Qublan, Hussein S.; Blumenfeld, Zeev; Dizaj, Ahmad V.T.; Revel, Ariel; Coskun, Serdar; Jaoude, Imad Abou; Serour, Gamal; Eskandar, Mamdoh; Khalili, Mohammad Ali; Demirogl, Aygul; Trokoudes, Krinos; Ocal, Pelin; Sultan, Abdul Munaf; Lotto, Benjamin A.; El-Kareh, Adele

Regional clinical practice patterns in reproductive endocrinology: a collaborative transnational pilot survey of in

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Journal of Experimental and Clinical Assisted Reproduction 28 August 2007; 4(3): 4 p.



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United Kingdom. House of Lords. House of Commons. Joint Committee on Human Tissue and Embryos (Draft) Bill

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Human Tissue and Embryos (Draft) Bill. Volume I: Report

London: The Stationery Office Limited, 2007 August 1: 135 p.

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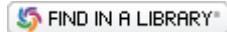


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Stern, Judy E.; Cedars, Marcelle I.; Jain, Tarun; Klein, Nancy A.; Beaird, C. Martin; Grainger, David A.; Gibbons, William E.

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Fertility and Sterility 2007 August; 88(2): 275-282



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Archives of Disease in Childhood 2007 August; 92(8): 668-669



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Coming soon to your clinic: patient-friendly ART

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State-funded IVF will make us rich . . . or will it?

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Sutcliffe, Alastair G.; Ludwig, Michael

Outcome of assisted reproduction

Lancet 2007 July 28-August 3; 370(9584): 351-359

Abstract: In-vitro fertilisation has been done for nearly 30 years; in developed countries at least 1% of births are from assisted reproductive therapies (ART). These children now represent a substantial proportion of the population but little is known about their health. Some of the morbidity associated with ART does not result from the techniques but from the underlying health risks of being subfertile. Much of the amplified risk associated with ART is related to high birth order. However, risk of intrauterine and subsequent perinatal complications is enhanced after ART, and urogenital malformations can be present in boys, even in singleton infants. No increase in discord or other difficulties within families has been recorded. Long-term follow-up of children born after ART to reproductive age and beyond is necessary.



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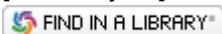
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Sforza, Teri

Thousands of human eggs may be missing. Bankrupt egg-donor registry says fertility doctors may have transferred eggs without permission

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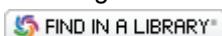


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Jain, Tarun; Gupta, Ruchi S.

Trends in the use of intracytoplasmic sperm injection in the United States

New England Journal of Medicine 2007 July 19; 357(3): 251-257



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Nature 2007 July 5; 448(7149): 13



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Fertility and Sterility 2007 July; 88(1): 27-31



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"It just alienated us": a case study to explore the impact of assisted reproductive technology on family relationships

ANS: Advances in Nursing Science 2007 July-September; 30(3): E25-E36



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Pennings, Guido

Decision-making authority of patients and fertility specialists in Belgian law



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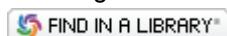


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Mundy, Liza

A debate's tiny casualties: multiple births raise a key issue for embryo research [op-ed]

Washington Post 2007 June 5; p. A17



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Hashemi, Rana; Arash, Okazi

**Barrâs-í barvar ha va âgâh-í zojâiæn-í mutugâzh-í éhdai-í jânín az sharyetâh tebbi va huguq-í éhdaye-í janín dar Iran
= Evaluation of attitudes and information of embryo recipient couples about medico-legal aspects of embryo donation in Iran**

Journal of Legal Medicine of Islamic Republic of Iran 2007 Summer; 2(7):102-107 Accessed:

http://iranmedex.com/english/articles_detail.asp [2010 June 27]

Abstract: The treatment of infertility by donating embryo is one of the methods to help fertility in couples suffering of infertility. In Iran, after it had been legitimized by religious dignitaries, the way to the implementation of such a method has been paved through a bill passed by the parliament in 2003, but a prerequisite for donating embryo is attention to more ethical considerations which the legislator must explain it specifically and stop the unethical misuses. The applicant also must have more awareness to the medical and legal conditions. In this descriptive study, 86 couples applying to receive donated embryo over a period of six months were interviewed using the census method. The filled questionnaires yielded the data which were later analyzed using tenth version of Statistical Package for the Social Sciences (SPSS). Concerning study of infertility, in 93.9% of cases the cause of infertility was male. Any of the couples wasn't afflicted by drug addiction, AIDS, Hepatitis and Mental illness. 91.5% of the couples had no information about the identity of the donor and left the choice to the centre. 70.7% laid importance on moral characteristics 72% of them considered the genetic traits of the ensuing child much important. 59.8% of the couples never thought about the prospective relationship of the ensuing child with the donor as well as the identity problems coming out of the practice. 85.4% of couples would never disclose the embryo donation to the ensuing child. Anonymity of donor and recipient couples makes less legal and sentimental problems for the parents in future. In the other hand, the children's human right necessitates to inform the manner of conception to them. By the increasing of assisted reproductive birth, the risk of ignorant incest and genetic anomalies will be augmented. These problems lead the parents to tell the truth to their children who were born by embryo donation. As the embryo donation is almost a new technique in our country, a wide distance is seen between some of the attitudes and behaviors with the standard experienced advised one, especially in disclosure the manner of conception to the child and family. More extensive psychological consultation seems necessary to go underway. Moreover, couples need to know more about the legal aspects of embryo donation and how they would have a stronger family relationship between parents and children.



