



National Council of Churches of Singapore

新加坡基督教全国教会理事会

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10 March 2019

Social Egg Freezing: Ethical and Social Issues:

A Statement by the National Council of Churches of Singapore

INTRODUCTION

Mature oocyte cryopreservation or vitrification (egg freezing) is a new technique of preserving the reproductive potential of women that has been developing over the last decade. It is employed especially in countries that prohibit the cryopreservation of human embryos due to ethical objections. Although the American Society for Reproductive Medicine has recently lifted the experimental label from the procedure¹ because of improving rates of successful pregnancies, the technology is still at its infancy.²

MEDICAL EGG-FREEZING

In many countries, including Singapore, mature egg freezing and banking is generally regarded as a viable way of preserving the fertility of young women undergoing cancer treatment, although data on pregnancy and live births from this technique in such patients is limited. Egg banking is also a feasible strategy for fertility preservation in patients with certain genetic conditions associated with a high risk of ovarian cancer, such as BRCA mutations.

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"... one body in Christ" Romans 12:5

¹ Practice Committees of American Society for Reproductive Medicine, Society for Assisted Reproductive Technology, 'Mature Oocyte Cryopreservation: A Guideline', *Fertility & Sterility* 2013 (99): 37-43.

² National Perinatal Association (USA), Position Paper: Egg Freezing', Revised Version, 2015. <http://www.nationalperinatal.org/resources/Documents/Position%20Papers/Egg%20Freezing%20pdf%200.pdf> (accessed 17 June 2018).

The National Council of Churches supports the medical application of egg freezing technology in these exceptional and rare cases as long as stringent protocols and guidelines are observed. It is therefore in broad agreement with the current policy of the Ministry of Health (MOH) of Singapore that this technique should be used for medical reasons only.

SOCIAL EGG FREEZING: ETHICAL AND SOCIAL ISSUES

In recent years, however, there has been a growing interest in the use of this technology for 'lifestyle' reasons, especially for women who wish to delay childbearing until they are older. Social or elective egg freezing has therefore become an attractive option, for example, for women who wish to advance their careers before starting a family. Countries with low Total Fertility Rate (TFR) have also taken a keen interest in the non-medical use of this technology because of its perceived potential for increasing birth rates.

Egalitarians have argued that this technology would allow women to overcome the biological 'discrimination' associated with age-related decrease in fertility and achieve equal status with men. Some have even suggested that elective egg freezing is analogous to a contraceptive pill as both can effectuate delayed reproduction. Both suggestions are fallacious. Social egg freezing does not create a 'level playing field' in reproduction as some advocates had argued because it does not substantially change the window for women to reproduce biologically.³ And to argue that social egg freezing is analogous to contraception is to oversimplify a complex issue in ways that are unhelpful and misleading.

While the Council appreciates the tensions that contemporary women face between pursuing a career and having a child, it does not support social egg freezing because of the profound ethical and social issues associated with it.

Non-Medical Use

The fundamental problem with social egg freezing is that this technology is used for non-medical reasons. The technology is not used to treat a particular pathology or to prevent an illness but rather to facilitate and consequently promote a lifestyle option or preference. Social egg freezing is not fertility treatment because the women who use this technology are healthy. Therefore, we must for this reason proceed with extreme caution because performing medical procedures on healthy people is an ethically questionable practice. This applies to certain forms of aesthetic surgeries and (with rare exceptions) also to elective abortion.

False Hope

The current hype surrounding social egg freezing may give women the wrong impression that this technique is a kind of panacea that guarantees them the opportunity to have a family later in life. The chance of having a baby with this technique, however, is grossly overestimated. In reality the probability of achieving pregnancy (not live birth) from a vitrified and thawed oocyte is between 4.5% and 14% per egg.⁴ The American Society for Reproductive Medicine

³ K. Harwood, 'Egg Freezing: A Breakthrough For Reproductive Autonomy?' *Bioethics* 2009 (23): 39-46.

⁴ Practice Committees of American Society for Reproductive Medicine, Society for Assisted Reproductive Technology, 'Mature Oocyte Cryopreservation: A Guideline'. *Fertility & Sterility* 2013 (99): 37-43.

estimates that live birth rate is 2%-12% for women under 38 years of age.⁵ Older women who choose to have their eggs frozen for future use have an even slimmer chance of having a child. This is not only because older eggs are more likely to have flaws that impede their development into babies, they also do not grow and implant as well as younger eggs. Regarding egg freezing as 'fertility insurance' therefore creates false hope.

