ASRM PAGES

Use of reproductive technology for sex selection for nonmedical reasons

Ethics Committee of the American Society for Reproductive Medicine

American Society for Reproductive Medicine, Birmingham, Alabama

Because these practices are ethically controversial, clinics are encouraged to develop and make available their policies on the provision of nonmedical sex selection, and to accommodate their employees' decisions about whether or not to participate in such treatment. Practitioners offering assisted reproductive services are under no ethical obligation to provide or refuse to provide nonmedically indicated methods of sex selection. This document replaces two documents previously published by the ASRM Ethics Committee, titled, "Sex selection and preimplantation genetic diagnosis" (Fertil Steril 2004;82:S245–8) and "Preconception gender selection for nonmedical reasons" (Fertil Steril 2004;82:S232–5). (Fertil Steril® 2015;■:■–■. ©2015 by American Society for Reproductive Medicine.)

Key Words: Premiplantation genetic testing, ethics, gender, assisted reproductive technology, in vitro fertilization, family balancing

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KEY POINTS

- Nonmedical use of preconception sex selection and in vitro fertilization (IVF) with preimplantation genetic screening (PGS) for sex selection are controversial practices.
- The ASRM Ethics Committee recognizes that there are reasoned differences of opinion about the permissibility of these practices and does not have a consensus on the permissibility of these practices.
- The primary purpose of this document is to outline arguments for and against these practices as a benefit to ASRM members.
- Because these practices are ethically controversial, clinics are encouraged to develop and make available their policies on the provision of nonmedical sex selection, and to accommodate employees' decisions about whether or not to participate in such treatment.
- Practitioners offering assisted reproductive services are under no ethical obligation to provide or refuse to provide nonmedically indicated methods of sex selection.

BACKGROUND

Recent advances in preconception and preimplantation technologies make it clinically possible for parents to select the sex of their future child. Although sex selection can be an effective means of avoiding the birth of a child with a sex-linked genetic disorder, this report focuses on the use of sex selection technologies for nonmedical reasons. The two primary methods that aid in the selection of a child's sex are preconception sperm separation, done most effectively through flow cytometry that yields enriched sperm populations for insemination, and preimplantation genetic screening (PGS) in which embryos are screened for aneuploidy and the identity of sex chromosomes (1). A patient's use of preconception sex selection, in the absence of family history of a sex-linked genetic disorder, can be viewed as a discretionary use of medical technology to fulfill parental desires about the sex of future offspring. Use of PGS likewise may be discretionary in the case of a patient with no medical indication for in vitro fertilization (IVF), or it may be conducted in connection with a medically indicated IVF cycle in which the patient elects to pursue genetic evaluation of embryos.

Reproductive medical care continues to evolve in its capacity to offer patients information about the characteristics of their future offspring. As these technologies emerged, this Committee published reports addressing some of the ethical, clinical, and legal aspects of sex selection for nonmedical reasons. A 1999 report of this Committee approved the use of what it termed preimplantation genetic diagnosis (PGD) for sex selection in order to avoid the birth of children carrying sex-linked disorders (2). The sex selection in such cases is directly linked to the medical indication for the use of PGD.

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This same opinion determined that the use of PGD for sex selection when patients are already undergoing IVF for medical reasons should "not be encouraged." This Committee also specifically determined that the initiation of IVF with PGD solely for sex selection purposes should be discouraged because of risks of gender bias and social harm. Two years later, in a 2001 report, this Committee analyzed preconception methods for sex selection, such as sperm sorting. At that time, the Committee regarded these methods as experimental but concluded that "sex selection aimed at increasing gender variety in families may not so greatly increase the risk of harm to children, women, or society that its use should be prohibited or condemned as unethical in all cases" (3). This report also concluded that clinics should be permitted to offer preconception sex selection for nonmedical reasons to couples seeking gender variety in the family—that is, for couples seeking to have a child of the gender opposite of an existing child or children. This conclusion was based on the judgment that concerns about sex selection were less strong when the practice was offered to parents who wished to have a child of the opposite sex to their existing child(ren).