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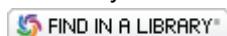


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Bundren, Mary Rodgers

The influence of Catholicism, Islam and Judaism on the assisted reproductive technologies ("ART") bioethical and legal debate: a comparative survey of ART in Italy, Egypt and Israel

University of Detroit Mercy Law Review 2007 Summer; 84: 715-746



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Porter, Maureen; Peddie, Valerie; Bhattacharya, Siladitya

Debate: do upper age limits need to be imposed on women receiving assisted reproduction treatment?



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Sundby, Johanne; Schmidt, Lone; Heldaas, Kristin; Bugge, Solveig

Consequences of IVF among women: 10 years post-treatment

Journal of Psychosomatic Obstetrics and Gynecology 2007 June; 28(2): 115-120



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Nyboe Anderson, A.; Goossens, V.; Gianaroli, L.; Felberbaum, R.; de Mouzon, J.; Nygren, K.G.

Assisted reproductive technology in Europe, 2003. Results generated from European registers by ESHRE

Human Reproduction 2007 June; 22(6): 1513-1525



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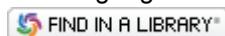
Article Document 267

Kellmeyer, Steve

Embryo adoption: a form of in vivo organ donation?

National Catholic Bioethics Quarterly 2007 Summer; 7(2): 263-270

Abstract: Is embryo adoption intrinsically evil, or is it a legitimate moral act? In order to determine whether it is moral, we should consider the situation in its best case: when the intentions of the actors are assumed to be oriented toward the good. I will therefore consider the case of embryo adoption in which a married couple who opposes in vitro fertilization allows the implantation of an embryonic child who has been abandoned during the IVF process. The couple does this to give that child the opportunity to grow to adulthood within their family. The morality of this act is a complex issue, because it is not simply a case of adopting a child. It is, instead, a more complex case that intertwines elements from several moral issues, including organ donation.



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Adam, G.M.

Assisted human reproduction -- legal rights of the unborn in respect of avoidable damage

Medicine and Law: The World Association for Medical Law 2007 June; 26(2): 325-337

Abstract: The author describes various risks to the foetus arising from assisted reproduction technology (ART). These risks are examined from the legal viewpoint, especially considering the rights of the foetus as interpreted in a number of jurisdictions. He distinguishes between the avoidable and inherent risks to the foetus resulting from ART and the potential hazards of ART relevant to criminal law. The basic internationally accepted conventions on foetal rights are compared relative to decisions in a number of cases heard and decided.



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The IVF industry's best-kept secret: selective reduction

BioEdge 2007 May 30: 251: 1-2



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As demand for donor eggs soars, high prices stir ethical concerns

New York Times 2007 May 15; p. F6



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Spollen, Jonathan

In vitro fertilization: unconventional baby making in Egypt [news]

Daily News 2007 May 10; 2 p. [Online]. Accessed:<http://www.dailystaregypt.com/article.aspx?ArticleID=7142> [2009 October 9]



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Pennings, Guido; de Wert, G.; Shenfield, F.; Cohen, J.; Tarlatzis, B.; Devroey, P.

European Society of Human Reproduction and Embryology. Task Force on Ethics and Law

ESHRE Task Force on Ethics and Law 12: Oocyte donation for non-reproductive purposes

Human Reproduction 2007 May; 22(5): 1210-1213



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What is happening to the price of eggs?

Fertility and Sterility 2007 May; 87(5): 1001-1004



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HFEA wants greater use of single embryo transfers in IVF [news]

BMJ: British Medical Journal 2007 April 14; 334(7597): 766



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Gürhan; Nermin; Akyüz, Aygul; Oflaz, Fahriye; Atıcı, Derya; Vural, Gulsen

Effectiveness of nursing counseling on coping and depression in women undergoing in vitro fertilization

Psychological Reports 2007 April; 100(2): 365-374



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Gruen, Lori

Oocytes for sale?

