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Polish Women Experiencing Infertility in the face of Legal and Ethical Dilemmas – A Research Report**Abstract**

The aim of the conducted studies was to learn about the opinions of women suffering from infertility regarding the most controversial issues connected with assisted reproduction, which are still being publicly discussed in Poland, despite the Act from 2015 regulating these issues. The studies compared opinions of women in different stages of experiencing infertility. The studied group comprised of 884 women: undergoing treatment, raising a child (born as a result of treatment or adopted), undergoing adoption procedures and those who decided to remain childless. The Attitudes Towards Bioethical Problems of Infertility Scale was an original tool used in the studies. Polish women have liberal views on most ethically controversial issues. The tested subjects had conservative views on the issue of IVF availability for homosexual couples (over 60% of subjects had conservative views) and IVF availability for unmarried couples (over 40% of subjects had conservative views). A comparison of opinions regarding the bioethical dilemmas of women on different stages of infertility revealed some interesting and statistically significant results ($p < .001$). Techniques where the partner's cells are used were widely accepted (over 80%), contrary to techniques where a donor's cells are used (accepted by approx. 40% of the subjects). Significant information concerning bioethical dilemmas on infertility treatment can be used to predict decisions concerning the course of infertility treatment. The gathered opinions constitute an important voice in the public debate on legal regulations in the area of bioethical issues connected with assisted reproduction.

Key words: infertility, polish law, ethical dilemmas**Polskie kobiety doświadczające niepłodności w obliczu prawnych i etycznych dylematów – doniesienie z badań****Streszczenie**

Celem przeprowadzonych badań było poznanie opinii kobiet cierpiących na niepłodność w odniesieniu do najbardziej kontrowersyjnych zagadnień związanych z reprodukcją wspomaganą, która nadal jest przedmiotem publicznej dyskusji w Polsce pomimo ustawy z 2015 r. regulującej te kwestie. Badania porównują opinie kobiet na różnych etapach przeżywania niepłodności. Badana grupa składała się z 884 kobiet: poddawanych leczeniu, wychowujących dziecko (urodzone dzięki leczeniu lub adopcyjne), przechodzących przez procedury

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adopcyjne i tych, które postanowiły pozostać bezdzietne. Postawy wobec bioetycznych problemów w niepłodności badano przy użyciu autorskiej skali. Polskie kobiety mają zróżnicowane poglądy na temat najbardziej kontrowersyjnych etycznie kwestii. Osoby badane przejawiały najbardziej konserwatywne poglądy wobec dostępności IVF dla par homoseksualnych (ponad 60% badanych miało poglądy konserwatywne) oraz dostępności IVF dla osób niezamężnych (ponad 40% badanych miało poglądy konserwatywne). Porównanie opinii na temat dylematów bioetycznych kobiet w różnych fazach niepłodności ujawnia interesujące i statystycznie istotne wyniki ($p < ,001$). Techniki wspomaganego rozrodu z wykorzystywaniem komórek partnera były bardzo szeroko akceptowane (ponad 80%), w przeciwieństwie do technik, w których wykorzystuje się komórki dawcy (zaakceptowane przez ok. 40% badanych). Istotne informacje dotyczące dylematów bioetycznych w kwestii leczenia bezpłodności mogą być wykorzystywane do przewidywania decyzji co do przebiegu leczenia niepłodności. Zebrane opinie stanowią ważny głos w publicznej debacie na temat przepisów prawnych w zakresie bioetyki związanych z reprodukcją wspomaganą.

Słowa kluczowe: niepłodność, polskie prawo, dylematy etyczne

Introduction

Infertility experienced by women is a hardship that can be classified as a crisis (Motyka & Golańska, 1982; Houghton & Houghton 1987; Bielawska-Batorowicz, 1990, 1998, Baror & Blickstein 2005; Dembińska, 2014). Infertility poses a challenge for women who experience it, and it naturally triggers remedial actions. Such actions follow three different strategies: 1. adoption, 2. infertility treatment, 3. giving up on having children. Studies on coping experiences of women with infertility indicate, that even women who eventually have a child (as a result of treatment or adoption) or decided to remain childless, are left with a permanent mark that becomes “an interpretation prism” through which they perceive the surrounding reality (McCarthy, 2008). Each of the above-mentioned strategies are accompanied by experiences related to ethical dilemmas of reproductive medicine.

