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Preconceptional adoption

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Since the success of attempting extracorporal conception and subsequent implantation of a human blastocyst 40 years from now [1] and the further progress of medical assisted reproduction is impressive. The legislature in many countries around the world, but still not in all, justifies the use of foreign germ-cells, male and female, to help conception in otherwise infertile couples. The legislature is liberal or less so, dependent on the nation in question. Where the legislation is strident, some fertility-tourism has been established to other, more favourable countries as India, some states in the US, Czechia, Spain, Belgium.

Medicine assists at conception, development, and birth of humans, not of animals. The prerogatives of those procedures, therefore, have to follow ethical principles, foremost in respecting the future awareness of human identity in the desired offspring and their right to know about their descent.

Reproductive Medicine using donor germ-cells in otherwise infertile couples faces a problem which is addressed very rarely: An undisclosed or never be detected true identity of the offspring. The infertile couple having been treated successfully is not easily induced to shed light on the circumstances leading to the origin of that specific pregnancy. Happiness about the sucessful impregnation and in an uneventful course of the pregnancy leading to a baby long desired is overwhelming. The child is borne, infertility obviously overcome. That's it!

At this outcome – who will discuss the details? To whom? The newborn and even the small child will not be able to understand. What he/she needs is love and care by the parents. The true genetic origin, being partly (or even totally) obscure, must not be thoughtlessly unveiled. In many cases the situation may remain as such. But even so, in some cases and most frequently later in the course of the upbringing of those children or in their later adolescence uncomfortable questions might be asked about the true genetic heritage, father or mother might be demasked as „only" being a social parentship, not a true genetic one; the situation might be disappointing to those adolescents even if the mother has been pregnant with him or her but only by carrying foreign oocytes obtained by donation from another woman now somewhere else and no more remembered.

A situation like this might be mitigated if even at the very beginning of the infertility treatment those involved will be elucidated about the fact that the successful procedure is none other but a form of «*prenconceptional adoption*». The term «adoption» clarifies the involvement of foreign genetic material being necessarily employed as in a child classically adopted during its eary childhood. In both cases unknown human beings are involved and it might be desireable for the adopted son or daughter to be informed about them, even if the adoption has been achieved preconceptionally after using donated germ-cells to achieve a pregnancy. In explaining to the children so conceived utmost sensibility of parents and doctors is important to avoid insecurity towards the then only «social» parent and in some cases everlasting depression might occur after being informed about the real events before one's conception and birth.

In regard of sperms and oocytes new ways have been stablished: The direct injection of one sperm into a viable oocyte, attained by laparoscopic puncture of the ovary (Intracytoplasmatic sperm injection, ICSI) produced better result than the mere insemination. This technique helped husbands suffering from oligospermia and they were no more dependent on donor sperm. Another improvement was achieved by using gamete intrafallopian transfer (GIFT), enabling sperm and mature oocyte meeting at the natural surroundings, the Fallopian tube, within the female genital tract. To ameliorate the chances of fecundation, the «vitrification» of collected oocytes was practicised, a method of cryoconservation of oocytes not yet fecundised. The so-called «social freezing» was the consequence for couples, delaying childbearing according to the requirements of the professional carriere of the married woman in question. The oocyte-donation became practice in cases where the own oocytes lacked fertilization, or even elder women beyond their fertile years. With that, a «divided motherhood» came into being ethically quite adequate to the divided fatherhood after heterologic sperm donation in infertile husbands. In a more critical view, this started a kind of manipulation in human reproduction and the end of that development might be far from complete.

The newest variation to improve the chances of nidation is offered by the „ooplastic transfer" into an otherwise non-impregnable oocyte. The authors themselves have described this technique as a kind of manipulation to the human reproductive process [2].

The medical consultation at the beginning of any infertility treatment should address all those topics. The infertile couple should be made aware of the available spectrum of treatment-varieties including the use of donor material, sperms or oocytes. If the couple upstains from utilizing any methods involving donor germ-cells, the sound advice should be the renunciation of any manipulation and the change to full adoption of an available child already born by another couple.

I doubt that the full scale of consequences will always be displaid by the doctors involved. For them often enough the mere medical success

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in an infertile couple to get the desired offspring by the treatment applied is the overwhelming motivation. It provides the international clientele sought by «reproductive centers» with all approved methods available.

References

1. PC Steptoe, RG Edwards (1978) Birth after the reimplantation of a human embryo. *Lancet* 2: 366. [Crossref]

2. J Cohen, St. Barnabas Clinic, Livingstone, New Jersey, USA.