



BY FR KEVIN MCGOVERN

Gender-selection controversy a pre-emptive strike

IN RECENT WEEKS, SEVERAL reports have appeared in the media that Australia's ban on couples choosing the sex of their children either for social reasons or to balance their families may soon be lifted.

Most stories quoted "IVF pioneer" Professor Gab Kovacs, who is said to be "leading the charge" or "leading the lobby". Several other fertility doctors are also involved.

This seems to be a pre-emptive attempt to sway public opinion. The inquiry is not for several months yet. And supporters of this view know that most of us are not comfortable about parents choosing the sex of their children. So ahead of time, they are trying to change our minds.

Many couples with one child would prefer another child of the opposite sex. However, studies show that very few people would take deliberate steps to guarantee that this happened. To the contrary, many people feel intuitively that there's something not quite right about doing this. They say, you shouldn't try to control life to this extent.

Following its usual practice, the National Health and Medical Research Council (NHMRC) is soon to review its 2004 *Ethical Guidelines on the Use of Assisted Reproductive Technology in Clinical Practice and Research*.

These guidelines permit sex selection in Australia for medical reasons in those cases where parents could pass on a genetic disease to children of one or other sex. However, they do not permit sex selection for non-medical reasons. They say: "Sex selection (by whatever means) must not be undertaken except to reduce the risk of transmission of a serious genetic condition." These guidelines apply to all fertility clinics and fertility doctors around Australia. It seems that some of them are not happy about having to conform to community standards.

This is about in vitro fertilisation (IVF) and preimplantation genetic diagnosis (PGD). The Catholic Church does not approve of either of these procedures. IVF uses sperm and ova to make multiple embryos outside the body. And PGD tests one cell from each developing embryo – in this case, to identify which are male and which are female. Only embryos of the sex which will not develop a particular genetic disease are then implanted into the woman's body.

All this is very expensive. The cost

of a single cycle of IVF is between \$5000 and \$8000; the cost of PGD is between \$10,000 and \$15,000. Some of the supporters of sex selection for non-medical reasons are fertility doctors who would receive these large payments. I wonder if this financial incentive has helped to shape their views?

The NHMRC identifies at least three concerns about sex selection for non-medical reasons. Above all, it believes that "admission to life should not be conditional upon a child being a particular sex". It adds that "sex selection is incompatible with the parent-child relationship being one that involves unconditional acceptance". And it warns that "sex selection may be an expression of sexual prejudice, in particular against girls". Gendercide is one name for the worldwide war against baby girls: in China and India alone, more than a hundred million little girls have been lost.

The Victorian Law Reform Commission released its *Assisted Reproductive Technology (ART)* review in 2007. It identified these same three concerns. Arguing that "the purpose of ART is to help people who cannot otherwise have children", it added that "sex selection for non-medical reasons does not fit within this criterion".

Does sex selection for non-medical reasons take us down a 'slippery slope' that will eventually lead to some people also wanting to select embryos based on their intelligence, or sporting ability, or even their hair colour and eye colour? The commission also noted this disturbing concern.

For all these reasons, the Victorian Law Reform Commission concluded that "the current legislative ban on sex selection for non-medical reasons should remain in force".

The Victorian *Assisted Reproductive Treatment Act 2008* prohibits sex selection in IVF unless it is necessary to prevent a genetic abnormality or disease.

In Western Australia, the Reproductive Technology Council prohibits sex selection unless it is to prevent a gender-based disorder. Similarly, the South Australian *Reproductive Technology (Clinical Practices) Act 1988* forbids sex selection in IVF unless it is to prevent the transmission of a genetic defect.

In November 2003, a public consultation by Britain's Human Fertilisation and Embryology Authority (HFEA) found that 80% of people did

not want sex selection techniques to be available for non-medical reasons. HFEA chairwoman Suzi Leather said: "We are not persuaded that the likely benefits of permitting sex selection for social reasons are strong enough to outweigh the possible harm that might be done."

In the United Kingdom, sex selection is only allowed for medical reasons, while sex selection for non-medical reasons continues to be prohibited. This is also the situation in Canada and in New Zealand.

The Catholic Church has also recorded its concerns in this area. In 2008, the Congregation for the Doctrine of the Faith (CDF) noted that even in the most advanced IVF clinics "the number of embryos sacrificed hovers above 80%". It warns that "the blithe acceptance of the enormous number of abortions involved in IVF leads to a weakening of the respect owed to every human being". Earlier, in 1987, the CDF warned against eugenic abortion: "A diagnosis revealing the existence of a deformity or an hereditary disease should not be equivalent to a death sentence." In 2008, the CDF also spoke against couples "using artificial means of procreation in order to engage in genetic selection of their offspring".

There are so many different reports, statements, guidelines and laws from Church and state in many different countries. All of these simply reflect general community concern about couples choosing the sex of their children for non-medical reasons.

The current debate looks like reaching the same conclusion. Already, Dr Sandra Hacker, chairwoman of the NHMRC's Australian Health Ethics Committee, has said that previous consultations have found the "majority of Australians" opposed to this possibility. Sex selection for reasons other than genetic abnormalities has a "general disaffection within the general population".

Federal Health Minister Nicola Roxon also emphasised that "the government has not set down this path because we wish to make any changes". She added: "And, at a personal level, I am very uncomfortable about the suggestions that such a change might be made."

Despite the efforts of its opponents, it does not seem likely that Australia's rule against sex selection for non-medical reasons is about to be changed. ■

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