

Social aspects of the new assisted reproduction technologies: Attitudes of Israeli gynecologists

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Summary

Aim: To evaluate attitudes of gynecologists as to the social aspects of assisted reproduction technologies.

Methods: The survey was sent electronically to 600 gynecologists covering their opinions on impact of reproductive technologies, the role of gynecologists in reshaping social reality, their definition of family, concern for the unborn child, accessibility to the new technologies, and potential partners in the decision-making process.

Results: One hundred fifty-five gynecologists completed the questionnaire. The majority agreed that the new reproduction technologies have major social consequences (90.3%); that gynecologists, by putting these technologies to use, play a major role in changing social reality; and that the interests of the unborn child should be taken into consideration (84.5%). More than half included single parents and same-sex couples in the definition of a "family" and believed that fertility treatments should be available to everyone. As to sharing responsibility, 65.2% (n = 101) felt the gynecologist should not be the sole decision-maker regarding the necessity of treatment; among them, 49.7% preferred that social workers or psychologists be involved - rather than jurists.

Conclusions: The gynecologists in the present survey seemed to be well aware of the importance of the social revolution initiated by the development of assisted reproduction technologies. While they accepted a broader definition of the family, they have not lost sight of the rights of the unborn child and as such, the need for related professionals to take a greater part in the decision-making process. These findings have important implications for educational programs in the health care professions and for future legislation regarding public accessibility to these procedures.

Key words: Reproduction; Technology; Social; Gynecologist; Attitudes.

Introduction

The last 30 years have witnessed unprecedented progress in assisted reproductive technologies (ART), with more and more couples and individuals turning to the medical profession in their quest for parenthood. Most of the medical advances, however, were made expeditiously, with little thought as to the social consequences, or to the key role of the gynecologist in the new social landscape created.

The reproductive revolution began with the development of the birth control pill, followed by artificial insemination and the establishment of the sperm bank [1], which introduced a third party into what was heretofore a dual relationship. Thereafter, the successful application of in vitro fertilization made it possible for childless couples to conceive a genetic child [2]. More recently, legislation has been formulated in many countries to regulate contracts between infertile couples and surrogate carrier mothers [3]. Together, these changes have dramatically transformed the traditional view of parenthood and family.

There are few studies on the impact of reproductive technology on gynecologists, and the attitude of the gynecologists on their role in processing social changes. The aim of the present survey was to determine to what

extent these physicians recognize the social scope of their practices, their effect on society as a whole and on the unborn child, and how they perceive the family. We also sought to explore their inclination to share their decisions with other professionals (social workers, psychologists, jurists) relevant to the assisted reproduction process.

Materials and Methods

A 10-item questionnaire was distributed by electronic mail to 600 gynecologists actively employed in hospitals and outpatient clinics in Israel. The survey covered their opinion of the role of gynecologists in redefining the social reality; their responsibility to the unborn child; their views of what ought to be considered a "family", and their tendency to share that responsibility in implementing ART with other relevant professionals (such as social workers, psychologists or jurists).

Most items were rated on a scale of 1 (totally disagree with the statement) to 5 (entirely agree with the statement). All responses were anonymous. The questionnaire in its entirety appears in Table 1.

Statistical analysis

Pearson's correlation coefficient (r) and the significance for it (p) were calculated between the variables. The chi-square test was used to compare categorical variables. A p value equal to or less than 0.05 was considered statistically significant. The responses were analyzed by grouping, for each item, all responses of 1 and 2 together, and of 4 and 5 together, yielding a 3-category scale of: agree / disagree / no opinion.

Table 1. — *Gynecologists' questionnaire on social impact of ART (n = 155).*

#	Item	Agree (%)	Does not agree (%)	No opinion (%)
1	Does the use of reproduction technologies have social consequences?	90.3	6.5	3.2
2	Does the gynecologist play a role in reshaping the social reality thanks to the progress in reproduction technologies?	79.4	11.6	9.0
3	Can a "real" family be defined only by a different sex couple?	37.4	54.8	7.7
4	Can a "real" family consist of a homosexual couple?	51	34.8	14.2
5	Can a "real" family consist of a single parent?	67.1	24.5	8.4
6	Showed the interests of the unborn child be taken into consideration by the gynecologist involved in the procedure?	89.5	9.7	5.8
7	Should fertility treatments be available to everyone?	58.7	33.5	7.7
8	Should the gynecologist be the sole decision-maker in the process?	27.1	65.2	7.7
9	Should social workers or psychologists be allowed to participate in the decision-making process?	49.7	36.1	14.2
10	Should jurists take part in the decision making process?	20.6	65.2	14.2