Metaphilosophy 2007 April; 38(2-3): 285-308



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Napier, Stephen

IVF and the conjugal act

Ethics and Medics 2007 April; 32(4): 1-2



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Spar, Debora

The egg trade -- making sense of the market for human oocytes

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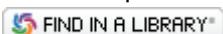


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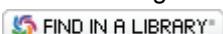


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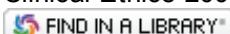


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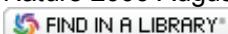


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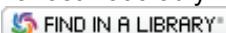


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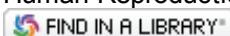


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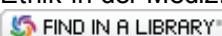


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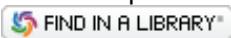


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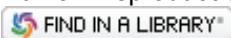


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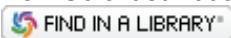


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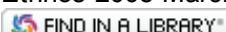


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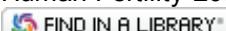


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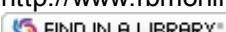
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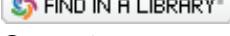


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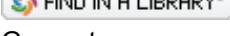


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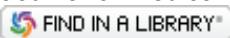


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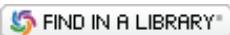


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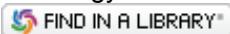


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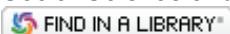


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Abstract: OBJECTIVE: To compare neurological sequelae in twins born after assisted conception with singletons after assisted conception and naturally conceived twins and to assess neurological sequelae in children conceived after in vitro fertilisation (IVF) compared with intracytoplasmic sperm injection (ICSI). DESIGN: Controlled, national register based, cohort study. PARTICIPANTS: Twins (n = 3393) and singletons (n = 5130) conceived by using assisted reproductive technologies and naturally conceived twins (n = 10 239) born in Denmark between 1995 and 2000. The children's age at time of follow up was 2-7 years. DATA SOURCES: Children were identified by cross linkage of the national medical birth registry and the national registry for in vitro fertilisation. Neurological and psychiatric diagnoses were retrieved from the national patients' registry and the Danish psychiatric central registry. MAIN OUTCOME MEASURES: Neurological sequelae, defined as cerebral palsy, mental retardation, severe mental developmental disturbances, and retarded psychomotor development. Further we made separate analyses on the specific cerebral palsy diagnosis. RESULTS: The crude prevalence rates per 1000 of neurological sequelae in twins and singletons after assisted conception and in naturally conceived twins were 8.8, 8.2, and 9.6, and of cerebral palsy 3.2, 2.5, and 4.0, respectively. In twins after assisted conception compared with control twins, the odds ratios of neurological sequelae and specifically of cerebral palsy, adjusted for child sex and year of birth, were 0.9 (95% confidence interval 0.6 to 1.4) and 0.8 (0.4 to 1.6), respectively. The corresponding odds ratios for twins after assisted conception compared with singletons after assisted conception were 1.1 (0.7 to 1.7) for neurological sequelae and 1.3 (0.6 to 2.9) for cerebral palsy. The odds ratio of neurological sequelae in children conceived by ICSI was 0.9 (0.5 to 1.7) nu children conceived by IVF. CONCLUSIONS: Twins from assisted conception have a similar risk of neurological sequelae as their naturally conceived peers and singletons from assisted conception. Children born after ICSI have the same risk of neurological sequelae as children born after IVF.



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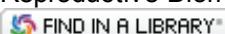
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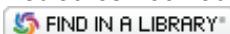


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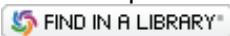


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triplet or higher-order multiple births. RESULTS: From 1995 to 2001 in the United States, the number of infertility clinics, the number of fresh-embryo cycles initiated, and the number of fresh-embryo transfers increased steadily. The average number of embryos transferred per cycle began decreasing in 1997, with the steepest decline (an 11.1 percent decrease) between 1998 and 1999. In contrast, the number of pregnancies and live births per cycle during the period from 1995 to 2001 steadily increased. Even though the percentage of pregnancies with twins did not change significantly between 1997 and 2001, the percentage of pregnancies with three or more fetuses significantly decreased every year, with the steepest decline (a 20.8 percent decrease) between 1998 and 1999, after the publication in 1998 of the American Society for Reproductive Medicine guidelines for embryo transfer. CONCLUSIONS: Since 1997 in the United States, there have been consistent decreases in both the number of embryos transferred per cycle and the percentage of pregnancies with three or more fetuses, as well as a consistent increase in the percentage of live births per cycle. Copyright 2004 Massachusetts Medical Society



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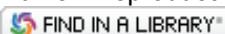
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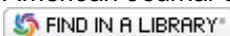


