

Comments from the American Society for Reproductive Medicine

The ethics committee of the ASRM has addressed the issue of infertility treatment in patients with a very poor prognosis. Our committee concluded it was ethical for physicians to refuse treatment to patients whose prognosis for success was very low, provided they fully inform the patient and provide referrals, if appropriate. The committee reminded our member physicians that decisions about treatment must always be patient-centered. I am happy to provide copies of that report to you.

Our ethics committee has not yet done an explicit report on provider conscience; however, the concepts of autonomy- the right of the patient to make decisions regarding his or her own care- and full informed consent permeate its work. While we understand that there are some decisions patients may make with which their doctors will disagree, providers who have moral objections to providing certain medical care have an equally compelling obligation to refer a patient seeking that care to an individual or facility that can provide it.

We do not believe individuals should be forced to undergo or perform medical procedures against their will. We fully support the right of individuals whose religious or moral beliefs lead them to consider contraception unethical not to use it or even to decline to help others obtain it, but such individuals should inform patients that their personal beliefs influence the advice they are giving, that others might give different advice, and that the patient might consult another provider. We would also suggest that such individuals choose not to work in a contraceptive clinic. The right of a provider to decline to prescribe or provide care he finds conscientiously objectionable does not equate to the right to obstruct a patient's knowledge of or access to care the patient requests or needs.

We hold that when an individual undertakes work in the health care field, they agree to put the interests of the patient ahead of their own. Although physicians should not be forced to offer infertile patients assisted reproductive technology (ART) if they believe that act to be sinful, we believe it is unethical for a physician to refuse to offer or to withhold *information* about such a service from a patient who could benefit from it, particularly if that physician is representing themselves as a specialist in reproductive disorders. Infertility is a disease recognized by the World Health Organization. And while most patients who are unable to conceive children without medical assistance resolve their infertility through the use of ovulation induction drugs, artificial insemination, or surgery, many others, for whom these means are ineffective, have successfully added children to their families through ART.

We find the full treatment of this issue by the ethics committee of the American College of Obstetricians and Gynecologists to be persuasive.

Thank you.