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International attention has recently been directed to the in vitro fertilization (IVF) program in Melbourne, Australia. Two frozen embryos have been orphaned, their parents killed in a plane crash. Because this possibility was not foreseen, the ownership and disposition of these embryos has been contested. The picture is complicated by the presence of a substantial inheritance and the fact that the embryos were conceived with donor sperm. The "parents" were a middle-aged couple, who were unable to conceive a child together. After her daughter from a previous marriage was accidentally killed, the couple went to Australia for help in 1981. Three embryos were conceived in vitro, and one was implanted. The other two were frozen for later use. That pregnancy failed, and the couple elected to keep the embryos "on ice" awaiting a time when they would be emotionally ready to attempt another pregnancy. They died in Chile in 1983.[1]

Embryos conceived in the lab are ready for implantation by the eight to sixteen cell stage of development. After incubation for 48 to 72 hours, they are transferred to the womb of the infertile woman. To increase the chances of the production of a healthy embryo, and a successful implantation, more than one ovum is usually removed at the time of laparoscopy. In the initial IVF attempts, all viable embryos were returned to the woman's uterus. However, this creates the possibility of multiple gestation.[2,3] Because of the risks of general anesthesia and laparoscopy involved in removing ovum in succes-

sive in vitro attempts, freezing embryos began, in Australia, in California, and elsewhere in the United States.

When conception occurs in the usual manner, the newly created life imposes serious obligations and responsibilities upon the parents. Fertilization is the beginning of the life of a new human being, genetically distinct from either parent. When conception takes place in the lab, a third party, the institution, also assumes a moral obligation and responsibility for this new life, in the same way a hospital assumes a moral obligation and responsibility for the health and well-being of its patients. This responsibility to *protect* the new lives has been overshadowed by a desire to provide a child for the infertile couple irrespective of cost.

The need of *any* human is to be cared for in an appropriate environment and not to have life needlessly jeopardized. That the very process of in vitro fertilization and reimplantation jeopardizes the lives of the newly conceived is obvious from the low success rate (less than 30% successful pregnancies).[4,5] Whether this brief existence for the majority of these new humans might be better than *no* existence is not a resolvable issue. Having begun life under "hazardous environmental conditions," these lives are endangered further by freezing. Continued survival is at the whim of either parents or institution. This relegates the human embryo to the status of property, another "tool" of medical technology. While human ownership has been a part of the history of the world, it is not something of which we who consider ourselves civilized, are proud.

Some attempt to get around the "property" question by making the distinction as to whether embryos are human persons. Only human persons, they would argue, possess rights. Non-persons are to be utilized in whatever manner best suits the needs of the persons. Non-persons impose no obligations other than those which a human person is willing to bestow.[6,7] Taking this view, the Australian embryos could be nurtured by a surrogate mother, if (and only if) a woman (person) chose to do so to fulfill her own needs. If this was not possible, the embryos could either remain frozen indefinitely or be destroyed, dependent solely on the desires and needs of the institution (or whoever becomes the legal "owners" of the embryos). No woman is obligated to become a surrogate, so the lives of these embryos depend on finding a volunteer. In this case, the motives of any volunteer would have to be suspect because of the inheritance problem. Even so, it is uncertain whether the embryos would survive the thawing process because the technology used to freeze them was itself in its embryonic stages. The commission delegated to studying the disposition of these embryos has recommended their thawing and destruction.

The freezing and storing of embryos must lead to the creation of an "embryo bank." This raises more serious questions. As the Australian case demonstrates, the fate of embryos when the natural parents die or no longer want them is uncertain. In those instances in which planning has occurred, it has not been with the thought of any responsibility or obligation to protect the life of the embryo. In a televised interview, a physician associated with the in vitro program at the University of Southern California stated that their policy requires the couple to sign a paper designating the disposition of the embryos not used. The options presented are donation to another couple, donation to the medical center for research, or destruction.[8] Having been conceived at the behest of parents with the help of the institution, these new lives are totally at their disposal, treated as property to be disposed of, not as living human organisms.