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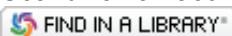


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Abstract: Court Decision: [2003] 2 All England Law Reports 105; 2002 December 20 (date of decision). The Queen's Bench Division held that testing an embryo to determine compatibility with potential donees fell under the statutory definition of the use of an embryo. A pro-life organization brought suit against Human Fertilisation and Embryology Authority following its announcement that it would authorize tissue typing of embryos. Tissue typing involves the removal of embryonic cells and the pre-implantation genetic screening of them. This process can lead to a genetic diagnosis to determine compatibility with an older sibling who is suffering from a serious genetic disorder. Despite the fact that the embryo was not itself analyzed, tissue typing constituted the "use" of the embryo because analyzing the cells necessarily leads to a diagnosis of the embryo. Furthermore, the Human Fertilisation and Embryology Act 1990, allowed the "use" of an embryo only for the purpose of providing "treatment services" which was construed by the court to mean "assisting women to carry children." Because tissue typing is not necessary for gestation, it is not allowed by the Act. [KIE/ECL]



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Journal of Medical Humanities 2003 Winter; 24(3-4): 241-263

Abstract: This paper is informed by my own participant observation and uses my own ethnography which included conducting in-depth interviews with anonymous paid egg donors and observing a listserv for women considering, pursuing, or having completed egg donation, to illustrate the way that power operates at this particular site of the reproductive center in postmodernity. After outlining who the consumers and providers of eggs are, I will use Foucault's concepts of biopower, disciplinary power, and normativity to describe how anonymous paid egg donation plays a socially useful role in reproducing privilege and in preserving the myth of the nuclear family. Drawing on feminist theorizing to problematize altruism, I will show how the construction of the altruist narrative feeds the preservation of that myth by giving egg donors appropriately feminine motivations. Finally, I will focus on one particular site of resistance on the part of egg donors controlling their self-presentation, tweaking the pool of eggs to underscore the simultaneity of control of and control by egg donors.



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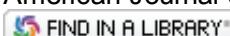
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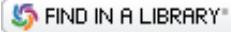


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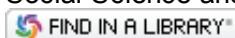


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R (On the application of Quintavalle) v. Secretary of State for Health [Date of Decision: 13 March 2003]

All England Law Reports 2003; 2003(2): 113-130

Abstract: Court Decision: [2003] 2 All England Law Reports 113; 2003 March 13 (date of decision). The House of Lords affirmed a Court of Appeal decision that embryos created through cell nuclear replacement were regulated by the Human Fertilisation and Embryology Act 1990. The House of Lords agreed with the Court of Appeal that a purposive reading of the statute was required for two reasons. First, the intent of Parliament was merely to regulate certain uses of embryos, and second, the technology used in cell nuclear replacement was unknown to Parliament at the time. The House of Lords also held that the moment the embryo was created was at the moment the haploid, or recipient, nucleus of the egg was replaced with a diploid, or donor, one. This procedure was not prohibited by statute because no embryo with a complete set of chromosomes existed prior to such replacement of the nucleus.

[KIE/ECL]



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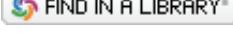


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Great Britain. England and Wales. Supreme Court of Judicature, High Court of Justice, Queen's Bench Division

Leeds Teaching Hospitals NHS Trust v. A [Date of Decision: 26 February 2003]

Family Law Reports 2003; 1: 1091-1110

Abstract: Court Decision: [2003] 1 Family Law Reports 1091; 2003 February 26 (date of decision). The Queen's Bench Division held that twins born to a husband and wife, using the eggs of the wife and the sperm of an unrelated third party, did not have a legal father because the husband did not consent to the mistaken use of the third party's sperm. A white husband and wife, Mr. and Mrs. A., sought treatment together at a fertility clinic run by the NHS Trust. They agreed to undergo intracytoplasmic sperm injection using their own eggs and sperm. By mistake, the sperm of a black patient, Mr. B., was used instead of Mr. A.'s. This was not discovered until the subsequent birth of the twins which were obviously biracial. The suit was brought to determine who was the legal father of the twins. The court held that under the Human Fertilisation and Embryology Act of 1990, Mr. A. could not be the father because he did not consent to the use of Mr. B.'s sperm in conjunction with his wife's eggs. Furthermore, Mr. B. could not be the father because the mere genetic relationship did not give rise to a parental relationship where none was intended.

[KIE/ECL]



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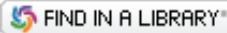


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Preface: towards single births after ART

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Abstract: Most studies on the ethics and provision of assisted reproductive technologies (ART) have taken place in the context of the Judaeo-Christian culture of western developed countries. This study looks at ART, its provision and control, in an eastern developed country with a completely different cultural background; Japan. A necessarily brief description of the cultural context of religious belief, the family and reproduction in Japan is followed by a description of the development of ART in Japan together with an analysis of its provision and control.



