

BIOETHICS MATTERS ENJEUX BIOÉTHIQUES

October 2016

Volume 14, Number 3

“Choice” and Selective Reduction of Multiple Pregnancies

Moira McQueen, LLB, MDiv, PhD

A report appeared this summer that, a year previously, a woman had requested in a Toronto hospital that one of the twins she was carrying be aborted. Both twins were healthy, and her request was not made on medical grounds. She wanted the pregnancy of one of the babies to continue since she did want a child, but only one. Finding that both twins were healthy, the hospital refused her request, starting a public discussion about women’s rights, institutional rights, and what is most usually referred to as “the right to choose.” This latter right is seen by some as inviolable, almost sacrosanct, in these situations. If a woman wants to keep the baby: that is her choice. If a woman does not want to keep her baby: that is, likewise, her choice. Either way, it is the woman’s choice. The matter revolves around only “choice,” and only the mother should have the right to decide. The health of the baby may be the reason in some cases, but it is not a pre-condition for choosing abortion in this country.

The logic of this moral position is surely challengeable. When we choose to do or not do something, we are making a decision that one action is better than another. We look at the circumstances around the act. We look at the short-term and long-term consequences. We try to assess any harm or damage that will result from our action. We try to make sure we are making an informed decision in a clear-headed way, and that we are not rationalizing. We consider whether our choice is a good choice or a bad one. We do NOT stop at the word “choice”

as if it were an end in itself. It is the result of our choice that is the focal point, not the *capacity* to choose, as if there were something final in the capacity itself.

In this particular case, the woman had been warned that carrying twins at her age could result in losing the whole pregnancy, but in any event the hospital declined to perform the selective reduction, since the pregnancy was going well and the twins were developing well. After being threatened with a legal suit, the hospital referred the mother to another hospital which agreed to perform the reduction, somewhat justifying their action by noting that, after all, if there had been a fetal anomaly in either twin, the reduction would have been done, no questions asked.

Many ethical questions are raised here, apart from considering the ethical implications of the concept of choice. One question concerns the meaning of selective reduction. Why is it called that, and not considered to be the same as abortion, when the end result is at least one dead baby? The terminology arose along with the practice of IVF. It is well known that the success rate of IVF is quite low. To enhance the possibility of pregnancy, some doctors used to transfer four or five embryos into the woman’s womb, in the hope that at least one would develop. Very often none did, but sometimes several embryos would start to develop. This presents a dilemma to many women and their spouses. They are extremely keen, and sometimes desperate, to become pregnant, hence the willingness to go through the IVF procedure, sometimes for several cycles. But when they discover there are multiple fetuses, some decide

that this is more than they wanted or bargained for, and they ask their physician to reduce the number of children in the womb through selective reduction, i.e, the abortion or destruction of a specific number of fetuses, as children in the womb are called in medical terminology. No mother-to-be refers to the "fetus" in her womb, but to her growing baby or child, which is now at the fetal stage.

The reasons given for eliminating or reducing some pregnancies are personal and social, perhaps socioeconomic, but they are not medical. It is true that multiple pregnancies can be dangerous for the babies in the womb and also for the mother, but this is clearly not inevitable in every situation. Regardless, in Canada, medical reasons are not necessary to justify abortion procedures of any type, including selective reductions, although that is not the case in every country. Perhaps I should say "not yet the case," since the following example shows how rapidly the moral approaches to some matters can change. The ethical "evolution" of one Dr Mark Evans, an obstetrician and geneticist, who was among the first to "reduce" a pregnancy, is striking. He helped the US National Institutes of Health in writing guidelines in 1988, and one of the central tenets inscribed was that most reductions where twins are involved were unethical.¹

Two years later, as demand for twin reductions climbed, he wrote that "...reduction to singletons "crosses the line between doing a procedure for a medical indication versus one for a social indication," and he urged physicians to resist becoming "technicians to our patients' desires."² In 2004, however, he changed his mind and endorsed and performed reductions of twins to singletons.³ More women in their 40s and 50s were becoming pregnant (often thanks to donor eggs), and, while they desperately desired a child, they did not want more than one. Some already had children from a previous marriage, or had deferred child rearing for careers or education.

