

## REPRODUCTION

# A rational cure for prereproductive stress syndrome—a perspective from Israel: a rejoinder to Häyry, Bennet, Holm, and Aksoy

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In a recent article Matty Häyry observes that human reproduction is both irrational and immoral<sup>1</sup>; hence, he suggests, those who seek help before conceiving, “could be advised it is all right not to have children”. Häyry believes that if prospective parents are told that “according to at least one philosopher it would be all right not to reproduce at all” this could empower people “to make the rational choice to remain childless”; valiantly, he suggests himself as “the one philosopher to be blamed for this unpopular idea”.

In a rejoinder to Matty Häyry, Søren Holm claims it is not strongly irrational to have children<sup>2</sup>; S Aksoy contends that having children is the biggest dream of many married couples, and “the major goal in a couple’s life”<sup>3</sup>; Rebecca Bennet, accepts that human reproduction may be irrational but in most cases she thinks this is morally defensible.<sup>4</sup>

Matty Häyry does not need my help to defend himself; I will argue here, however, that while each of the rejoinders make good arguments against Häyry’s proposal, they fail to recognise that the crux of the matter in Häyry’s article is that in the present social environment, fully empowered by an aggressive marketing of artificial reproduction technologies (RTs), the pressure to procreate makes choice, in the majority of cases, less than fully autonomous; moreover, this pressure to procreate as a non-choice mostly (but not only) affects women.

## STATE OF THE RTs: THE ISRAELI PERSPECTIVE

Häyry’s proposal might be better understood from the perspective of RTs in Israel. Israel has now the largest number of fertility clinics per head of population in the world. A woman in Israel can have up to two children using in vitro fertilisation (IVF); she may use as many IVF cycles as it takes to have a child—even if she has children already. In vitro fertilisation treatment is fully covered by the national health insurance in Israel; and this is the case for *all* women, including single mothers and/or lesbians. In addition, Israel was the first country to make surrogacy legal.

At first sight these policies on reproductive matters seem progressive; moreover, these policies are proclaimed as forwarding women’s right to motherhood. Other policies which may forward *other* women’s rights are, however, non-existent. Women in Israel are paid 30 per cent less for doing exactly the same work as men something that happens worldwide); women are under-represented both in the government and in the Israeli parliament (11 per cent and 13 per cent respectively), and similar inequality appears in the higher rungs of the Israeli academy.

So in fact only reproductive policies in Israel, which aim at forwarding women’s rights to motherhood are promoted while other women’s rights in Israel are neglected; thus Israel has prereproductive policies which are further promoted by the health care system. Most probably, this happens because of demographic needs and the business of IVF technologies.

Combined, these factors have produced an aggressive marketing of the desirability of giving birth and IVF in Israel.

Couples (but mainly women) may become instrumental in this scenario. Thus, it is unlikely that a physician would suggest to a woman undergoing IVF “you might consider giving up and carrying on with your life”. Women who have succeeded in having a baby report that (happily for them) this suggestion was never made; the only advice they received was to “keep trying”. For these women this advice certainly turned out to be right.

In vitro fertilisation pictures show lucky women holding a newborn. Statistically, however, there are more women who do not succeed in having a baby through IVF than women who do succeed. So what happens to the other women, for whom IVF turns out to be a never ending nightmare? Women may give up at some point because they cannot stand either the pain of egg retrieval, or the bad moods because of hormonal excess, or/and the stress of the treatment. We do not, however, hear much from these women.

Häyry’s proposal, in this context, is important: couples should (also) have the right to be advised that “it is all right not to reproduce”. This means that *they should be allowed to quit treatment, long before they decide enough is enough*. For as much as we may say that couples (women!) are autonomous, and therefore fully consent to continue IVF, cultural, social, and medical pressure may make the option of stopping (or refraining from) IVF, almost a non-choice. *Real free choice* will be in place *only* if and when couples and women become free from the *medical* (not only from the cultural and societal) requirement to reproduce.

Finally, I believe Aksoy’s approach of preferring “to be interestingly wrong rather than being boringly right”<sup>3</sup> while dealing with infertility trouble, is an insult to all women undergoing IVF. Being “right” might not be particularly exciting for Aksoy and colleagues; yet for too many women it may prove to be healthier.

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- 3 Aksoy S. Response to: A rational cure for prereproductive stress syndrome. *J Med Ethics* 2004;30:382–3.
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**Abbreviations:** IVF, in vitro fertilisation; RT, reproduction technology