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Background Paper: Egg Sharing

London: Human Fertilisation and Embryology Authority [HFEA], 2003; 1 p.



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Stuhmcke, Anita

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Colpin, Hilde

Parenting and psychosocial development of IVF children: review of the research literature

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Relationships and parenthood in couples after assisted reproduction and in spontaneous primiparous couples: a prospective long-term follow-up study

Human Reproduction 2002 December; 17(12): 3242-3250



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Early pregnancy loss following assisted reproductive technology treatment

Human Reproduction 2002 December; 17(12): 3220-3223



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Safety issues in assisted reproduction technology: the children of assisted reproduction confront the responsible conduct of assisted reproductive technologies

Human Reproduction 2002 December; 17(12): 3011-3015



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Iozzo, Mary Jo

It is time to support embryo adoption

National Catholic Bioethics Quarterly 2002 Winter; 2(4): 585- 593



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Great Britain. England and Wales. Supreme Court of Judicature, High Court of Justice, Queen's Bench Division, Administrative Court

Abstract: Court Decision: [2001] 4 All England Law Reports 1013; 2001 November 15 (date of decision). The Queen's Bench Division held that the creation of an embryo through cell nuclear replacement did not fall under the statutory definition of an embryo because that definition requires fertilization. The Chief Medical Officer's Expert Group expressed an opinion that the creation and use of embryos through cell nuclear replacement was regulated by the Human Fertilisation and Embryology Act 1990. A pro-life organization brought suit asking for a declaration that the Act did not cover embryos created through cell nuclear replacement. The court reasoned that the strict language of the statute dealt only with embryos in the various stages of fertilization. Because cell nuclear replacement was conceded to be an alternative to fertilization, and not fertilization itself, the Act did not apply. [KIE/ECL]



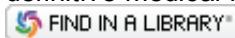
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Paulson, Richard J.; Boostanfar, Robert; Saadat, Peyman; Mor, Eliran; Tourgeman, David E.; Slater, Cristin C.; Francis, Mary M.; Jain, John K.

Pregnancy in the sixth decade of life

JAMA: The Journal of the American Medical Association 2002 November 13; 288(18): 2320-2323

Abstract: CONTEXT: As a result of oocyte donation, women in their sixth decade of life are now able to conceive and carry pregnancies to term. However, little is known about pregnancy outcomes in this population. OBJECTIVE: To describe pregnancy outcomes in women aged 50 years or older who conceived after in vitro fertilization with donor oocytes. DESIGN AND SETTING: Retrospective analysis of cycles conducted at a US university assisted reproduction program during calendar years 1991-2001. PATIENTS: Seventy-seven postmenopausal women with no chronic medical conditions (mean [SD] age, 52.8 [2.9] years; range, 50-63 years) who underwent 121 embryo transfer procedures (89 fresh and 32 frozen). Pregnancy outcomes were ascertained by chart review and telephone follow-up. MAIN OUTCOME MEASURES: Maternal and neonatal outcomes. RESULTS: There were 55 clinical pregnancies for a total pregnancy rate of 45.5%. The live birth rate was 37.2%. Of the 45 live births, 31 were singletons, 12 were twins, and 2 were triplets, for which the mean (SD) gestational ages at delivery were 38.4 (2.1) weeks, 35.8 (2.8) weeks, and 32.2 weeks, respectively. Mean (SD) birth weights were 3039 g (703 g), 2254 g (581 g), and 1913 g, respectively. Apgar scores at 1 and 5 minutes were 8.2 (0.9) and 9.1 (0.5), respectively. Of singletons, 68% were delivered by cesarean, and all multiples were delivered by cesarean. Mild preeclampsia was noted in 25% of patients and severe preeclampsia in 10%. Gestational diabetes required diet modification in 17.5%, and 2.5% required insulin. CONCLUSIONS: Appropriately screened women aged 50 years or older can successfully conceive via oocyte donation and experience similar pregnancy rates, multiple gestation rates, and spontaneous abortion rates as younger recipients. During pregnancy, they appear at increased risk of preeclampsia and gestational diabetes. A majority can expect to deliver via cesarean. However, there does not appear to be any definitive medical reason for excluding these women from attempting pregnancy on the basis of age alone.



