Briefing:

Ethical Guidelines Proposed for Reproductive Technology

The American Fertility Society has released ethical guidelines that, it hopes, will aid physicians and their patients in assessing new—and often controversial—ways of having babies. While ruling out virtually nothing, the society's ethics committee nonetheless places methods, such as surrogate motherhood, that are highly emotionally charged, under the category "suitable for clinical investigation," meaning that they are not approved for general use. The committee's guidelines, which were released on 8 September, appear as a supplement to the September 1986 issue of the journal *Fertility and Sterility.*

According to committee member Edward Wallach, who is also president of the fertility society, the 12-member committee* came into being because the society leaders "felt that [reproductive] technology was getting ahead of us. No one in the United States was taking a stand and establishing guidelines."

This contrasts with the situation in the United Kingdom, Australia, and Ontario, where the governments have issued reports that are primarily directed toward legislation and regulation. The United Kingdom, in its Warnock Commission report of July 1984, outlawed paid surrogate motherhood, for example.

In this country, there is a moratorium on federally sponsored research on new reproductive technologies and there are no plans for government regulations. The fertility society views its report as an appeal to physicians and researchers. "The majority of practitioners will look on the report with a sense of relief," Wallach predicts.

Until now, there has been no published stance on the ethics of such methods as freezing human embryos or washing an embryo out of the uterus of one woman and introducing it into the uterus of another. In addition, there are no good data on the success of these highly controversial methods. Even in vitro fertilization, by far the most widely used of the newer methods, can be difficult to assess.

Committee member Richard Marrs, an obstetrician and gynecologist from the University of Southern California, surveyed clinics offering the technique and found that as many as one-third had never had a patient successfully complete a pregnancy. Yet IVF typically costs $4000 to $6000 per attempt. Except in the state of Maryland, which allows infertile couples to purchase an insurance rider covering their expenses for up to four IVF attempts, the procedure is not included in medical insurance, notes Gary Hodgen, scientific director of the Jones Institute for Reproductive Medicine at Eastern Virginia Medical School in Norfolk.

A good IVF program should enable a woman to become pregnant with a 25% chance with each attempt, according to committee chairman Howard Jones, founder of the Jones Institute. This is about the same as the chance that a pregnancy will occur after normal intercourse, Jones points out.

Among the committee's recommendations, Marrs states, is that "clinics give out their actual success rates rather than giving out the national average." The commiteee also classified the newer reproductive technology as follows:

- Ethically acceptable technologies include the patenting of instruments, products, and devices, basic IVF, artificial insemination with the husband's sperm in cases in which the husband cannot ejaculate into his wife's vagina, artificial insemination with donor sperm in cases in which the husband is infertile, the use of donor sperm for IVF, the use of donor pre-embryos (fertilized eggs that have not yet reached the stage at which they implant in the uterine wall) for IVF, and the use of frozen sperm for IVF or artificial insemination.
- Suitable for clinical trials is artificial insemination using the husband's sperm "for uncertain reasons." This means using artificial insemination in cases in which the man has too few sperm or sperm that move improperly or are coated with anti-sperm antibodies. The committee's reservation is that there are essentially no data demonstrating whether this method works.
- Suitable for clinical investigation—meaning that the techniques should be carried out at institutions with human subjects review boards and the results should be published in peer-reviewed journals—are transferring pre-embryos from one woman to another, using frozen eggs or frozen pre-embryos, using a surrogate to gestate a genetically unrelated embryo, surrogate motherhood, and experiments on pre-embryos.
- Ethically unacceptable are the patenting of medical procedure and the use of surrogate motherhood for non-medical reasons. "That means convenience or vanity—someone who may have a career and wishes someone else to carry her baby," Jones says.

Committee member Richard McCormick, a Jesuit priest and ethicist at Notre Dame University, dissented on the use of third parties—donor sperm, donor eggs, and surrogate wombs. "My dissent is based on my own personal opinion and analysis," he remarks. Basically, he believes that the introduction of third parties "infringes on conjugal exclusivity" and raises "risks to marriage and the family that I regard as unjustified." Individual members of the committee also disagreed on particular points, such as whether surrogate mothers should be paid. But, all in all, says Jones, "I was amazed that we came out so unanimously." ■

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*Other members of the ethics committee are Lori Andrews of the American Bar Foundation in Chicago, Ceslo-Ramon Garcia of the University of Pennsylvania School of Medicine, Clifford Grobstein of the University of California in San Diego, C. Alvin Paulsen of the Unviersity of Washington in Seattle, John Robertson of the University of Texas in Austin, and LeRoy Walters of Georgetown University

NASA to Cancel Majority Of Spacelab Flights

As a result of launch delays following the Challenger disaster, officials of the National Aeronautics and Space Administration (NASA) have decided to cancel more than half the planned flights of Spacelab, a system of pressurized modules and open pallets that allows the space shuttle to function as an orbital laboratory.

"We've had to face reality," says Jeffrey D. Rosendhal, assistant associate administrator of the agency's Office of Space Science and Applications. Before the Challenger explosion on 28 January, he explains, his office was planning to fly the equivalent of 4½ to 5 shuttle payload bays full of Spacelab components every year. But that was also at a time when NASA was planning 24 flights of the shuttle itself every year. Now, with the remaining three shuttle orbiters grounded until 1988 at the earliest, and with a much reduced flight rate after that, the Spacelab program will have to make do with at most 1½ payload bay equivalents per year.

"So we had to ask ourselves," says Rosendhal, "Does it make any sense to spend lots of money on missions that won't even fly for 5 to 7 years? Or should we look for better uses of the money?" The answer, he says, was as clear as the arithmetic. He and his colleagues discussed the possibility of canceling the Spacelab flights during several meetings with scientists this past summer; the response was a melancholy resignation. "It was hard to see any way around it," Thomas M. Donahue of the University of Michigan, head of the Na-