

# Stopping THE clock



*Scientific advances spur an ethical debate: When is a woman too old to have kids?*

By ROBIN BIESEN  
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Half a world away, more than 150 women past the expected age of conception are lining up for one more try at motherhood.

Instead of accolades for its achievements, though, the rumblings of a community outraged that medicine is once again putting its technological cart before its ethical horse are being heard loud and clear.

The outgrowth of the nearly 20-year-old science of in-vitro fertilization that began in a petri dish in England with the birth of Louise Brown, the procedure extending the life cycle of conception past the typical age of menopause was given little thought until an Italian doctor by the name of Dr. Severino Antinori burst onto the scene.

The idea of postmenopausal women giving birth to hundreds of offspring they will statistically not live to see reach maturity carries with it an even greater social consequence.

While some of the outcry was to be expected, it comes from a society that practices a doublestandard — criticizing women for wanting a child in their 60s while praising the virility of men who sire a child well into their 80s.

“When a man sires a child later in life, the older the man the bigger the steak people buy for him,” said Dr. Bernard Heilicser, who works in the emergency department at Ingall’s Memorial Hospital in Harvey and is a fellow at the MacLean Center of Clinical Medical Ethics at the University of Chicago.

“Society allows a 60-year-old man to fulfill his needs and desires to have a child but asks if a 60-year-old woman, who probably has an even greater desire to be a parent, has the right to bear a child,” Heilicser said.

Beyond the question of gender stereotype though, Heilicser said there are other more profound social questions that need to be answered — queries that should have been thought through before technology created bedlam by advancing medicine without considering its consequences.

“There is no question it can be done — it is possible to get a 62-year-old woman pregnant, to prime her uterus to carry a child,” Heilicser said. “But is it fair for that couple to have a child when we know the statistics show the parents will probably die during that child’s teenage years?”

The mechanics of in-vitro fertilization for a woman in her 50s and 60s are no different than for a woman in her 30s, said Dr. Joel G. Brasch, a reproductive endocrinologist and infertility expert with offices in Merrillville and suburban Chicago.

The procedure involves a donated egg, coupled with sperm either from a partner or a donor, implanted via a straw-sized catheter into a womb that has been made ready through a one- to three-week course of hormone therapy, Brasch said.

Although there are no data yet for live births resulting from postmenopausal pregnancies, Brasch said, the success rate for older women is expected to be about the same as that of younger females — 15-20 percent.

But the success rate isn’t what has doctors who specialize in reproductive medicine concerned.

Now that a doctor has pioneered the process of in-vitro fertilization on postmenopausal women, Brasch said, “where do you draw the line?”

“Even for those of us who practice in-vitro fertilization day-to-day this is a great moral dilemma,” he said. “Do you or I have the right to tell a couple no?”

When considering the possibilities, Heilicser said, he, too, wrestles with the same concerns.

“I’m sure there are some couples in their 60s who will make magnificent parents,” he said. “There are situations today where grandparents are raising young children and doing a wonderful job, but it’s a different situation. The 62-year-old in that case is raising children, but it’s by default.”

The Rev. Joseph T. Mangan, director of medical ethics for St. Margaret Mercy Healthcare Centers, said the Roman Catholic church has had ongoing problems with in-vitro fertilization.

Prolonging the age when a woman can become pregnant through that procedure doesn’t change the church’s position against it, Mangan said.

The church would have no problem with 50- or 60-year-old women bearing children if the progeny are the result of a marriage, without the introduction of a third party, he said.

“In-vitro fertilization, no matter how successful, is not the proper way to have a child,” Mangan said. “It is contrary to the dignity of a child to be born this way.”

The advancing technologies that have made births outside of a conventional union between a man and woman have denigrated the importance of bearing children, Mangan said.

“The advances in technology make the child too much like an object without people paying enough attention to the dignity of a child,” he added.

Heilicser said he is concerned for the children who result from postmenopausal pregnancies.

Besides the trauma of a child in his or her teens increasingly being forced to deal with the death of one or both parents, Heilicser said he wonders how children who have been used to dealing with 70-year-olds will fare if people in their 30s are granted custody and try to raise them.

Whether society wants to or not, Heilicser said, those issues and others — from whether to allocate additional medical resources to older parents with young children to the ethics of allowing wealthy, postmenopausal women to give birth without giving poor women the same advantage — will have to be dealt with.

It’s too late to decide if the technology should be available — it’s already here, he said.

“Before allowing high technology to come into play, we should have looked at the consequences of the action,” Heilicser said. “Once it’s done, you can’t stop it. This has given hope to people looking for it.”

Brasch said his first thought when he heard about the latest developments in in-vitro technology was, “Uh-oh.”

“In the United States, we have a tendency to do first and think later,” he said. “In this country, we don’t like to regulate but maybe society has more rights than we think.”

Canada and France have implemented strict regulations to govern donor eggs, Brasch said.

Mangan said he is hopeful medical pioneers will pull back from their current work and consider the consequences before developing new technology.

“Maybe things have gone too far,” he said. “Just because technology has the capabilities doesn’t mean we have to accept it.”

While he, too, has concerns for the ultimate impact the new technology will have on society, Brasch said he has growing concerns about the technologies that are available but have yet to be publicized. “There’s a lot more coming we don’t even know about yet.”