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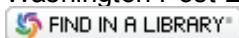
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Age barriers to pregnancy ease: study says donor eggs can aid women in their 60s; practice still questioned
Washington Post 2002 November 13; p. A11



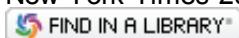
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New York Times 2002 November 13; p. A27



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White couple can keep mixed race twins after IVF [in-vitro fertilization] blunder [news]

BMJ: British Medical Journal 2002 November 9; 325(7372): 1055



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Kumar, T.C. Anand

Proposed legislation for assisted reproduction technology clinics in India

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Fordham Urban Law Journal 2002 November; 30(1): 147-157



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Assisted reproductive technology in the United States: 1999 results generated from the American Society for Reproductive Medicine/Society for Assisted Reproductive Technology Registry

Fertility and Sterility 2002 November; 78(5): 918-931



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The course of pregnancy and delivery and the use of maternal healthcare services after standard IVF in Northern Finland 1990- 1995

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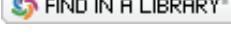
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Children by choice: reproductive technologies and the boundaries of personal autonomy [commentary]

Nature Medicine 2002 October; 8(Supplement 1): s23-s28



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Safeguarding ART [assisted reproductive technologies] [commentary]

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Fraser, Lynn R.

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BMJ: British Medical Journal 2002 September 21; 325(7365): 617



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Avis no. 6 du 8 Juin 1998 concernant les bases ethiques pour l'optimisation de l'offre et des criteres de fonctionnement des centres de fecondation in vitro

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Oehninger, Sergio; Gosden, Roger G.

Should ICSI be the treatment of choice for all cases of in- vitro conception? No, not in light of the scientific data

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Is there an increased risk of imprinting disorders after assisted reproductive technologies? [abstract]

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Lauritzen, Paul

Richer views of the ethics of reproduction [review of Making Babies, Making Families, by Mary Lyndon Shanley; The Ethics and Economics of Assisted Reproduction, by Maura A. Ryan]

Hastings Center Report 2002 September-October; 32(5): 43-45



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London: Human Fertilisation and Embryology Authority, 2002 August 30. [Online]. Available: <http://www.hfea.gov.uk> [2002 November 26]; 4 p.



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Insurance affects use of fertility procedure

Washington Post 2002 August 29; p. A11





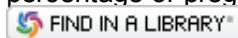
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Jain, Tarun; Harlow, Bernard L.; Hornstein, Mark D.

Insurance coverage and outcomes of in vitro fertilization

New England Journal of Medicine 2002 August 29; 347(9): 661- 666

Abstract: BACKGROUND: Although most insurance companies in the United States do not cover in vitro fertilization, a few states mandate such coverage. METHODS: We used 1998 data reported to the Centers for Disease Control and Prevention by 360 fertility clinics in the United States and 2000 U.S. Census data to determine utilization and outcomes of in vitro fertilization services according to the status of insurance coverage. RESULTS: Of the states in which in vitro fertilization services were available, 3 states (31 clinics) required complete insurance coverage, 5 states (27 clinics) required partial coverage, and 37 states plus Puerto Rico and the District of Columbia (302 clinics) required no coverage. Clinics in states that required complete coverage performed more in vitro fertilization cycles than clinics in states that required partial or no coverage (3.35 vs. 1.46 and 1.21 transfers per 1000 women of reproductive age, respectively; P<0.001) and more transfers of frozen embryos (0.43 vs. 0.30 and 0.20 per 1000 women of reproductive age, respectively; P<0.001). The percentage of cycles that resulted in live births was higher in states that did not require any coverage than in states that required partial or complete coverage (25.7 percent vs. 22.2 percent and 22.7 percent, respectively; P<0.001), but the percentage of pregnancies with three or more fetuses was also higher (11.2 percent vs. 8.9 percent and 9.7 percent, respectively; P=0.007). The number of fresh embryos transferred per cycle was lower in states that required complete coverage than in states that required partial or no coverage (P=0.001 and P<0.001, respectively). CONCLUSIONS: State- mandated insurance coverage for in vitro fertilization services is associated with increased utilization of these services but with decreases in the number of embryos transferred per cycle, the percentage of cycles resulting in pregnancy, and the percentage of pregnancies with three or more fetuses.



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de Rosa, Francis M.

On rescuing frozen embryos

Linacre Quarterly 2002 August; 69(3): 228-260



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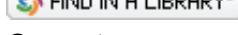
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Roberts, Jason C.

Customizing conception: a survey of preimplantation genetic diagnosis and the resulting social, ethical, and legal dilemmas

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Westphal, Sylvia Pagan

The scandal of IVF league tables [news]



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Dyer, Owen

Black twins are born to white parents after treatment mix-up [news]

BMJ: British Medical Journal 2002 July 13; 325(7355): 64



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News Document 848

Lyall, Sarah

Whites have black twins in in-vitro mix-up

New York Times 2002 July 9; p. A12



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Ryan, Michael

Countdown to a baby: how hard could it be to get pregnant?

