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When only a certain sex will do

Ashish Das

SHOULD parents be allowed to choose the sex of their babies? The gender selection debate has flared again with the delay of a long-awaited review of National Health and Medical Research Council guidelines banning the use of sex selection technology for social or "family-balancing" reasons.

The guidelines were imposed in 2004 and expected to be reviewed at the start of this year.

However, the federal Department of Health and Ageing recently said the NHMRC first had to complete related reviews into embryo research and human cloning before this issue could be addressed.

The announcement stirred up strong feelings on both sides of the debate. News blogs and social networking sites have been abuzz with the topic.

Some have suggested that gender selection is selfish, or a precursor to developing "designer children".

On the other hand, parents seeking "family balancing" feel this is their right, and there are stories of parents opting to travel abroad for treatment in countries where this is legal.

Getting lost in the discussion is that the key focus of IVF providers is on helping couples with genuine infertility problems.

The infertile couples I see simply want help because they have struggled for a pregnancy. IVF – partially funded by taxpayers through Medicare – needs to remain for those truly in need.

As a fertility IVF specialist, I don't believe it is right for patients without infertility issues to use IVF technology purely for social gender selection.

Most people agree with this.

Parents are usually thrilled to have healthy children of either sex – and this is the way nature intended things to be.

IVF has been developed thanks to amazing breakthroughs in medical science.

It involves the fertilisation of an egg by a sperm in an incubator outside the body.

Thousands of infertile couples have been helped through IVF since its advent in Australia 30 years ago.

IVF has risks and patients are appropriately counselled before treatment. The procedures, medication and psychological elements have a significant impact on a couple, and before IVF is carried out, we carefully assess patients' needs, and a range of less invasive treatments is considered.

Before 2004, my experience was that gender selection was not widely demanded by IVF patients – perhaps only 1 per cent requested it.

Before the change in guidelines in 2004, most IVF centres took the view that if a couple genuinely needed IVF for infertility problems for a second baby, they were prepared to consider family balancing and selecting a gender from the fertilised embryos.

In theory, if couples need IVF, gender selection is not hard to do, as they will usually have more than one embryo per IVF cycle.

That said, while the couple still has remaining viable embryos (which have been frozen), another IVF cycle would not be allowed to take place just for gender selection reasons.

IVF is a complex but rewarding field. The ethical issues that are raised from time to time, such as the debate about gender selection, deserve to be discussed in an open, balanced way.

Dr Ashish Das is the medical director of City Fertility Centre.