Infertility represents a groundbreaking turning point in one’s life, as it influences one of the most crucial aspects of human existence, the drive for procreation. Therefore, it becomes a problem not only for the individual, but also for the whole society. There are 9 million women of childbearing age in Poland. Taking into account the fact, that the infertility rate among couples in this area amounts to approximately 15% (i.e. one in every six marriages), it can be estimated that over one million couples in Poland face reproductive problems (Domitrz & Kulikowski, 1997; Jacobson et al., 2017).

On November 1 2015, after years of heated debates, the Polish Parliament passed an act regulating the legal aspects of infertility treatment, including methods of assisted reproduction. Until this Act was introduced, Poland had been the only European country without legal regulations in this area. The Act on infertility treatment was passed by the Polish Sejm (the lower house of Parliament) on the 25th of June 2015 – it allows the use of in vitro fertilization methods for marriages and cohabiting couples, mutually confirming their relationship. This therapy may be

used only if other treatment methods were applied for at least a year and brought no results. The in vitro fertilization (IVF) may not be used by persons, who are afraid that their baby would have genetic defects if it were conceived in a natural way. There are no age limitations for women wishing to use IVF. However, the legal regulations forbid single women to use this assisted reproduction option – it was possible before, if the semen of an anonymous donor was used. The new Act demands that every child, also one conceived through in vitro fertilization, needs to have two parents. The Act also bans the carrying out of preimplantation genetic diagnostic procedures to choose phenotypic features, including the gender of the child. However, there are some exceptions from this rule – for instance, if choosing certain features makes it possible to avoid a serious and incurable hereditary disease (e.g. if this disease is inherited mostly by boys or girls). According to the new Act, the number of fertilized egg cells is limited to six. More embryos can be created only in clearly defined situations – when a women undergoing the procedure is over 35 or when there are some medical indications, e.g. a concomitant disease or another IVF method has already been ineffectively used at least twice.

Freezing and destroying embryos is one of the most controversial aspects when it comes to in vitro fertilization. The new Act states that it is forbidden to destroy embryos which are capable of normal development (i.e. they are free of defects resulting in a serious or irreversible impairment or incurable disease). Moreover, breaking this law shall be subject to imprisonment from 6 months to 5 years. It is also forbidden to create embryos for reasons other than in vitro fertilization (*Journal of Laws of the Republic of Poland 2015*, item 1087; Act on infertility treatment) (*Journal of Laws of the Republic of Poland 2015*). This Act was passed on November 1 2015, but public discussions on this subject has not ceased.

Aim

In light of these legal changes, it is worth showing how the people, who are the most interested in this subject, i.e. women suffering from infertility, react to individual solutions.

Methods

This study follows up analyses conducted in 2010, which comprised of only women treated for infertility (Dembińska, 2012). This time the subject group was wider. It included not only women treated for infertility, but also women going through adoption procedures, women raising a child (born as a result of treatment or adopted), and women who decided to remain childless and gave up medical treatment or adoption. The study group comprised of 884 subjects (Tab. 1).

The aim of the study was to learn the opinions of infertile women regarding the most controversial issues connected with assisted reproduction, and to compare the opinions of women on different stages of infertility.

Table 1. Study group

Stage of infertility	Number	Percentage
1. I am being treated for infertility	312	35.3
2. I have a child thanks to infertility treatment	343	38.8
3. I am going through adoption procedures	37	4.2
4. I have an adopted child	85	9.6
5. I am being treated and I am going through adoption procedures	18	2
6. I decided to remain childless	89	10.1
Total	884	100

Results

The Attitudes Towards Bioethical Problems of Infertility Scale was an original tool used in the study. Items dealt with the most disputable issues relating to infertility treatment that are reflected in the regulations of the Polish Bill (Dembińska, 2012).