New Yorker 2002 July 1; p. 68-77



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Proposed law to limit IVF potential [news brief]

Monash Bioethics Review 2002 July; 21(3): 5



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Kubat, Christopher K.

TOTS [tubal ovarian transfer with sperm] and GIFT [gamete inter fallopian tube transfer] reconsidered

Ethics and Medics 2002 July; 27(7): 3



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The science of ART [assisted reproductive technology]

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Martinez, Jaime Vidal

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European Journal of Health Law 2002 June; 9(2): 121-137



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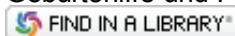


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Weghofer, A.; Margreiter, M.; Gerhold, B.; Edjalipour, C.; Renezeder, K.; Sowelem, H.; Feichtinger, W.

Was sagen die Betroffenen zum Schicksal überzähliger Embryonen? Einstellung von IVF-Patientinnen zu Eizellspende und Embryonenadoption [Attitudes of women undergoing IVF regarding supernumerary embryos, oocyte donation, and embryo adoption]

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Walker, Kristen

Should there be limits on who may access assisted reproductive services?

Flinders Journal of Law Reform 2002 June; 6(1): 67-93



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Laing, Judith

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Karsjens, Kari L.

Boutique egg donations: a new form of racism and patriarchy

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Warburg, Aryeh Yehuda

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Tradition 2002 Summer; 36(2): 31-44



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Disparities in parenting criteria: an exploration of the issues, focusing on adoption and embryo donation

Journal of Medical Ethics 2002 June; 28(3): 139-142

Abstract: This paper examines the consistency of parent selection procedures, focusing on adoption and embryo donation. It outlines the current methods of selection and their disparities, and considers reasons for these disparities; namely, the intentionality of the parents, the gestational experience, and the technological imperative. This discussion is followed by an analysis of the ethical validity of these reasons, in terms of their consistency and how well they meet standards of equity and justice. The paper concludes that current approaches to parent selection are unsystematic and inadequate, and discusses the implications of this assessment.



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Bill C-56: an act respecting assisted human reproduction/ Projet de Loi C-56: loi concernant la procreation assistée

House of Commons of Canada, 2002 May 9, 1st session, 37th Parliament, 49-50-51 Elizabeth II 2001-2002: 40 pages

<http://www.parl.gc.ca> (link may be outdated)



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Zinn, Christopher

Australia acts to restrict IVF [in-vitro fertilization] treatment to heterosexual couples [news]

BMJ: British Medical Journal 2002 May 4; 324(7345): 1054



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Dunn, Sarah L.

The "art" of procreation: why assisted reproduction technology allows for the preservation of female prisoners' right to procreate

Fordham Law Review 2002 May; 70(6): 2561-2602



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Koivurova, Sari; Hartikainen, Anna-Liisa; Gissler, Mika; Hemminki, Elina; Sovio, Ulla; Jarvelin, Marjo-Riitta

Neonatal outcome and congenital malformations in children born after in-vitro fertilization

Human Reproduction 2002 May; 17(5): 1391-1398



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The use of a detailed zygote score after IVF/ICSI to obtain good quality blastocysts: the German experience

Human Reproduction 2002 May; 17(5): 1327-1333



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New Scientist 2002 April 27; 174(2340): 5



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Powledge, Tabitha M.

Looking at ART: is it time to scrutinize assisted reproduction?

Scientific American 2002 April; 286(4): 20, 23



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Different perspectives of patients and health care professionals on the potential benefits and risks of blastocyst culture and multiple embryo transfer

Human Reproduction 2002 April; 17(4): 1023-1030



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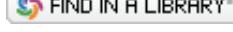


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Lemonick, Michael D.

Risky business?: Do infertility treatments damage babies' genes? Doctors used to think not. Now they are not so sure

Time 2002 March 18; 159(11): 68-69





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New Scientist 2002 March 16; 173(2334): 17



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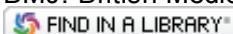
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Assisted reproduction increases risk of birth defects, study says [news]

BMJ: British Medical Journal 2002 March 16; 324(7338): 633



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Kolata, Gina

Treatments for fertility are studied for problems

New York Times 2002 March 7; p. A16



<http://www.nytimes.com> (link may be outdated)



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Hansen, Michele; Kurinczuk, Jennifer J.; Bower, Carol; Webb, Sandra

The risk of major birth defects after intracytoplasmic sperm injection and in vitro fertilization

