

Sex -selection by IVF: the freedom to choose

Aniruddha Malpani supports the use of pre-implantational genetic diagnosis for sex selection.

While pre-implantational genetic diagnosis (PGD) represents the cutting edge of reproductive technology, and gives us an idea of what may be possible in the future, it also raises a number of concerns, especially in India where people are worried that it may be misused for sex-selection.

One view is that scientists are trying to play God by tinkering with genes. The other view is that if building a house is simply man's way of improving on nature - and if we can improve man himself — then why should we not try?

We encourage mothers to get antenatal care, we advise them not to smoke or drink during pregnancy, all to help them have a healthy baby. Similarly, if we can help a patient to have a healthy baby by using PGD to select healthy embryos, why not? PGD can be used for non-controversial "medical" indications - such as screening for trisomy 21. Many doctors would have few or no qualms about "discarding" an embryo diagnosed as having trisomy 21, in the belief that a baby with Down's syndrome will have a less than optimal quality of life.

If we allow people to choose when to have babies, how many to have, and even to terminate pregnancies if they inadvertently get pregnant, then why not allow them to select the sex of their child, if it is possible?

The use of a technology is difficult to predict. But we cannot presume that medical professionals (or politicians or lawyers) alone have the requisite sense to decide what is best for everyone else. Medical technology should empower patients to make choices for themselves. If your patients make decisions you are

***Aniruddha Malpani**, director, Malpani Infertility Clinic, Colaba, Mumbai 400 001*

not comfortable with, you can choose to refer them elsewhere. But depriving them of treatment options is not fair.

It also creates black markets and engenders unethical practices. It is far better to have an "open" system which is quality controlled and reliable because it is performed ethically. This is why the introduction of legal abortion was such a major step forward for women's health.

One criticism against PGD for sex selection is that it will contribute to an unbalanced sex ratio. In reality, it will allow couples to balance the sex ratio in their families. At the population level, the argument is that "women will get wiped out in a few generations" because of skewed sex ratios produced by selection pressure for boys. It is based on figures which are presented out of context.

If people may choose how many babies to have, and to terminate pregnancies, why should they not select the sex of their child?

I myself am very happy with my two girls. However, I would not want to impose my views on others. The couple we treated already had one baby girl and wanted only one more baby to complete their family. They said they wanted a boy for a balanced family. This was a reasonable request, and if we have the technology to fulfill it, then why not use it?

Is PGD legal? The law in India does not allow the use of prenatal genetic diagnostic techniques (such as chorion biopsy and amniocentesis) to determine foetal sex. However, this only regulates procedures performed during pregnancy. There is no law regarding preimplantation genetic diagnosis, since this is performed

before a pregnancy is established.

Suppose scientists invented a sex-selection technique for couples to use in the privacy of their bedrooms. Should it be banned? If not, we cannot stop a couple from using PGD, simply because it is a laboratory technique.

We should keep in mind that PGD has little scope for misuse. It is extremely expensive — over Rs one lakh per treatment cycle — with only a 25 per cent chance of pregnancy in a given cycle. Secondly, it is clinically difficult and technologically complex, which will restrict it to a few specialised centers in the country.

One safeguard would be to restrict its use to couples with at least one child, wanting a child of the opposite sex.

Even if, for the sake of argument, we concede that using PGD for sex selection is 'bad', laws will not prevent its 'misuse'. All the prenatal diagnosis law in Maharashtra has achieved since 1988 is to drive the procedure underground.

The fact that female foeticide is rampant in India and non-existent in the West, though both societies have access to the same technology, means the problem is not one of medical technology, and the solution cannot lie in policing it. In India, as long as sons are synonymous with economic and social benefits, people will continue resorting to sex selection against girls — a rational and sensible decision from their point of view.

We should concentrate our energies on improving the status of women in Indian society.

The two views on sex selection technology are not reconcilable, since they are based on deeply-held personal beliefs, and not facts. I believe the decision to use this technology should be left to individual couples. The best society is one in which individuals are free to make their own choices.