Multiple Pregnancies/Selective Reduction

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Introduction

The incidence of multifetal pregnancies has increased dramatically in the past 30 years due to new reproductive technologies. Today, women who have difficulty conceiving a child have the opportunity of undergoing procedures and treatments to make their dreams of motherhood a reality. Unfortunately, with the advent of in-vitro fertilization comes the ethical dilemma of how to handle the situation of unintended multifetal pregnancies. For example, many fertilized eggs are implanted in the mother’s uterus with the hope of one successful implantation. In many cases however, several of the eggs successfully implant and are sufficiently viable to continue to grow until birth. According to the 2004 President’s Council on Bioethics Reproductive and Responsibility Report, it is stated that in an effort to reduce the risks of multiple pregnancy, practitioners sometimes employ a procedure termed fetal reduction or selective abortion. Fetuses are selected for destruction based on size, position, and viability. “The clinician, using ultrasound for guidance, inserts a needle through the mother’s abdomen through the uterine wall. The clinician then administers a lethal injection to the heart of the selected fetus-typically potassium chloride. The dead fetus’s body decomposes and is resorbed” (Reproduction & Responsibility, 2004). Several question arise from this situation:

1. How does one decide to selectively reduce the number of fetuses growing inside the mother?

2. At what gestational age of the fetus should this be performed?

3. Which technique should be used to selectively reduce the fetuses?
These questions need to be addressed by all involved including the mother, father, and physician performing the procedure. The parents are given statistics as to the expected survival rates of unborn children when a multifetal pregnancy occurs. They must then weigh the facts along with their moral convictions when deciding how to proceed. Physicians advise the reduction take place within the first trimester; however, this occasionally happens after that time frame. With the advent of this new technology comes the idea that mothers need to understand that the probability of several eggs implanting is high and that they will need to be prepared for this negative consequence of a supposedly successful outcome.

**Legal Precedent**

There is much debate surrounding the topic of selective reduction. While abortion is legal (at various gestational ages determined by state law), the right to a selective reduction is not as straightforward. “While a total abortion deals with the rights of the mother versus the rights of the fetus or fetuses, selective abortion involves the additional rights of fetus versus fetus” (Pinchuk, 2000). Law scholars point to the 1973 Supreme Court decision *Roe V. Wade*, which legalized abortion, as settled law and thus claim that selective reduction should be legal in terms of privacy. “One key way to distinguish selective reduction from abortion, and to argue for the existence of a right to selectively reduce, is to focus on the difference in intent: The law’s failure to recognize a miscarriage as an abortion most likely stems from its focus on state of mind. In other words, abortion is viewed under the law as a knowing or intentional act, while a miscarriage is not an abortion because it occurs naturally, devoid of any associated state of mind. Most multiple pregnancies occur as a result of fertility drugs or treatments, which can hardly be characterized as occurring naturally” (Pinchuk, 2000) In summary, selective reduction in order to save a pregnancy, although necessary, is not the desired result of the treatment in the first place.
and should be looked at in terms of a miscarriage and not an abortion. Although the legality of selective reduction is set, many ethical issues are in play.

**Ethical Viewpoints**

“The ethical import of selective reduction varies with the differing clinical situations, and raises difficult issues for our society. Although some sources suggest that the ethical issues involved in multifetal pregnancy reduction or in selective fetal termination are somewhat different from those involved in abortion, much of the ethical controversy surrounding such procedures exists because of the similarity between such procedures and elective abortion” (Rorty & Pinkerton, 1997). While there are many ethical views surrounding this topic, this paper will address selective reduction in terms of respect for autonomy and justice as well as look at the American College of Obstetricians and Gynecologists Ethics Committee Opinion of 2013.

Respect for autonomy in this case looks to the reproductive rights of the mother. “In order for a woman to make appropriate choices, she must be given adequate information about her diagnosis, prognosis, and alternative treatment choices, including the option of no treatment. This provides the foundation for informed consent, which is central to the principle of respect for autonomy” (Committee opinion: Multifetal, 2013). Autonomy does not provide guidance in terms of whether or not selective reduction is ethical, but rather allows the woman to freely come to a decision based on her personal values, morals, and beliefs. In the case of the physician, he should also be afforded the right of autonomy and the choice to opt out of a procedure that is not in alignment with his morals and beliefs. It is interesting to note, however, that all parties are acutely aware of the possibility of the occurrence of multifetal pregnancy and have hopefully examined and discussed their views prior to treatment. It is also helpful to note the autonomy or fundamental rights of the unborn fetus. At the present time, a fetus does not have the same
protections under the law as a viable human being, thus creating the moral and ethical dilemma of when life begins.

