

AN ETHICAL ISSUE OF SELECTIVE REDUCTION FOR MULTIFETAL-PREGNANCIES VERSUS SANCTITY OF LIFE

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Abstract

Background: Selective reduction for multi-fetal pregnancies is a part of reproductive technology which developed to help infertile couples have healthy babies. That treatment is controversial because the purpose of the action is to improve quality of life but it is contrary with sanctity of life. The point about sanctity of life from various religions to be a moral and it is believed of everyone. **Objective:** This paper aims to explore the associated ethical issues of quality of life versus sanctity of life as well as some benefits and harms of selective reduction for the mother, fetuses and community. **Method:** Literature search of articles between 1996-2016. **Results:** In vitro fertilization is a common result of multiple gestations. In order to get healthy baby/babies, in the United States selective reduction for fetus/fetuses who have bad condition should be done, even though it is a risky treatment. On the other hand, it is contrary with sanctity of life views from four religions including Catholic, Islam, Buddhism and Hinduism. **Conclusion:** The procedure of selective reduction has benefits and harms to both mother and fetus/fetuses. It is related to morbidity and mortality. The treatment also brings the impact for community. This is a difficult decision for couples because their desire is in contrast to moral principle views.

Keywords: Sanctity Of Life; Moral Principle; Multi-Fetal Pregnancy; Fetal Reduction.

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1. Background

In the last thirty years, advancing reproductive technology for women who are infertile provides an opportunity for them to have children. In vitro fertilization and ovarian induction may produce multiple pregnancies. However, multiple pregnancies may bring side effects and complications for the mother and fetuses. According to Depp (1996) as cited by McClimans (2010) the complications of the multiple pregnancy for the mother may be gestational pregnancy and preeclampsia. Besides, it can create some problems for the fetuses such as prematurity, low birth weight, impaired fetal growth, and neurological impairments including cerebral palsy and death (Little, 2010).

Selective reduction is a term for reducing multiple gestation pregnancies in the first trimester in order to decrease complications and increase quality of life for remaining fetuses. According to Little (2010), selective reduction, or multifetal pregnancy reduction, can be done by using a transabdominal method. Guided by ultrasound, a physician inserts a needle into transabdominal cavity and finds and injects of "potassium chloride" into the fetal heart, ending the life of the fetus/fetuses.

The treatment is a dilemma of ethical and moral principal. Cheong & Tay (2014) described

the multifetal pregnancy and fetal reduction is developing in some countries that brings ethical and legal implication. Medical frames are driven to minimized risks of mother and fetus/fetuses but moral frames emphasizes on pro-life are influenced by religious and societal doctrine. Agarwal (2015) stated multiple pregnancy with intrauterine death as a result of reducing fetus/fetuses becomes an ethical issue. It needs consent, proper counselling, communication and adequate knowledge for making the right decision by patient and family. Supported by Aderemi (2016) sanctity of life versus quality of life by fetal reduction is an ethical dilemma and moral problem. Patient and family need support by nurses to make the right decision.

This paper will explore the associated ethical issues of quality of life versus sanctity of life as well as some benefits and harms of selective reduction for the mother, fetuses and community.

2. Method

Literature search of articles between 1996-2016.

3. Result and Discussion

Quality of life versus sanctity of life.

Selective reduction for multiple gestation pregnancies may be recommended to improve the quality of life for the mother and fetuses. The World Health Organization (WHO) (1997) defines health as "state of complete physical, mental and social

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well-being not merely the absence of disease” (p.1). WHO also defined quality of life as, “individual perception of their position in life in the context of culture and value in which their goal, expectation, standard and concerns” (p.1). Alber (2003) suggests that the greatest contributor to quality of life was being in good health. Hence, selective reduction is one way to reduce illness and decrease health risk among the population.

Quality of life is an individual perspective. Having children can be a desire of women or a couple, even though their effort to have children has many risks. McClimans (2010) states the risk of multiple pregnancies will increase maternal and neonatal “morbidity” significantly. Selective reduction for multiple gestation pregnancies will increase safety for the mother and remaining fetus/fetuses, hence; they grow better until the end of the pregnancy and the babies will have a better chance for improved health at birth. Bryan (2005) as cited by McClimans (2010) reported that women who choose selective reduction will feel grieve because they have lost one or more fetuses, but they will rejoice giving birth to the remaining babies. Good health is associated with a better quality of life.