Attitudes towards Bioethical Problems of Infertility Scale scores can range from -10 to 10. The lowest result obtained in the studied sample was -10 (indicating liberal views on infertility treatment) and the highest result was 10 (indicating conservative views). The mean sample score was -3.36 and the dominant (modal) score was -8. Standard deviation was 4.11.

The sample was divided into three subgroups on the basis of their Scale scores:

- 487 (55.1%) women with liberal views (scores from -10 to -4),
- 335 (37.9%) women with moderate views (scores from -3 to 3)
- 62 (7%) women with conservative views (scores from 4 to 10).

Significant information concerning bioethical dilemmas on infertility treatment can be obtained by analysing particular questionnaire items. These can also be used to predict decisions concerning the course of infertility treatment.

Table 2. Views in the sample, including views on particular bioethical problems associated with infertility treatment

Question No./ Controversial Bioethical Problem	Conservative views number of respondents (percent)	Moderate views number of respondents (percent)	Liberal views number of respondents (percent)
A. Prohibition of developing embryos outside the woman's body	99 (11.2%)	215 (24.3%)	570 (64.5%)
B. Prohibition of embryo freezing	109 (12.3%)	163 (18.4%)	612 (69.2%)
C. Prohibition of egg cell donation	59 (6.7%)	174 (19.7%)	651 (73.6%)
D. Prohibition of sperm donation	50 (5.7%)	150 (17%)	684 (77.4%)
E. In vitro fertilization available only for married couples	193 (21.8%)	176 (19.9%)	515 (58.3%)

F. In vitro fertilization available also for unmarried heterosexual couples	357 (40.4%)	213 (24.1%)	314 (35.5%)
G. Prohibition of in vitro fertilization for single women	174 (19.7%)	257 (29.1%)	453 (51.2%)
H. Prohibition of in vitro fertilization for same-sex couples	531 (60.1%)	208 (23.5%)	145 (16.4%)
I. Prohibition of pre-implantation genetic diagnosis of embryos	99 (11.2%)	358 (40.5%)	427 (48.3%)
J. Age limits for women using in vitro fertilization (up to 40 years of age)	160 (18.1%)	290 (32.8%)	434 (49.1%)

An analysis of infertile women's opinions indicates that, similarly to results of Dembińska (2012), such women have liberal views on most ethically controversial issues. This is true for the following issues:

Prohibition of developing embryos outside the woman's body

Prohibition of embryo freezing

Prohibition of egg cell donation

Prohibition of sperm donation.

The tested women were against such prohibitions. The subjects had the most conservative views on the issue of IVF availability for homosexual couples (over 60% of subjects had conservative views vs. only 16.4% had liberal views), and IVF availability for unmarried couples (over 40% of subjects had conservative views vs. only 35.5% had liberal views).

The subjects were also asked about acceptance and admissibility of various types of assisted reproductive techniques (Tab. 3).

Table 3. Acceptance and admissibility of various types of assisted reproductive techniques

Types of assisted reproductive techniques	"YES" – acceptance and admissibility of future use of the technique	"NO" – rejection and lack of admissibility of future use of the technique
A. Artificial partner insemination	765 (86.5 %)	119 (13.5%)
B. Artificial insemination by a donor	538 (60.9 %)	346 (39.1%)
C. In vitro fertilization with a patient's own cells	714 (80.8 %)	170 (19.2 %)
D. In vitro fertilization with donor sperm	390 (44.1 %)	494 (55.9 %)
E. In vitro fertilization with donor egg cells	363 (41.1 %)	521 (58.9%)
F. In vitro fertilization with an adopted embryo	358 (40.5 %)	526 (59.5 %)
G. None of the above	32 (3.6 %)	852 (96.4 %)

The results of the study of infertile women's opinions regarding acceptance of various assisted reproduction techniques do not differ significantly from the results of the Dembińska 2012 study. Techniques where the partner's cells are used were widely accepted (over 80% both in the case of insemination and IVF), contrary to techniques where a donor's cells are used (accepted by approx. 40% of the subjects). However in the Dembińska 2012 study, which included only women treated for infertility, only 1 in 312 subjects did not accept any assisted reproduction techniques. Whereas in the study which included not only women undergoing treatment, but also those on different stages of infertility, 32 subjects, i.e. 3%, claimed to accept no Assister Reproductive Technology ART. This result may be explained by the fact that the subject group was also comprised of women who decided to adopt a child or remain childless. Therefore women who were against ART probably did not start any treatment and instead chose adoption or gave up on having a child.