Pressure on Women

The legalisation of social egg freezing may strongly shape the reproductive choices of young women by placing undue pressure on them to consider using this technology.⁶ Already, media coverage on social egg freezing often emphasise the potential benefits of the technique while down playing the risks involved. In addition, social egg freezing is often portrayed as a form of 'fertility insurance' or 'back-up plan' that allows women to put motherhood on hold in order to complete their education or advance their career goals and ambitions. Physicians and family members may also place pressure on women to consider freezing their eggs if they are to avoid future regret. The legalisation of social egg freezing would encourage women to postpone childbearing in order to 'have it all', that is, to have a family as well as a successful career. The legalisation of social egg freezing reinforces a perspective on priorities that would have profound social implications.

Risks

The procedure for procuring eggs for cryopreservation or freezing also poses some health concerns that should not be dismissed lightly. The large amounts of fertility medications needed to procure sufficient amount of eggs for freezing and subsequent *in vitro* may result in Ovarian Hyperstimulation Syndrome (OHSS), which, in severe cases, may cause kidney failure, blood clots, electrolyte imbalance and even death. The process of freezing, storing and thawing can leave some eggs damaged and hence useless.

When the woman returns to collect her eggs for IVF, there is a chance that some of the eggs may not survive and she may not achieve a healthy pregnancy. Older women are generally more vulnerable to IVF related risks and complications in pregnancy. This is compounded by the fact that older women are more likely to have acquired chronic illnesses like diabetes or hypertension.

Apart from possible risks and harms to the mother, the procedure also presents risks to the offspring. Research has shown that children born through IVF are at risk of premature birth, low birth weight and congenital structure abnormalities. There are also risks of later developments of some cancers in these children (e.g., leukaemia and neuroblastoma). There is to date insufficient research on the risks of births from frozen eggs.

⁵ American Society for Reproductive Medicine, 'Fact Sheet: Can I Freeze My Eggs To Use Later If I'm Not Sick?' <https://www.reproductivefacts.org/news-and-publications/patient-fact-sheets-and-booklets/documents/fact-sheets-and-info-booklets/can-i-freeze-my-eggs-to-use-later-if-im-not-sick/> (accessed 17 June 2018).

⁶ V. Hartouni, *Cultural Conceptions: On Reproductive Technologies and the Remaking of Life* (Minneapolis: University of Minnesota Press, 1997); M. Inhorn and D. Birenbaum-Carmeh, 'Assisted Reproductive Technologies and Culture Change'. *Annual Review of Anthropology* 2008 (37): 177-196.

The risks to the health of both mother and child should therefore never be underestimated. The pressing ethical issue here is that, in the case of social egg freezing, healthy women have opted to take these unnecessary risks for themselves and their offspring because of certain lifestyle preferences.

Children's Welfare

Underlying the often heady rhetoric that champions the autonomy and rights of the contemporary woman, some commentators have rightly discerned elective egg freezing to be in essence a profoundly selfish act because it sees career as more important than the interests and welfare of the child. Children must be given the healthiest and best start in life. This surely includes parents who are young and energetic enough to nurture them. In many ways this is more important than financial stability, an argument often used to support egg freezing and deferred motherhood.

In addition, women in their 40s and even 50s who use this technique often place on their children the heavy burden of having to take care of their geriatric parents (often burdened with chronic health conditions) when they are just about to start out in life as working adults, amidst all the attendant responsibilities and challenges at this stage of their life (marriage, career, mortgage, starting a family, etc.).

Medicalisation and Commodification

The promotion of elective egg freezing has broader social ramifications and consequences. Like other forms of Assisted Reproductive Technology (ART), this technique furthers the medicalisation and commercialisation of women's bodies. That women voluntarily elect to take advantage of this technology does not prevent this subtle but serious shift in public perceptions and sensibilities. Egg freezing also encourages what some commentators have called an on ongoing consumerist imperialism in medicine in general and the non-medical use of medical technologies in particular. Resources, talents and energies are increasingly diverted away from the strictly 'medical' to the 'consumerist'. The business side of social egg freezing, which involves fertility clinics and other related medical and non-medical enterprises must also be taken into consideration when evaluating current interest in the method.

ENCOURAGING HEALTHY CHILD-BEARING

From the standpoint of the health of the mother and the welfare of the child, the undisputed fact is that the best ages for a woman to have a child is between 20 and 35. As a nation, we should try to put in place the best policies and introduce reasonable changes in the workplace that would encourage and support childbearing at this ideal stage in the life of the woman. But, as countries like France and Norway have shown, this trend has to do with more than broad policies and workplace practices. It has to do fundamentally with changing mindsets and views about marriage and family. It is therefore of paramount importance that we should, as a society, address the mindsets that promote self-interest and distort priorities. Allowing elective egg freezing will be perceived as signalling our acquiescence of the very trends that should be subjected to serious critique, resisted and challenged.

The National Council of Churches of Singapore therefore is unable to support the legalisation of social egg freezing because of the serious ethical and social issues it raises.