Results

One hundred fifty-five gynecologists completed the questionnaire for a response rate of 26%. Their responses for the ten items are shown in Table 1. The large majority were aware of the social impact of ART (item 1), the role of the gynecologist in reshaping the social structure of the family (item 2), and the importance of the interests of the unborn child (item 6). Opinions showed greater variation for the definition of a family, the availability of ART, and the role of other professionals in the treatment process.

Individual responses to item 1,2 and 6 were analyzed against the responses to the remaining items. We found that of the 140 physicians (90.3%) who agreed that the use of ART has social consequences, 82 (58.6%) would like ART to be available to everyone whereas 48 (38.9%) would be selective. Seventy-four (52.9%) would approve the necessity of social workers/psychologists taking part prior to the process, and 50 (35.7%) would not. There was good agreement between item 1 and 2: 120 of the 140 physicians (85.7%) who responded positively to item 1 also did so to item 2.

Of the 123 physicians (79.4%) who agreed that gynecologists play an important role in reshaping the structure of the family, 74 (60.2%) would make these technologies available to everyone whereas 41 (33.3%) would not. Sixty-eight (55.3%) favored the participation of social workers in the process, 79 (64.2%) did not approve of the participation of jurists in the process, and 27 (22.6%) approved of jurists. Like for item 1, the large majority of physicians who agreed with item 2 (87.8%) also agreed that the interests of the unborn child should be taken into consideration (item 6).

Overall, 131 respondents (84.5%) agreed that the interests of the unborn child must be borne in mind. Over half

of them (54.2%), however, disagreed with the traditional notion of family and 51 (38.9%) agreed. Although 44 (33.6%) did not favor same-sex couples as parents, 68 (51.9%) agreed that these couples form legitimate potential families. In addition, 87 (66.4%) viewed single-parent families favorably and only 33 (25.2%) did not. With regard to the involvement of professionals, 93 gynecologists (71.0%) did not believe the gynecologist should be the sole decision-maker. Specifically, 72 (55%) favored the participation of social workers, but only 28 (21.4%) wanted to involve jurists. For all items, the rates of "no opinion" ranged from 3.3% to 14.5%.

The correlations between the responses to item 1 (social consequences of ART) and to item 7 (availability of infertility treatments) ($r = -0.17$, $p < 0.05$) and item 8 (shared responsibility) were statistically significant ($r = -0.18$, $p < 0.05$). These findings indicate that the more importance the gynecologist places on the social implications of ART, the greater his or her tendency to restrict their availability, and the more he or she prefers to share the responsibility. The statistically significant correlation between items 1 and 9 ($r = 0.20$, $p < 0.05$) reveals that gynecologists prefer to share the responsibility with social workers or psychologists, rather than jurists (item 10).

A statistically significant negative correlation was found between the responses to item 6 (interests of the unborn child) and 8 (sole responsibility of the gynecologists) ($r = -0.26$, $p < 0.01$), indicating that the greater the tendency of the gynecologist to consider the interests of the unborn child, the greater his or her reluctance to assume sole responsibility for the decision to use ART. Again, physicians seemed to prefer the participation of social worker or psychologists ($r = 0.21$, $p < 0.01$) over jurists ($r = 0.19$, $p < 0.05$).

Discussion

The present study shows that the large majority of gynecologists believe that the new reproduction technologies are creating new models of the family, and that their role in this process is highly important. However, most would prefer to share their responsibilities with social workers and psychologists. The majority reject lawyers' or jurists' participation in the decision-making process. There is widespread acceptance among gynecologists of "untraditional" families, such as single or same-sex parents. Nevertheless, they apparently weigh the choice carefully, showing great concern for the interests of the unborn child.

References

- [1] The General Manager of the Ministry of Health, memo no. 34/92 regarding The Management of a Sperm Bank and Artificial Insemination, November 13, 1992.
- [2] The People's Health Regulations (In-Vitro Fertilization), 1987.
- [3] The Fetus' Carrier Contract Law, 1996.

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