Old, older and too old: age limits for medically assisted fatherhood?

Andrea Mechanick Braverman, Ph.D.

Department of Obstetrics and Gynecology, Thomas Jefferson University, Philadelphia, Pennsylvania

How old is too old to be a father? Can you be a little bit older or "old-ish" to be a dad without being considered an "older dad"? At some point, does one simply become too old to be a father? Unless a man requires medical assistance in family building, that answer has historically turned solely on his opportunity to have a willing female partner of reproductive age. As with so many other aspects of family building, assisted reproductive technologies have transformed the possibilities for—and spawned heated debates about—maternal age. Much attention has been given to this contentious topic for potential mothers, with many programs putting age-related limitations in place for their female patients. This article considers whether there should also be limits—and how we should approach that question—for men who require and seek medical assistance to become fathers. (Fertil Steril® 2016;■:■–■. ©2016 by American Society for Reproductive Medicine.)

Key Words: Paternal age, counseling, psychology, age limits

Discuss: You can discuss this article with its authors and with other ASRM members at https://www.fertstertdialog.com/users/16110-fertility-and-sterility/posts/13966-23186

Age is relative. As philanthropist, educator, and financier Bernard Baruch famously said, "To me, old age is always ten years older than I am," which reflects an emotional reality but differs greatly from the reality of reproductive physiology. Until very recently, the discussion of age and advanced maternal age in family building did not exist and pushing the age envelope was solely a matter of winning (depending on one's views) the genetics lottery for fertility. Before egg donation, the age of patients presenting for infertility was limited by a woman's fertility in terms of her natural ability to produce her own eggs. Men's age was not a consideration, much less a discussion with the physician, before egg donation, perhaps because of the medically grounded presumption only that the female partner need be young enough to conceive. Historically, there was always the assurance that at least one parent was most likely under the age of 45 years and presumably would be available to raise the child.

What's considered "older"? The World Health Organization has written that the generally accepted age to be considered an older or elderly person in a developed country had been set at age 65 and above (www.who.int/healthinfo/survey/ageingdefnolder/en/).

The media portrayal of older fathers has promoted the concept that an older father is something to regard as remarkable or an achievement to celebrate. From celebrity actor Tony Randall, who became a father for the first time at the age of 77, to 79-year-old Mohinder Singh Gill, whose wife created international headlines by delivering their son at approximately age 72, these accomplishments are reported with positive exclamation. In the case of Mr. Gill, the media attention was almost exclusively focused on his wife, the 72-year-old mother, and not on him as a 79-year-old-father, and the media storm and debates over age limits for parents ensued largely over age limitations for egg donation for women. Clearly a double standard for men and women exists for the social acceptance of older parenting.

Cultural norms about parental age change over time, as frequently seen through the lens of fictional family portrayals. Consider and compare the average ages of parents portrayed in film or television in the middle twentieth century to the present day: Today, it is hard to find a parent in their childrearing years in television or film who would have had children in their early 20s.

Another force shaping the culture around acceptable parental age is egg freezing. With a growing number of companies, including Apple, Facebook, Citigroup, and J. P. Morgan (http://time.com/3509930/company-paid-egg-freezing-will-be-the-great-equalizer/ accessed 11/2/2016) offering employee benefits for egg freezing, the potential for both women and men to parent at a preferred older age shifts to become normative.

The American Society for Reproductive Medicine (ASRM) Ethics Committee document on oocyte or embryo

Received October 3, 2016; revised December 5, 2016; accepted December 7, 2016.
A.M.B. has nothing to disclose.
Reprint requests: Andrea Mechanick Braverman, Ph.D., Clinical Associate Professor of Obstetrics and Gynecology, Clinical Associate Professor of Psychiatry and Behavioral Medicine, Department of Obstetrics and Gynecology, Thomas Jefferson University, 833 Chestnut Street, Mezzanine, Philadelphia, PA 19107 (E-mail: andrea.braverman@jefferson.edu).

Fertility and Sterility® Vol. ■, No. ■, ■ 2016 0015-0282/$36.00
Copyright ©2016 American Society for Reproductive Medicine, Published by Elsevier Inc.
http://dx.doi.org/10.1016/j.fertnstert.2016.12.006

donation to women of advanced reproductive age (2016) strongly discourages or advises denying embryo transfer to any woman over age 50 who has increased obstetrical risks (1). There is no parallel statement for men discouraging embryo transfer for partners of men over age 50. Obviously for women there are the separate considerations of medical risks to the mother and to any resulting child, particularly the risk of premature birth, owing to increased risks caused by advanced maternal age. Beyond pure obstetrical risks of advanced maternal age, however, the Committee document also affirms that there are psychosocial concerns that should be considered, such as parental loss of one or both parents and/or the availability of older parents to meet the emotional and physical demands of parenting. These concerns clearly apply to the male partner of advanced age as well as the female. The Committee does a skillful job of valuing all stakeholders' needs by addressing the respective patient's autonomy along with the concerns owed to those children born to older parents.

