

## **Social Egg Freezing: Ethical and Social Considerations**

Mature oocyte cryopreservation or vitrification (egg freezing) is a new technique of preserving the reproductive potential of women that has been developing over the last decade. It is employed especially in countries that prohibit the cryopreservation of human embryos due to ethical objections. Although the American Society for Reproductive Medicine has recently lifted the experimental label from the procedure because of improving rates of successful pregnancies, the technology is still at its infancy.

In many countries, including Singapore, mature egg freezing and banking is generally regarded as a viable way of preserving the fertility of women undergoing cancer treatment, although data on pregnancy and live births from this technique in such patients is limited. Egg banking is also a feasible strategy for fertility preservation in patients with certain genetic conditions associated with a high risk of ovarian cancer, such as BRCA mutations. The National Council of Churches supports the medical application of egg freezing technology in these exceptional and rare cases as long as stringent protocols and guidelines are observed. It is therefore in broad agreement with the current policy of the Ministry of Health (MOH) of Singapore that this technique should be used for medical reasons only.

In recent years, however, there has been a growing interest in the use of this technology for 'lifestyle' reasons, especially in women who wish to delay childbearing until they are older. Social or elective egg freezing has therefore become an attractive option, for example, for women who wish to advance their careers before starting a family. Countries with low total fertility rate (TFR) are also interested in the non-medical use of this technology because of its perceived potential for increasing birth rates. Egalitarians have argued that this technology would allow women to overcome the biological 'discrimination' associated with age-related decrease in fertility and achieve equal status with men. Some have argued that elective egg freezing is analogous to a contraceptive pill as both can effectuate delayed reproduction.

While the Council appreciates the tensions that contemporary women face between pursuing a career and having a child, it does not support social egg freezing because of the profound ethical and social concerns associated with it. The fundamental problem with social egg freezing is that this technology is used for non-medical reasons. The technology is not used to treat a pathology or prevent an illness but rather to facilitate and consequently promote a lifestyle option or preference. Social egg freezing is not fertility treatment because the women who use this technology are healthy. We must for this reason proceed with extreme caution because performing medical procedures on healthy people is an ethically questionable practice. This applies to certain forms of aesthetic surgeries and (with rare exceptions) also to abortion.

The current hype surrounding social egg freezing may give women the wrong impression that this technique is a kind of panacea that guarantees them the opportunity to have a family later in life. The chance of having a baby with this technique is grossly overestimated. In reality the probability of a live birth from a frozen egg is currently less than 6% per egg. Older women who choose to have their eggs frozen for future use have an even slimmer chance of having a child. This is not only because older eggs are more likely to have flaws that impede their development into babies, they also do not grow and implant as well as younger eggs. Regarding egg freezing as 'fertility insurance' therefore creates false hope.

The procedure for procuring eggs for cryopreservation or freezing also poses some health concerns that should not be dismissed lightly. The large amounts of fertility medications needed to procure sufficient amount of eggs for freezing and subsequent *in vitro* may result in Ovarian Hyperstimulation Syndrome (OHSS), which, in severe cases, may cause kidney failure, blood clots, electrolyte imbalance and even death. The process of freezing, storage and thawing can leave some eggs damaged and hence useless. When the woman returns to collect her eggs for IVF, there is a chance that some of the eggs may not survive and she may not achieve a healthy pregnancy. Older women are generally more vulnerable to IVF related risks and complications in pregnancy. This is compounded by the fact that older women are more likely to have acquired chronic illnesses like diabetes or hypertension. The risks to the health of both mother and child should never be underestimated. The pressing ethical issue here is that, in the case of social egg freezing, healthy women have opted to take these unnecessary risks for the sake of lifestyle preferences.

The promotion of elective egg freezing has broader social ramifications and consequences. Like other forms of Assisted Reproductive Technology (ART), this technique furthers the medicalisation and commercialisation of women's bodies. That women voluntarily elect to take advantage of this technology does not prevent this subtle but serious shift in public perceptions and sensibilities. Egg freezing also encourages what some commentators have called an on ongoing consumerist imperialism in medicine in general and the non-medical use of medical technologies in particular. Resources, talents and energies are increasingly diverted away from the strictly 'medical' to the 'consumerist'. The business side of social egg freezing, which involves fertility clinics and other related medical and non-medical enterprises must also be taken into consideration when evaluating current interest in the method.

Underlying the often heady rhetoric that champions the autonomy and rights of the contemporary woman, some commentators have rightly discerned elective egg freezing to be in essence a profoundly selfish act because it sees career as more important than the interests and welfare of the child. Children must be given the healthiest and best start in life. This surely includes parents who are young and energetic enough to nurture them. In many ways this is more important than financial stability, an argument often used to support egg freezing and deferred motherhood. In addition, women in their 40s and even 50s who use this technique often place on their children the heavy burden of having

to take care of their geriatric parents (often burdened with chronic health conditions) when they are just about to start out in life as working adults, amidst all the attendant responsibilities and challenges associated with people at this stage of life (marriage, career, mortgage, starting a family, etc).

From the standpoint of the health of the mother and the welfare of the child, the undisputed fact is that the best age for a woman to have a child is in the mid-twenties. As a nation, we should try to put in place the best policies and introduce reasonable changes in the workplace that would encourage and support childbearing at this ideal stage in the life of the woman. But, as countries like France and Norway have shown, this trend has to do with more than broad policies and workplace practices. It has to do fundamentally with changing mindsets and views about marriage and family. It is therefore of paramount importance that we should, as a society, address the mindsets that promote self-interest and distort priorities. Allowing elective egg freezing will be perceived as signalling our acquiescence of the very trends that should be subjected to serious critique, resisted and challenged.

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