



Ethical and legal issues in reproductive health

Assisted reproduction developments in the Islamic world

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Abstract

A November 2000 workshop organized by the International Islamic Center for Population Studies and Research, Al-Azhar University, Cairo, considered use of assisted reproduction technologies (ART) in the Islamic world. The workshop reinforced a 1997 recommendation that a Standing Committee for Shari'a Medical Ethics be constituted to monitor and assess developments in ART practice. Among issues the workshop addressed were equitable access to services for infertile couples of modest means, and regulation of standards of equipment and personnel that ART centers should satisfy to gain approval to offer services. Acceptable uses of preimplantation genetic diagnosis were proposed, and follicular maturation research in animals, including in vitro maturation and in vitro growth of oocytes, was encouraged, leading to human applications. Embryo implantation following a husband's death, induced postmenopausal pregnancy, uterine transplantation and gene therapy were addressed and human reproductive cloning condemned, but cloning human embryos for stem cell research was considered acceptable. © 2001 International Federation of Gynecology and Obstetrics. All rights reserved.

Keywords: Assisted reproduction; Access to services; Preimplantation genetic diagnosis; Follicular maturation; Embryo implantation following husband's death; Postmenopausal pregnancy; Uterine transplantation; Gene therapy; Reproductive cloning; Stem cell research.

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1. Introduction

In November 2000, a workshop organized by the International Islamic Center for Population Studies and Research at Al-Azhar University in Cairo, Egypt, addressed ethical implications of new and prospective assisted reproduction technologies according to the Islamic tradition. This was the third meeting the Center has organized on issues in reproduction, the original being a conference on the ethics of research in human reproduction, in 1991 [1] and the second a seminar on technologies for treatment of infertility, in 1997 [2]. The November 2000 workshop was concerned with rising rates of infertility among Muslim populations, and the challenge of employing new and prospective reproductive and genetic technologies for relief consistently with religious and enacted laws.

Several techniques for the relief of infertility and to avoid the risk of transmission of deleterious genes that have evolved outside the Muslim world, particularly third-party sperm donation and more recently ovum and embryo donation, are unacceptable inside. A central feature of Muslim identity and family structure is authenticity of lineage. Individuals' family names often disclose their paternity, and adoption into families and family names is not acceptable. Equally, sperm donation fractures links of family genetic lineage, and is analogous to adultery and condemned. As against this, however, the capacity of preimplantation genetic diagnosis (PGD) to identify embryos for implantation that do not possess pathological features was welcomed as a development that would facilitate a couple at risk of transmission of harmful genes to conceive a healthy child of their own. The workshop gave guarded approval in considering the case of the parents in Colorado, USA who were unable to find a bone marrow donor suitable for their 6-year-old daughter who was at risk of death from Franconi anemia. They therefore contributed their ova and sperm for in vitro fertilization, and one of the several resulting embryos tested by PGD was found not to have the anemia, and also to be a compatible donor for their daughter. The embryo was successfully implanted, resulting in birth of a

son whose umbilical cord provided blood cells that were transplanted into his sister. This procedure gave her an 85–90% chance of recovery from the disease.

The workshop considered a variety of innovative and potential reproductive technologies, including several dependent on transplantation and genetic diagnosis and understanding. Attention was given to technical, ethical and religious aspects of several variants of what generically is described as in vitro fertilization (IVF), including PGD for sex and other selection, cryopreservation of ovarian tissue and British Fertility Society recommendations on the matter, cryopreservation of gametes, testicular tissue and embryos, postmenopausal pregnancy, in vitro maturation and growth of oocytes and uterine transplantation, including the basis of limitation of this practice recently introduced in Saudi Arabia. The workshop's concluding recommendations were based on full discussion of the implications of application of these various present and prospective techniques in the Muslim world.

2. Standing Committee for Medical Ethics

The first recommendation of the workshop was to endorse creation of a Standing Committee for Shari'a Medical Ethics as recommended by the 1997 seminar, [3] which would monitor scientific developments in assisted reproductive technology (ART), consider their religious and social implications, and address the means to inspire and monitor appropriate research that is respectful of the needs and interests of infertile couples. The composition and terms of reference of the committee were recommended to be wide, reflecting the fact that 'Islam is not monolithic, and a diversity of views in bioethical matters does exist. This diversity derives from the various schools of jurisprudence, the different sects within Islam, differences in cultural background and different levels of religious observance' [4]. Composition of the committee should include representatives of religious views, whose role might overlap that discharged by lawyers in purely secular ethics committees, and of social views, bearing in mind

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