Whatever the particulars were, these patients concluded that they lacked the resources to deal with more than one child. I refer to Dr Evans' example because he is well known in his field, and he stated that ethics evolve, and that he now defines success as a healthy mother and healthy offspring, where: "... clearly, with multiples, fewer are always safer."⁴ This is the only justification needed, and it is quantitative as opposed to being morally or medically accurate in every situation. He is not alone in this sentiment, which sees principles shifting with the current tide of political rather than moral conviction. It does seem at least illogical when medical practitioners ignore the need for medical reasons before performing medical procedures, especially where human life is concerned. But that is the current stage of some logic. Granted that the threat of a lawsuit probably has an effect on practitioners, although it is interesting how that smacks of more than a little coercion in a society that claims to promote choice and liberal ideals.

An interesting point is that no agency tracks how many reductions occur in the United States, but those who offer the procedure report that demand for reduction to a singleton, while still fairly rare, is rising. Mount Sinai Medical Center in New York, one of the largest providers of the procedure, reported that by 1997, 15 percent of reductions were to a singleton. Last year, by comparison, 61 of the center's 101 reductions were to a singleton, and 38 of those pregnancies started as twins.⁵

Dr Evans did offer a medical reason to the list of personal reasons given in requesting selective reductions. Some studies were revealing that the risks of twin pregnancies were greater than previously thought. They carried an increased chance of prematurity, low birth weight and cerebral palsy in the babies, and gestational diabetes and pre-eclampsia in the mother. Yet many doctors, including some who do reductions from twins to singletons, dispute this conclusion

and point out that while it is true that twin pregnancies carry more risks than singleton pregnancies, most twins (especially fraternal) do very well. Dr. Richard Berkowitz, a perinatologist at Columbia University Medical Center, himself an early practitioner of pregnancy reduction, says: “The overwhelming majority of women carrying twins are going to be able to deliver two healthy babies.”⁶ Whom to believe? Dare it be said: it’s your choice?

The matter is still contentious within medical circles, not least among those who are striving so hard to help clients achieve pregnancy. While there seem to be few qualms in society about procedures for making human embryos through in vitro fertilization, some practitioners admit there are some ethical questions about selective reduction that trouble their conscience: it just does not seem right to eliminate some of those carefully created fetuses. Catholic teaching on IVF is very clear that children should never be created by these means in the first place, and has always recognized the potential harm that could be done to embryonic or fetal life. Some people choose to focus only on the babies successfully delivered through these procedures, but this approach does not do justice to the many moral dilemmas that these procedures create, with many embryos and fetuses being used or discarded, as if they are inanimate objects, and not human beings.

It is telling that one woman wrote after a selective reduction of twins procedure: “Things would have been different if we were 15 years younger or if we hadn’t had children already or if we were more financially secure,” she said later. “If I had conceived these twins naturally, I wouldn’t have reduced this pregnancy, because you feel like if there’s a natural order, then you don’t want to disturb it. But we created this child in such an artificial manner—in a test tube, choosing an egg donor, having the embryo placed in me—and somehow, making a decision about how many to carry seemed to be just another

choice. The pregnancy was all so consumerish to begin with, and this became yet another thing we could control.”⁷

On the issue of the moral stance of “choice,” opinions remain divided, quite apart from Catholic teaching. Those who support women’s right to choose abortion for any reason think that selective reduction is morally acceptable, if that is what a woman decides. Only her rights, based on her personal decisions, count. Canadian law has been so structured as to make that decision based on individual choice possible, and selective reduction is likely to be upheld by the courts, although this is not the case in every jurisdiction. Again, opinions remain divided in law and in ethics.

