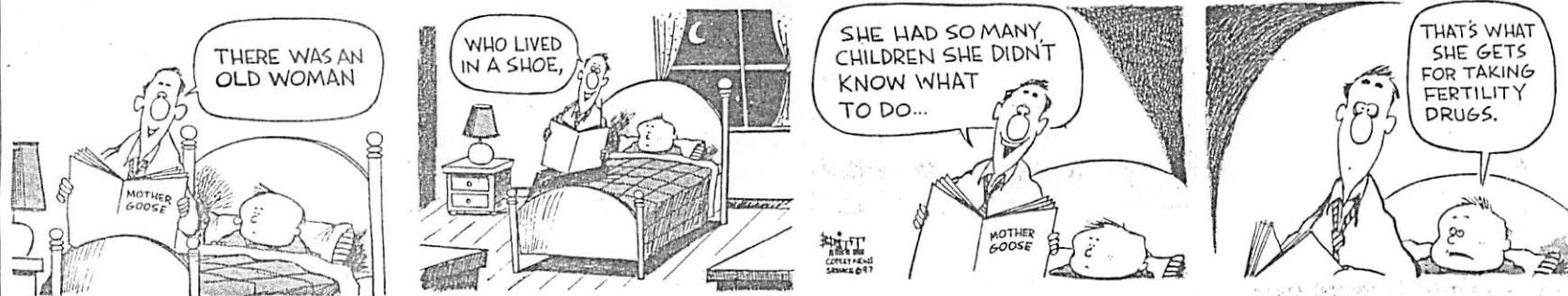


## COMMENTARY

JOHN LEO



Everyone is happy for the McCaugheys, but the jubilation over the birth of the septuplets is not exactly unrestrained. Call it two muted cheers, a reaction to the many disquieting aspects of the case. This was not a desperate and childless older couple. The McCaugheys were still in the 20s, already parents, and 16 months after the first child turned again to the aggressive drug treatment that resulted in the six extra births.

Their doctor, Katherine Hauser, certainly can be second-guessed for overseeing a pregnancy begun when Bobbi McCaughey's ovaries contained at least seven mature eggs. The drug Metrodin stimulates egg production, but those eggs can be counted through ultrasound, and doctors usually advise a couple to abstain from sex until the next cycle if the egg count is high. Instead of explaining what she did and why, Dr. Hauser opted for an irrelevant argument based on rights, testily asking reporters, "Should we as a society dictate to individuals the size of their families or their choices of reproductive care?" Answer: No, but doctors ought to be able to count to seven, and when counseling a couple, they have a moral

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obligation to explain the predicament and awful options that confront a woman who is carrying seven fetuses.

Of course, it's possible the McCaugheys fully understood the situation but decided not to wait for another cycle and another expensive treatment. Nobody knows the conversations Dr. Hauser had with the McCaugheys, but it's safe to say many couples who put themselves into the hands of a fertility specialist don't know what they are getting into.

The single-minded quest to have a baby often psychologically impairs the couple's ability to process negative information about what may occur. If Bobbi McCaughey had been in her late 30s or early 40s, like the typical woman seeking treatment, she might not have survived the seven births. Even in their 20s, women carrying multiple fetuses are at risk for fatal blood clots and other complications.

Because of the McCaugheys' moral objections to "fetal reduc-

tion" (abortion of some fetuses), these major risks were unavoidable once the multiple pregnancies began. So was the \$1 million in medical costs to bring the septuplets through infancy.

The fact that the fertility business is a rapidly expanding \$4 billion industry plays a role, too. The industry is by and large for-profit and unregulated. Competitiveness and all the talk about "market forces" meeting "consumer demand" set the stage for overly aggressive treatment and quick results that can be advertised and used against competitors in the pursuit of more customers. Some sales pitches come with money-back guarantees. In this overheated commercial climate, many are skeptical that those doing the selling really encourage the customers to think things through. Like all industries, the fertility business inevitably feels pressure to skip all the fuss about ethics and just give the customer what she wants.

Aggressive treatment depends on abortion to get rid of the extra

fetuses. Arthur Caplan, director of bioethics at the University of Pennsylvania, thinks that these abortions "might be defensible — you can make a moral case to end lives in order to rescue lives," just as several traditional moral codes allow abortion to save the life of a mother. Still, it's hard not to notice that the creation and then the destruction of new human life is currently a built-in part of the fertility industry. The abortion decision is not just a moral problem for the couple involved. It's a precondition for the questionable tactics in fertility treatments.

Almost inevitably, this encourages ever more casualness about treating human life this way. A Wall Street Journal story cites a 54-year-old woman, pregnant with twins, who decided to eliminate one though "fetal reduction" because she didn't want to be paying two college tuitions at age 75. The Journal also reported on Dr. Mark Evans, "a pioneer in fetal reduction," who checks to see if any candidates for "reduction" show any deformities

before he inserts his needle full of potassium chloride. He recently told one couple, "We don't see anything obviously wrong with any of them, so we're just debating which one is easiest to get to."

It's possible that as technology and technique improve, many of the morally troubling aspects of the fertility business will disappear. But the rapid growth of the business is itself troubling. Correcting fertility problems involves enormous costs that someone will have to pay, possibly the government, more likely health plans already under heavy financial constraints and ever more likely to skimp on basic services.

Those of us who are parents can sympathize with the often desperate attempt to bear a child. But as social policy, the commitment of heavy resources here is questionable. It makes much more sense to stress adoption and to discourage behavior likely to produce infertility (very delayed childbearing, many sexual partners). Two muted cheers for the fertility industry.

John Leo is a nationally syndicated columnist.