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Canadian health-care systems should cover costs of IVF treatment: ethicist

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TORONTO - Health - care systems in Canada should follow the example set by those of other developed countries and fund the cost of in-vitro fertilization for women having difficulty conceiving, a University of Western Ontario medical ethicist argues in a commentary published Thursday.

The added expense would be more than offset by a drop in the number of triplets, quadruplets and other multiple-birth infants who need intensive and expensive care in neonatal intensive care unit because they were born weeks premature, Dr. Jeff Nisker wrote in an article published in the *Journal of Obstetrics and Gynecology Canada*.

Canada is a world leader in high-order multiple births, said Nisker, who suggested part of the reason is that women who cannot afford the full cost of IVF are taking fertility drugs in the hopes of enhancing their chances of getting pregnant.

"Women who are denied IVF frequently will take fertility drugs without the protection of IVF and single embryo transfer and they'll wind up with triplets or quadruplets," he said from London, Ont., where he is a professor of obstetrics and gynecology and co-ordinator for medical ethics and humanities at the University of Western Ontario.

"Their doctors are put in the very difficult situation where ... the women will then plead with them: 'OK, I can't afford IVF; can you at least give me the drugs?' And they will sometimes. And this is where you get the sextuplets."

Many developed countries pay some or all of the cost of IVF treatment, he suggested, noting even American HMOs (Health Management Organizations) pick up these expenses. But in Canada, he said, only Ontario pays for IVF, and only then for women who have complete blockages in both Fallopian tubes. Coverage is limited to three cycles.

At an estimated \$10,000 a cycle - and with no guarantee of success even after multiple cycles - IVF can be out of reach for many women who desperately want to have children. Some women and couples can afford one, two or perhaps three cycles. But if a pregnancy doesn't result they can find themselves forced to give up.

Women or couples without the resources to keep trying may also be unable to afford costly foreign adoptions, Nisker said. And women who are giving up babies through private adoption are probably more interested in placing their infants with parents with means, he suggested.

Some of these women or couples will find doctors willing to prescribe fertility drugs. But if used outside of an organized IVF program, multiple embryos may result. That should not be the case in pregnancies resulting from organized IVF programs, Nisker said.

Joint guidance from the Society of Obstetricians and Gynecologists of Canada and the Canadian Fertility and Andrology Society advises that only a single fertilized embryo be implanted per IVF cycle, except in rare circumstances.

High-order multiple births are often born weeks premature and in need of care in neonatal ICUs. In his paper, Nisker cites U.S. data showing that preemies born between 24 and 28 weeks have to spend on average 79 days and 66 days respectively in hospital.

He quoted a 2003 report from the American College of Obstetricians and Gynecologists that estimated that a delivery at 25 weeks would result in hospital costs averaging just over \$200,000.

"It is probable that Canadian neonatal intensive care is less expensive, but even at half the U.S. costs, the care of pre-term neonates (preemies) is extremely high," he wrote.

"The provincial governments will save money by funding IVF and single embryo transfer."
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