Concerning the concept of “choice,” Sheena Iyengar, a social psychologist at Columbia Business School and the author of *The Art of Choosing*, suggests that limitless choice is a particularly American ideal. In a talk at a TED conference in 2015 in Oxford, England, Iyengar said that “the story upon which the American dream depends is the story of limitless choice. This narrative promises so much: freedom, happiness, success. It lays the world at your feet and says you can have anything, everything.”⁸ This view clearly applies in Canada, too, but Iyengar writes that there are currently some problems with this worldview, saying: “...we are in the midst of a choice revolution right now, where we’re trying to figure out where the ethical boundaries should be.”⁹ She is admitting what many people have always known: “choice” cannot be an absolute.

One area where there is a feminist demand that choice should in fact be limited and where there would seem to be an acknowledgement of at least some ethical limits to abortion as well as to the finality of “choice,” is where female babies are concerned. Abortion for the reasons of gender is not tolerated, whereas any abortion is heinous in itself to many people. There is an interesting

moral dilemma here that lacks rigour in its solution. Girls should not be aborted if the procedure is being done for gender reasons, whereas any child can be aborted, regardless of sex, if the mother so decides for any other reason. It is a very fluid situation—not based on logic but on a somewhat contorted feminist analysis. It is a tough question for abortion proponents and they find it difficult to respond. Yet answer it they must, if they can. How can they uphold “choice,” but not in some situations?

Turning to another type of choice, to that of health care workers, it can be seen that current approaches attempting to make referrals mandatory for physicians and institutions make this a difficult moral problem for doctors who disagree with selective reduction. It is truly amazing that those who uphold a woman’s “right to choose” as a moral absolute, except for the just mentioned situation, then choose to take that right away from those who oppose certain procedures. Choice is taken as absolute, but, in health care, clearly not everyone’s choice qualifies. Why not?

A case that caused a stir and yet another problem for feminist thought was that of the “octomom.” In this case the woman involved had multiple embryos transferred to her womb, and, unusually, most of them started to develop, leaving her with eight growing fetuses. It is a fact that multiple pregnancies can be dangerous to both fetal and maternal life. On this basis, the mother’s actions were considered completely irresponsible because of the risks to which she was exposing both the fetuses and herself. She continued the

pregnancy and delivered all eight babies. Those who disapproved would have accepted selective fetal reduction as a solution to this situation, but they have no logical grounds on which to disapprove based on the concept of “choice,” since this mother insisted this was her choice. It does, however, expose the concept of choice, once again, in its inadequacies as a moral principle. There are now several situations where feminists must retreat from “choice” as the foundation of their ethics: they do not approve of abortion or selective reduction if the babies destroyed are female; they do not approve of some forms of surrogacy where the surrogate would seem to be exploited; they do not approve the approach of someone like the octomom, whose reasons for having so many children at once was to attract attention and corporate sponsors. Those of us who think any and all forms of IVF, surrogacy and selective reduction/abortion are wrong in principle agree with these conclusions, of course, but the onus is now on feminists, relativists and anyone else who embraces “choice!” as a self-standing moral principle, to re-evaluate what they think and admit, if not the wrongness, then at least the illogicality of their moral platform. ■

Moira McQueen, LLB, MDiv, PhD, is the Executive Director of the Canadian Catholic Bioethics Institute. Prof. McQueen also teaches moral theology in the Faculty of Theology, University of St. Michael’s College. In 2015 Pope Francis appointed Dr McQueen as an Auditor at the Synod of Bishops on the Family (October 4-25), and in September 2014, he appointed her as a new member to the International Theological Commission for a five-year term.

¹ <http://www.nytimes.com/2011/08/14/magazine/the-two-minus-one-pregnancy>

² *Ibid.*

³ Evans, MI *et al.* Fetal Reduction from Twins to a Singleton: a reasonable consideration? *Obstet Gynecol.* 2014 Jul; 104 (1): 102-9

⁴ Evans, MI and Britt DW. Multifetal pregnancy reduction: evolution of the ethical arguments. *Semin Reprod Med.* 2010 Jul;28 (4) 295-302

⁵ Cf. Footnote i

⁶ *Ibid.*

⁷ *Ibid.*

⁸ Sheena Iyengar. *The Art of Choosing.*

http://www.ted.com/talks/sheena_iyengar_on_the_art_of_choosing

⁹ *Ibid.*