Refusal to Acknowledge Responsibility

An essential problem with in vitro fertilization is a refusal to acknowledge responsibility to the newly conceived. By waving the banner of "delayed personhood," a more detached view of the unborn, and consequently, the child itself is permitted. What this leads to is the concept of the child as an object, a possession of the parents, having value only to the extent that he or she is wanted. Parents are not encouraged to be content with any child; they must increasingly now be "built to specifications," e.g., free from diagnosable handicaps, of a specific sex, even fathered by a Nobel prize winner. A *Newsweek* cover story heralded the advent of "Superbaby," the product of careful prenatal screening and selection, able to identify van Gogh paintings and the parts of the brain before the age of two.[9] In San Francisco. a woman, married or single, lesbian or heterosexual, can, for a fee, be artificially inseminated by the sperm of her choice, having looked through a catalogue of donors where height, weight, education level, eye color, hair color, and occupation are listed.[10]

This view of children being just one more status symbol in the quest for self-fulfillment cannot help but have significant fallout. First, and most importantly, it will affect the self-esteem and confidence of the children who are born. The greatest gift anyone can give a child is a sense of its own value and worth, not for what he or she is, or even who they are, but simply that he or she is a special, unique, never-to-be-duplicated individual. The message given by the creation and storage of multiple embryos, catalogues of sperm donors, and the like, is that children are wanted because of the fulfillment of some parental ideal, not that they are intrinsically lovable and worthwhile. Self-doubt and questioning of parental love are basic to childhood and adolescence. How much more intense will these fears become as children discover that unborn lives known to be physically or mentally less than perfect are terminated by their parents? How will a child feel if he or she later becomes handicapped, knowing that his or her par-

ents, and society, in general, devalue the lives of handicapped fe ises and newborns? How can we, as parents, teach our children respe for the worth of every human being regardless of handicap or intelle ual ability, when we would never permit a less-than-perfect child be born in our own family?

Medicine, too, has fallen into this trap. Foresaking its tradi onal role of protecting the sick, the helpless, and viewing the unborn hild as a patient at least equal in importance to the mother, w have become dazzled by the brilliance of our successes. The "re arch imperative" has never seemed so strong as it has with reproc ctive technology. While there is great compassion and sympathy f the plight of infertile couples, and an honest desire to help them b gin a much wanted family, there also seems to be a desire on the par f the physician to be a "co-creator" in this event, to the detriment f the welfare of the newly-conceived. That this is the case, is eviden d by the marked lack of enthusiasm for the procedure of low tuba ovum transfer (LTOT) in which an ovum is removed from the ova y and placed past the point of obstruction in the Fallopian tube. C nception is then achieved through normal intercourse or artificial in mination. This poses no more risk to the child thus conceived han a normal conception. The success rate of LTOT is less than for n vitro, having been less extensively researched, but one of the develo pers of LTOT feels that the two methods could be equal in achievin a successful pregnancy. However, few hospitals have chosen to go this route.[11,12,13]

Psychological Dynamics Overlooked

What also seems to be intentionally overlooked by the medical community is the psychological dynamics of couples who are involuntarily childless. While the research in this area is limited, anecdotal accounts abound of women seeking self-fulfillment through childbearing, to have someone to love, or to hold a failing marriage together. These are inappropriate motives for child-bearing under any circumstances, and in cases of medical intervention in the conception process (artificial insemination, in vitro fertilization, surrogate embryo transfer), the physician has an obligation to the soon-to-be created patient to assure that the family situation is a healthy one. No one has a "right" to a child; no human being has a "right" to any other. That is slavery. Yet in the reports of the in vitro programs, there is no reference to any investigation of the health of the marital situation, the couple's reasons for wanting a child, or their ability to care for any child.[14,15,16] It is well known that prospective adoptive parents undergo rigorous screening of their marital, financial, and socio-economic status by state and private agencies prior to approval for adoption. Do children conceived via in vitro and other reproductive methods deserve any less consideration?

Undoubtedly, it is more exciting to "create" children in the laboratory, rather than staying on the sidelines and letting nature take all the credit. In the process, though, are we not somewhat tarnishing the image of our profession? By becoming, in effect, vendors of new human life, we invite the salesman analogy: pushing our new human merchandise, always willing to give the customer what he or she wants, not needs, or what our "merchandise" deserves. What is being lost by the wayside is the traditional role of physician as counselor, healer, cognizant of patient needs and wants, but concerned for the health and well-being of *all* parties involved.

Our country was founded on the assumption of the equality of all humans. The authors of the Constitution knew that all humans are valuable, that they are *created* equal, not are born equal or later become equal. They also stated that at the moment of creation, humans are endowed by the Creator with an inalienable right to life. These founding fathers realized that certain rights cannot be bestowed by others, but are innate and are bestowed by a higher power. We are fast becoming an elitist, utilitarian society, where the person has no intrinsic worth outside of the potential for material contribution to society. Physicians should resist that change vigorously. We know that human life is a continuum of development, each stage important in and of itself, as well as for what it contributes to the next stage. Criteria of "personhood," and classifying certain groups such as infants, the unborn and the handicapped as "non-persons," either explicitly, or by our treatment of them, undermine the inherent worth of every one of us.

Reproductive technology has great potential for good in helping infertile couples begin a family. But that good should not be achieved at the expense of devaluing its very goal — the child.

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