The analysis compared opinions regarding bioethical dilemmas connected with assisted reproduction depending on their infertility stage (Tab. 4).

Table 4. Opinions regarding ethical issues connected with assisted reproduction depending on infertility stage (the Kruskal-Wallis test)

Stage of infertility	N	Main Rank	Chi square	df	Asymptotic significance
1. I am being treated for infertility	312	417	19.88	5	.001
2. I have a child thanks to infertility treatment	343	437.65			
3. I am going through adoption procedures	37	546.72			
4. I have an adopted child	85	526.68			
5. I am being treated and I am going through adoption procedures	18	479.03			
6. I decided to remain childless	89	419.49			
Total	884				

Grouping variable: stage of infertility

Comparison of opinions regarding bioethical dilemmas held by women on different stages of infertility reveals some interesting and statistically significant results ($p < .001$). The most conservative views are presented by women going through adoption procedures, and such women seem to be even more conservative than the ones who have already adopted a child.

Discussion

The author's own research on the psychological aspects of infertility (Dembińska, 2014; 2015; 2016a, b) suggests a probable explanation: the decision to start adoption procedures without previous infertility treatment or after giving up such treatment is one of the most difficult and psychologically burdensome decisions a woman can make (cf. Dolińska, 2014; Makara-Studzińska, Wdowiak, 2009; McGrath i in., 2010). It comes during a time when a woman begins to accept that she will not be able to have biological offspring (cf. Milewska, 2003; Kalus, 2003; Gutowska, 2008). More conservative opinions are probably a method of coping with post-decision dissonance experienced by such women. Such opinions serve as a sort of justification for their choice and reinforce the decision they made.

Another interesting result revealed by the analysis is, the fact that the most liberal views were expressed not by subjects treated for infertility, but by those who decided to remain childless. Before the study was carried out, it was expected that this group would hold conservative views regarding ethical issues connected with assisted reproduction. In-depth interviews will be required to explain these results and precisely indicate the source of such opinions among the subjects. However, one may assume that in a Catholic society, like the Polish one, where family is a very important value for most people (Jan Paweł II, 1999a: b), a considered decision to decline infertility treatment (offering a chance to bear biological offspring) and to refrain from adoption indicates liberal views.

The presented studies complement the already published opinions on ethical problems connected with assisted reproduction expressed by Polish women treated for infertility (Dembińska, 2012). The law regulating this subject, passed in Poland in 2015, could provide support for people struggling with procreation issues, if at the same time the public discussions came to an end. However, this has not happened, and every decision related to one's infertility demands personal involvement on both an ethical and psychological level, which is the source of additional stress for the decision maker. Couples who live in Poland and battle infertility face a tragic paradox. On the one hand, experiencing infertility, as the illness it surely is, results in a crisis, that psychologically requires coping (Dembińska, 2014). On the other hand, infertility treatment leads to stigmatization in the public debate by Catholic circles, so a decision to start treatment can imply additional psychological burdens. The herein expressed opinions of women having procreation problems confirm, that the people who are the most interested in laws regulating assisted reproduction in Poland, expect the passing of liberal acts. Some of the regulations included in the Act of 2015 meet these expectations, however certain important solutions, like preimplantation diagnostics and IVF for single women, were banned.

Conclusion

Significant information concerning bioethical dilemmas on infertility treatment can be used to predict decisions concerning the course of infertility treatment. The gathered opinions constitute an important voice in the public debate on legal regulations in the area of bioethical issues connected with assisted reproduction.

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