New England Journal of Medicine 2002 March 7; 346(10): 725-730

Abstract: BACKGROUND: It is not known whether infants conceived with use of intracytoplasmic sperm injection or in vitro fertilization have a higher risk of birth defects than infants conceived naturally. METHODS: We obtained data from three registries in Western Australia on births, births after assisted conception, and major birth defects in infants born between 1993 and 1997. We assessed the prevalence of major birth defects diagnosed by one year of age in infants conceived naturally or with use of intracytoplasmic sperm injection or in vitro fertilization. RESULTS: Twenty-six of the 301 infants conceived with intracytoplasmic sperm injection (8.6 percent) and 75 of the 837 infants conceived with in vitro fertilization (9.0 percent) had a major birth defect diagnosed by one year of age, as compared with 168 of the 4000 naturally conceived infants (4.2 percent; $P < 0.001$ for the comparison between either type of technology and natural conception). As compared with natural conception, the odds ratio for a major birth defect by one year of age, after adjustment for maternal age and parity, the sex of the infant, and correlation between siblings, was 2.0 (95 percent confidence interval, 1.3 to 3.2) with intracytoplasmic sperm injection, and 2.0 (95 percent confidence interval, 1.5 to 2.9) with in vitro fertilization. Infants conceived with use of assisted reproductive technology were more likely than naturally conceived infants to have multiple major defects and to have chromosomal and musculoskeletal defects. CONCLUSIONS: Infants conceived with use of intracytoplasmic sperm injection or in vitro fertilization have twice as high a risk of a major birth defect as naturally conceived infants.



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Lancet 2002 February 9; 359(9305): 461-465



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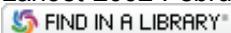


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Healy, David L.; Saunders, Kerryn

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Sex...who needs it?: IVF is now the fastest way to get pregnant [news]

New Scientist 2002 January 19; 173(2326): 5



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R (On the application of Quintavalle) v. Secretary of State for Health [Date of Decision: 18 January 2002]

All England Law Reports 2002; 2002(2): 625-639

Abstract: Court Decision: [2002] 2 All England Law Reports 625; 2002 January 18 (date of decision). The Court of Appeal held that embryos created through cell nuclear replacement did fall under the regulatory scheme of Human Fertilisation and Embryology Act 1990, despite the fact that the Act referred only to embryos created through fertilization. The court held that embryos created through cell nuclear replacement were substantially similar to embryos created through fertilization. Both had the same characteristics and potential for development. Therefore, in order to respect Parliament's intent to strictly regulate the use of embryos, the court was required to find that embryos created through cell nuclear replacement were governed by the 1990 Act. [KIE/ECL]



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Monash Bioethics Review 2002 January; 21(1): 6



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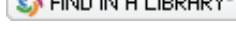
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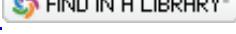
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Berlin/New York: Springer-Verlag, 2002. 151 p.



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THINKING OF BECOMING AN EGG DONOR? GET THE FACTS BEFORE YOU DECIDE!

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Sutcliffe, Alastair G.

IVF CHILDREN: THE FIRST GENERATION: ASSISTED REPRODUCTION AND CHILD DEVELOPMENT

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2000 ASSISTED REPRODUCTIVE TECHNOLOGY SUCCESS RATES: NATIONAL SUMMARY AND FERTILITY CLINIC REPORTS

Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2002. 502 p.

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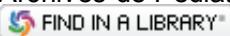


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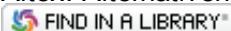


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Altex: Alternativen zu Tierexperimenten 2002; 19(2): 64-68



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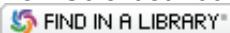


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Genetic roulette: A small problem for a man can become a disaster for his children

New Scientist 2001 December 15; 172(2321): 11



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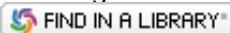


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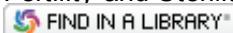


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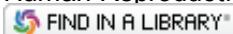
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Nygren, K. G.; Andersen, A. Nyboe

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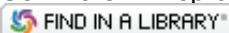


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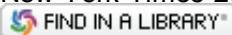


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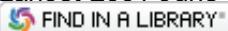


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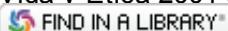


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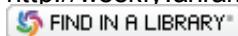
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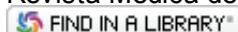
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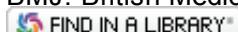
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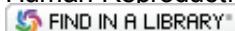


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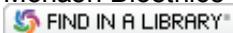


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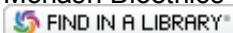


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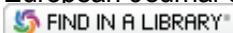


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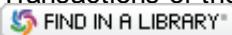


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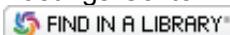


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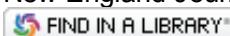


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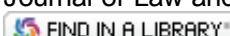


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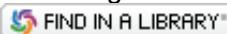
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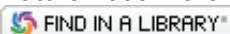
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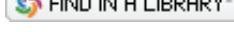


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