Brave new world – nine months away?

This was the theme of the Aberdeen Medical Group’s day conference, writes Group Secretary Elaine Iljon Foreman. The speakers concentrated on illuminating areas containing ethical dilemmas and raised questions rather than providing answers. The conference was chaired by Professor Clegg of the Department of Anatomy, Aberdeen University.

Professor Arnold Klopper, Professor of Reproductive Endocrinology at Aberdeen University stressed the right and duty of the doctor to decide suitability for in vitro fertilisation (IVF) and artificial insemination by donor (AID). The intending parents’ wishes were not considered paramount, since though the doctor’s responsibility was to his patient, he should aim to ensure a stable environment for the child.

Embryo transplantation developed from animal research had startling social implications, he said. A couple could provide the sperm and ova, which, following IVF could be implanted in a surrogate mother. The genetic mother’s career could then continue uninterrupted. Though actresses and athletes might welcome such advances, were they ethically defensible, Professor Klopper asked.

Dr Allan Templeton, Senior Lecturer in the Department of Obstetrics and Gynaecology at Edinburgh University suggested that conception was scientifically a continuum. Thus a decision had to be made as to when an embryo had life and was therefore entitled to rights and protection. At present experimentation was prohibited beyond 12 days post-IVF. However, research was permissible on an aborted fetus, he added.

The production of embryos excess to requirement for implantation was defended. Ensuring viable embryos via IVF could take several attempts, and to maximise successful implantation, several embryos should be implanted. Any remaining ‘spare embryos’, if used for research, could improve techniques and the success rate of IVF, which was currently 8 per cent.

Legal aspects were considered by Mr Douglas Cusine, Lecturer in Conveyancing at Aberdeen University. He suggested that the major decision was not ‘when does life begin’, but when should the embryo be protected by law. If from fertilisation, then any further research constituted assault or murder. Also, frozen genetic material could complicate inheritance laws, he said, since generations could be skipped.

Opposing claims to parenthood needed evaluation, Mr Cusine went on. If a surrogate mother carried a genetically unrelated child, and at birth decided to keep the child, would her claim or that of the biological parents be upheld? Finally, payment to the surrogate mother would contravene the laws on adoption. Thus the intended parents would be unable to adopt ‘their’ child.

Antenatal screening was examined by Dr Marion Hall, Clinical Senior Lecturer in Obstetrics and Gynaecology, at Aberdeen University. Genetic counselling could lead to prevention of abnormality prior to conception, she said. During fetal development, special diets or even termination could prevent abnormality. Finally, early detection of abnormality could allow surgical correction at birth. However, only a minority of defects were detectable by screening, she went on and the procedures had to prove cost effective, which they probably would if only small, high-risk groups were examined. The dilemma concerning telling the parents of the discovery of a different disorder from that being screened was mentioned.

Professor Joan Bicknell, Professor of Psychiatry in Mental Handicap at London University highlighted the fact that neonatologists, paediatricians and carers of the adult mentally handicapped were often unaware of the precise nature of another’s services. This could lead to the provision of inaccurate information to parents who were trying to make a decision about termination.

She concluded with a plea not to pressurise parents regarding decisions on termination. Finally, she said that if one believed in the right of the handicapped person to life, then one had to work to improve the quality of that life.

The discussion from the floor ranged widely. It appeared that such in-depth sessions were necessary to provide facts and to clarify issues. Only after this could personal views on the extremely complex dilemmas be explored and developed.

Diploma in Philosophy of Medicine

Three doctors were successful in the 1983 final diploma examination for the Society of Apothecaries’ Diploma in the Philosophy of Medicine (DPMSA). The diploma, designed to indicate ‘some familiarity with the methods of contemporary philosophical analysis as applied to problems within the theory and practice of medicine’ involves attendance at 40 Saturday morning seminars over a two-year period and two examinations. The successful diplomates were: Peter Riven Braude, Mark Nicholas Alexander Mayall and Mark Andrew Reeves.