

SAVING DEAD MEN'S SPERM

BY GINA KOLATA

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RESPONDING to an increasing number of requests, doctors have been removing and storing the sperm of men who have just died.

The practice, feasible for two decades, is still rare. But it is becoming more common, according to a new study. Most of the requests for dead men's sperm are from relatives, and medical experts are starting to debate when and whether the procedure should be permitted.

The study, by Dr. Arthur Caplan, director of the Center for Bioethics at the University of Pennsylvania, and his colleagues, was a survey of 273 infertility centers in the United States and Canada.

The survey asked them whether they had removed sperm from dead men from 1980 to 1995. The survey found that sperm had been removed from 25 men at 14 centers in 11 states. Forty of the centers in the United States reported a total of 83 requests, half of them in 1994 and 1995 and for men whose age ranged from their teens to 60. The Canadian centers did not report any requests.

The 273 centers said they knew of no children who had been conceived with sperm that was posthumously retrieved, said the survey, which was published in the June issue of *The Journal of Urology*.

As often happens in the brave new world of reproductive technology, doctors who are asked to take sperm from dead men find themselves floundering in a gray area. In the end, the decision to honor or decline a relative's plea for the sperm can hinge on the doctor's personal feelings. Some almost never refuse to do the procedure. Others say they do it only if the man was married

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and had wanted children. Others decline all requests.

Retrieving sperm from a dead man is easy, said Dr. Mark Sauer, the chief of the division of reproductive endocrinology at Columbia University. Doctors usually make a small incision in the vas deferens, where sperm is stored, and aspirate the sperm-containing fluid.

They tend to use a new method, called intercytoplasmic sperm injection, to create pregnancies, said Dr. Cappy Rothman, a male fertility specialist at Century City Hospital in Los Angeles.

Sauer said the "problematic" issue is to resolve "the ethics of taking sperm without the consent of the donor." And there, he said, "you'll never get consensus."

Rothman was the first to report on the practice. In a paper published in 1980, he described how he retrieved sperm in 1978 from a 32-year-old man who had been hit by a truck and was brain dead.

Shortly afterward, Rothman got a call from a lawyer in Boston. Her 15-year-old brother had been shot in the head and was in a hospital that was a three-hour drive from Los Angeles. The boy was the only male

heir. No one at the hospital would remove the boy's sperm — they said they thought it would be unethical. And so, the sister asked, would Rothman do it?

By the time Rothman drove to the hospital, the boy had died. He removed the sperm and drove with it back to his hospital in Los Angeles. The family followed him. When Rothman arrived at his laboratory, he looked under a microscope at the sperm and saw that it was moving.

"The mother smiled," Rothman recalled. "There were tears in her eyes. She leaned over, gave me a kiss on the cheek, and tipped me \$20." But, he added, "to my knowledge, she never used the sperm."

Since then, Rothman said he had done about seven more sperm retrievals from dead men, including one who had been in the Los Angeles morgue for 38 hours. He said that the man's wife had used the sperm to have four of her eggs fertilized but that none of the embryos survived. She intends to try again, Rothman said.

Some experts, like Sauer, are glad that reproductive medicine is not heavily regulated. "It makes you more than a technician," he said.

Others, like Caplan, the bioethicist, would like to see a more deliberate policy. "Right now," he said, "it's up to individual doctors. It's fair to say, 'Is that enough?'"

Lori Andrews, a professor of reproductive law at the Chicago-Kent College of Law, agreed.

"We have not been good at drawing lines in this field," she said. "I think that it's a show-me-the-money industry. If you can pay, you can get the service." And for policies that can fundamentally change human relationships, she said, that is not good enough.

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