CONSIDERATIONS FOR THE CHILDREN

Advanced paternal age may create anxiety about the loss of a parent or the burden of caring for an aging or ill parent (2). Health concerns can be very different for those in the sixth or seventh decade of life than for those into their eighth and ninth decades of life. This issue is an additional parenting consideration that warrants discussion. Expecting children of older parents to juggle the developmental steps of separation and individuation as they enter college or the work force while at the same time caring for an aging father in his 80s or 90s may be a largely unexamined and undue burden. The ethical issues and discussions surrounding having a baby in your 60s are different than those surrounding being a parent to a grade school–, middle school–, or high school–age child with his or her changing developmental and psychosocial needs.

Zweifel et al. (3) point out the burden on a child who has to care for their older or elderly parent. They highlight the limited research that suggests that these children mature more quickly than their peers and have higher rates of depression and behavioral problems while being more vulnerable to stress and anxiety. The authors point out that the concerns that children of older parents have about their parents' health status can translate into their own general lack of a sense of security. The authors go on to suggest that this may lead to a whole host of issues for these children, including absences from school owing to poor parental support, social problems, and delay in forming relationships, marriage, or childbearing owing to the responsibilities of caring for an aging parent when these stage of life choices are occurring. These issues have not been well studied but are provocative factors in arguments favoring limiting procreative liberty. Conversely, many of these concerns are occurring against a documented worldwide increase in age at marriage and childbearing in general. Offspring in their 30s today may be juggling dating and marriage now while having parents who may have delayed having them until their 40s or later. This may result in a cultural shift wherein the tasks and demands of the child's own adulthood potentially co-occur with their care for aging or elderly parents.

Some have argued that the loss of a parent is so destructive that it justifies creating a parental age limit cutoff policy (2, 4). Research has been quite compelling on this subject despite the paucity of prospective population-based studies. In a large Swedish registry-based study, researchers followed 862,554 children born from 1973 to 1982 regarding hospital admissions and outpatient care for depression within a 7-year period from 2006 to 2013 (5). The authors found that parental loss from natural deaths (the largest concern for older parents) was associated with a small increased risk for mental health consequences for the children in adulthood. They also found that losing a parent at a younger preschool age was associated with higher risks for hospitalization (P=.006) and outpatient mental health care (P=.001). Although that study could only show associations between parental loss with increased mental health risk for children, the large registry gives weight to these considerations.

Zweifel (6) analyzed the United States Life Tables to calculate the probability of the age of death of a father based on the father's age when the child was born (Table 1). Zweifel argues that the risk of loss of a father before the child's age of 20 dramatically increases when fathering a child after age 55. In the 2011 Life Tables, there was no increased life expectancy overall from the 2010 data, nor was there an increase from difference in life expectancy between the sexes (www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_11.pdf). Although there is a marked difference in overall risk to a child to losing a father as the father's age increases, as Zweifel argues, the increased risk between having a child at age 50 and having a child at age 60 is small (a 13% increase).

Parental death has been found in several studies to be associated with an increased risk of the child's suicidality and suicide (7). A particular risk factor is a sudden loss of a parent. Specifically, the loss of a father before school age was associated with higher risk of self-inflicted injury or poisoning resulting in a hospitalization than loss when older. A rigorous meta-analysis of 28 studies with tight inclusion and exclusion criteria also found no systematic gender patterns for children with parental loss (8). When considering maternal loss, losing a mother before school age was associated with a higher risk only for male offspring and more so if that death was due to natural causes. Regardless of maternal or paternal loss, the presence of another parent was not found to be protective of the identified increased risks to the child.

INCREASED MEDICAL RISKS TO OFFSPRING AND CHANGING SOCIAL NORMS

Recent attention has focused on the potential for increased risks of autism, schizophrenia, and other disorders due to older parents. As evidence accrues, it suggests that these may be small but significant risks to offspring; it does not necessarily answer the question as to whether this should be a consideration for providers of family-building services to older fathers (3). Bray et al. (4) analyzed the growing trend in England and Wales of older fathers and saw that, within a 10-year span, live births within marriage to men under

Download English Version:

https://daneshyari.com/en/article/5694964

Download Persian Version:

https://daneshyari.com/article/5694964

Daneshyari.com