Survey data indicate that some assisted reproductive technology (ART) clinics in the United States are offering patients access to sex selection for nonmedical reasons (4). As discussed below, practitioners and commentators have expressed concern about the availability and use of techniques that offer no medical benefit to offspring, and may produce harm to one or more ART stakeholders. Consequently, fertility clinics are continuing to seek guidance in this controversial area (4). In this report, the Ethics Committee reviews the ethical arguments for and against sex selection for nonmedical reasons but does not reach consensus about the permissibility of using ART for sex selection for nonmedical reasons. The ongoing debate over nonmedical sex selection occupies a realm in which ethical principles and legal precedents in many jurisdictions neither require nor prevent practitioners from offering these technologies to interested patients (5). The arguments outlined below are offered to assist ART practices and practitioners as they consider or revise their policies on the provision of sex selection for nonmedical reasons.

ARGUMENTS SUPPORTING THE PERMISSIBILITY OF THE USE OF ART FOR SEX SELECTION FOR NONMEDICAL REASONS

The preeminent ethical considerations that support patient choice of sex selection for nonmedical reasons are patient autonomy and reproductive liberty. Parents may have many important reasons for wanting to select the sex of their offspring (6–9). The experience of rearing a child of a given sex may matter a great deal to them. They may wish to balance their family in order to have the experience of raising children of both sexes. The desire for balancing may be especially strong for couples who have already had several children of one sex and who are unwilling to attempt a further pregnancy without assurance that the additional child will be of the preferred sex. In such cases, sex selection is a material aspect of that person's reproductive decision making.

Discretion in determining the sex of embryos and selecting those for continuation into pregnancy is a deeply private reproductive matter (10). Having access to technologies that enable individuals to shape the course of their pregnancy and child-rearing experience may be embedded in the concept of constitutionally protected reproductive liberty and thus not amenable to infringement by the government or those who operate as state actors. Policing the underlying attitudes among individuals with preferences for the sex of a child may be judged to be beyond the scope of fertility care as a practical matter, and may violate patient autonomy and privacy when applied to evaluating individual circumstances (11).

Moreover, preference for the sex of a given offspring need not necessarily reflect discriminatory attitudes or intent. Parents may reasonably believe that there are differences between the experience of rearing male and female offspring; such beliefs cannot be seen inherently to promulgate discrimination. Parents may have many different reasons to wish to parent a child of a particular sex at a given point in their reproductive lives, reasons that do not necessarily reflect gender bias (8, 9, 12). It has also been argued that these preferences are not inconsistent with unconditional parental love (9).

For parents who are particularly determined to have a child of a given sex, several ART alternatives are possible. Preconception methods include means of sperm sorting. Patients already undergoing IVF for medical reasons may seek to add PGS for sex selection. Patients who are otherwise capable of natural conception may also seek IVF coupled with PGS for sex selection purposes only. Preconception or preimplantation sex selection may also serve to avoid abortion for purposes of sex selection. Patients who wish to avoid abortion for medical or ethical reasons but who desire to select the sex of their offspring may look to preconception methods or PGS for sex selection before a pregnancy is established.

ARGUMENTS AGAINST THE USE OF ART FOR SEX SELECTION FOR NONMEDICAL REASONS

The primary arguments against the use of PGS for nonmedical sex selection are harm to offspring, harm to women and also to men, misuse of medical resources for nonmedical purposes, and risks of discrimination and perpetuation of social injustice (11).

One possible objection to the use of ART for sex selection for nonmedical reasons is that the long-term medical risks of some procedures to offspring are unknown and that it is therefore unjustifiable to take any such risks for nonmedical reasons. Although sperm-sorting technology has been used in animals for over 20 years and is in use in several locations outside of the United States, the US Food and Drug Administration (FDA) has not approved the technology (11). When PGS and IVF are used to avoid the conception of a child with a sex-linked genetic disease, by contrast, risks of the procedure are balanced against the benefits of avoiding disease. Long-term risks of PGS and IVF to the offspring are unknown; at present no serious risks have been identified, but the possibility of risks should continue to be evaluated