Respect for justice as it applies to multifetal pregnancy and selective reduction is that everyone, regardless of societal state, should have access to resources. “When the current status of assisted reproduction in the United States is viewed through the lens of justice, inequities become apparent” (Committee opinion: Multifetal, 2013). The principle of distributive justice confers the notion that it is a requirement of a just society that all persons are treated equally and fairly. From the ethical issue of health-care rationing, it is not far reaching to expect inequalities to arise due to “Scarce resources, limited access as a reality of geographic remoteness, or a patient’s inability to pay for services combined with many physicians who are unwilling to accept patients who are perceived as “no-pays” with the high risk for legal suits” (Pozgar, 2013). Many argue that it is a woman’s right to have a child at any cost and that society should afford her that right by any means necessary. These questions of justice for the infertile are difficult to answer and with the increased pressure of rising health care costs may be more closely scrutinized.

Lastly, the American College of Obstetricians and Gynecologists formed an Ethics Committee to examine ethical issues involved with multifetal pregnancy reduction. They offer the following recommendations:

(1) Strategies to limit multifetal pregnancies should be practiced by all physicians who treat women for infertility.

(2) High-order multifetal pregnancies present higher risks than do twin pregnancies.
(3) Fellows should be knowledgeable about the medical risks of reduction, the possible medical benefits of reduction, and the complex ethical issues inherent in decisions regarding the use of multifetal reduction.

(4) Counseling should be provided to women with high-order pregnancies.

(5) Respect for autonomy is the principle that argues that it is the patient who must balance the relative importance of the medical, ethical, religious, and socioeconomic determinants and pursue the best course of action for her unique situation.

In addition, the Committee cautioned providers against using medical technology to selectively reduce fetuses based on gender alone.

**Personal Decision**

There are several ethical lenses through which this dilemma can be examined. My ethical lenses, the Rights and Responsibilities and Relationship lenses, help in guiding my decision as to my own ethical viewpoint. I believe that while the parents have the right to exercise autonomy and do what they believe is right for them and their future children, there also needs to be consideration for the rights of the unborn children who will die at the hands of a physician. They will die not because of a defect, but will do so based on the fact that they were created as a cushion, a backup if you will, to the chosen fetus. There is an interesting analogy to a lifeboat that is presented in many discussions on this topic. It suggests that by selectively reducing the number of fetuses, fewer fetuses in the lifeboat, the one or two remaining may have a better chance of survival. I argue that if four fetuses have a 30% chance of survival with keeping all of them and administering good prenatal care, those are better odds than the 100% probability of
death by lethal injection. In addition, the Deontological Ethics of Plato and Kant emphasized that one should focus on others and others’ rights. They would theorize that through the lens of Rights and Responsibilities, one would look to determine if an action is ethical if it allows one to fulfill one’s duties and do the right thing as he claims his individual rights. Is it right to create lives that will ultimately be destroyed just because an infertile woman or couple wants to become a parent? Are all women entitled to become parents? While I understand the anguish of infertility, I do not believe that the end justifies the means. In addition, the ethical question of what to do with fertilized eggs that will never be implanted and allowed to mature is troubling. The Relationship lens gives the viewpoint of looking at the short perspective to seek justice. The Justice Theory suggests that it is a personal right of all to have basic liberty compatible with the liberty of others. Certainly in the case where parents knowingly participate in the creation and implantation of viable offspring only to selectively abort the excess, one can ascertain that justice does not prevail for all.

On a personal note, as a Roman Catholic I do not believe that abortion of any kind is morally just. All human life is sacred and must be protected, even if it is an inconvenience or burden. Selective reduction at any time is unjust and unethical and while many argue that the mother does not set out with the intent of harming her offspring, in actuality that is exactly what is occurring when she agrees to selectively reduce her fetuses. At what point do we say enough is enough? Will it be when parents start designing their children? When eugenic abortion is widely accepted? Selective reduction is a moral dilemma perched high on a slippery slope and at this time there are not appropriate legal safeguards in place to protect against the wrongful use of innocent life.
References