On the contrary, some make the decision to refuse selective reduction for multiple gestation pregnancy because it will violate the sanctity of human life. According to Bayertz (1996) “sanctity of life is an absolute principle more than life’s freedom from injury.” There are various religious perspectives on selective reduction. For example, Islam holds that a life is created by ALLAH (Katme, 2012). A human life starts at conception and should be allowed to continue through natural death (according to ALLAH’s plan and not according to human decision). Buddhists believe that life is sacred and that one should not kill humans and animals because some humans are reincarnated as animals (Sinnot-Amstrong & Miller, 2012). Catholics believe that human life is sacred. God commanded in the Ten Commandments that humans “do not kill other human” (Turillazzi & Fineschi, 2009). According to Nimbalkar (2007) Hinduism believes in “*karma*” and “*ahimsa*”. *Karma* means that the consequences, of good and bad actions carry over into the next life. *Ahimsa* is a fundamental principle that means someone does not harm, injure, or kill. One’s view of sanctity of human life depends on the ethics, religion and values of person. According to Aksoy (2001), some women would prefer to have a disabled child rather than intentionally terminate her pregnancy. Feticide violates respecting of sanctity of human life.

Benefits and harms of selection reduction for the mother, fetuses and community

The treatment of selection reduction for multiple gestation pregnancy will carry forward of benefit to mother and remaining fetus/fetuses. The

results of the benefit for reproductive technology are better condition of mother and fetus/fetuses. The fetus/fetuses are depending on mother’s condition. According to Cheong & Tay (2014) described the complications for mother including hyperemesis, gestational diabetes mellitus,, preeclampsia, postpartum hemorrhage. Besides the treatment will reduce the economic and social burden of family. This is good news for the positive side effects of selective reduction, because if the diseases happened, it will bring some problems on developing the remaining fetus/fetuses for the future.

In addition, the benefit of selective reduction for multiple gestation pregnancy for remaining fetus/fetuses will bring good conditions. Evans (2004) as cited by McClimans (2009) reported that the premature babies after selective reduction decreased significantly. Also Chescheir (2004) stated that “cerebral palsy” and other permanent disease after selection reduction in babies declined. Hence, the selective reduction for multiple gestations can minimize the mortality and morbidity for mother, fetus/fetuses and babies after delivery

On the contrary, the reproductive technology can bring side effects because selective reduction for multiple gestations is a risky action. The negative side effects are morbidity and mortality for both of mother and fetus/fetuses. Chescheir (2004) and Little (2010) reported some negative effects after the procedure for the mother were infection, “rupture membrane” and “vaginal bleeding” and maternal death because of “pulmonary embolism”. Besides, the negative side effects for remaining fetus/fetuses after the procedure will cause of overall loss of pregnancies. This is the consequence of the procedure for both mother and remaining fetus/fetuses because they are dependent on each other.

On the other hand, women and couples are a part of community. They live together with other people. Their values are affected from community include family, neighborhood, group in their religion, at work, etc. The treatment for selective reduction will give an impact not only for women or couple and fetus/fetuses but also to community even though the treatment has nothing to do with them.

Chervenack (2003) described that if women delivered handicapped babies, they will be a burden for a family and community because the handicapped babies will depend on their families in each their activities. They will need special treatments and it will cost a high price. Besides, some community’s willingness to accept handicapped babies is different compared to the normal babies. Moreover, Little (2010) described that some couple who choose selective reduction will have babies who have a stigma since their parent’s choice is opposing their value and religion. Otherwise, a community will give an appreciation to women who delivered healthy babies as a result of selective reduction

procedure. Because of successful action will bring impact by improving reproductive technology it will help infertile couples to get children. Evans and Britt (2010) described that in United States, there are almost 70 percent of all twins come from in vitro fertilization. Meanwhile, in the last ten years, the selective reduction for multi-fetal pregnancies increased almost 10 percent.

4. Conclusion

Advancing technology is one effort to improve the quality of life. Reproductive technology, especially in vitro fertilization, is an effort to help couples who are infertile to get babies. In vitro fertilization is a common result of multiple gestations. In order to get healthy baby/babies, selective reduction for fetus/fetuses who have bad condition should be done, even though it is a risky treatment.

Selective reduction for multiple gestation pregnancy is a controversial procedure because, in one hand, the procedure has a reason to improve quality of life. On the other hand, it is contrary with sanctity of life views. The procedure of selective reduction has benefits and harms to both mother and fetus/fetuses. It is related to morbidity and mortality. The treatment also brings the impact for community. This is a difficult decision for couples because their desire is in contrast to moral principle views. Nurses have important role to provide ethically competent care which include ethical principle of autonomy, respect, beneficence, non-maleficence, justice, veracity and utility in order to help patient for making the best decision.

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