



AAME Statement on Reproductive Technology

In addition to natural conception and birth, married couples may choose adoption or seek assisted reproductive technology, especially when they are unable to have children naturally. However, while we are sensitive to the heartbreak of infertility, certain assisted reproductive technologies present direct and indirect dangers to sanctity of human life and the family. As technology permits further divergence from normal physiologic reproduction, it can lead to perplexing moral dilemmas. Not every technological procedure is morally justified, and some technologies may be justified only in certain circumstances. The moral and medical complexities of assisted reproductive technologies require full disclosure both of the medical options available and their ethical implications.

These principles should guide the development and use of assisted reproductive technologies:

Individual human life begins at fertilization.

ART should not result in embryo loss greater than natural occurrence. This can be achieved with current knowledge and technology.

The AAME finds the following reproductive technologies ethically permissible:

Medical and surgical intervention to assist reproduction (e.g., ovulation-inducing drugs or correcting anatomic abnormalities hindering fertility)

Artificial insemination by husband (AIH)

Adoption (including embryo adoption)

In-vitro fertilization (IVF) with wife's egg and husband's sperm, with subsequent:

Embryo Transfer to wife's uterus

Zygote intrafallopian transfer (ZIFT) to wife's fallopian tube

Gamete intrafallopian transfer (GIFT) to wife's fallopian tube

Cryopreservation of sperm or eggs

The AAME considers that the following may be ethically problematic:

Introduction of a third party, for example:

Artificial insemination by donor (AID)

The use of donor egg or donor sperm for:

In-vitro fertilization

Gamete Intrafallopian Transfer

Zygote Intrafallopian Transfer

Gestational Surrogacy (third party carries child produced by wife's egg and husband's sperm) [1]

Cryopreservation of Embryos [2]

The AAME opposes the following procedures:

Discarding or destroying embryos

Uterine transfer of excessive numbers of embryos

Selective abortion (i.e., embryo reduction)

Destructive experimentation with embryos

True surrogacy (third party provides the egg and gestation)

Routine use of Pre-implantation Genetic Diagnosis

Pre-implantation Genetic Diagnosis done with the intent of discarding or destroying embryos.

Conclusion

The AAME affirms the need for continued ethical scrutiny of developing reproductive technology. We recognize that as physicians we must use our technological capacity within reasonable limits.

[1] Example of appropriate gestational surrogacy: The wife of a couple that has frozen embryos has a change in health status (e.g., loss of her uterus or a major medical problem) that prohibits her from providing gestation. Rather than have their embryos adopted (another acceptable alternative), the couple may choose a gestational surrogate to provide birth to their child.

[2] GUIDELINES FOR CRYOPRESERVATION OF EMBRYOS:

Cryopreservation of embryos should be done with the sole intent of future transfer to the genetic mother.

The number of embryos produced should be limited to eliminate cryopreservation of excessive numbers of embryos.

There should be agreement that all frozen embryos will be eventually transferred back to the genetic mother. Should it become impossible to transfer the frozen embryos to the genetic mother, embryo adoption or gestational surrogacy should be pursued.