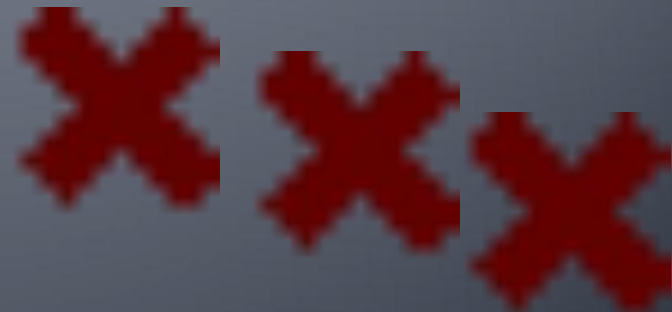
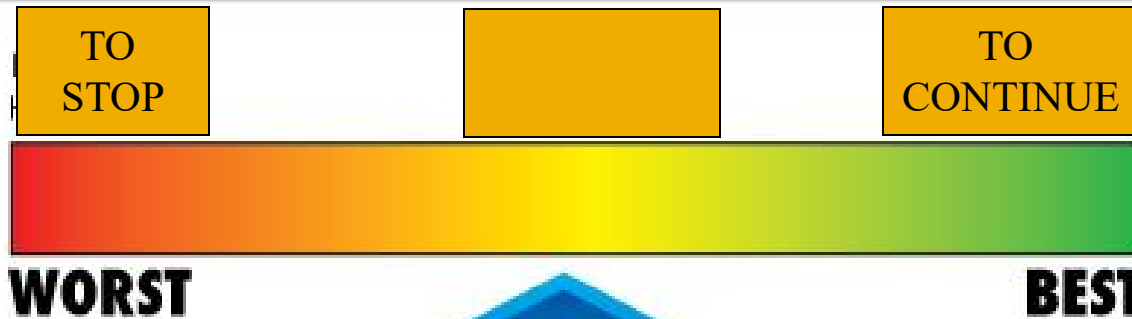


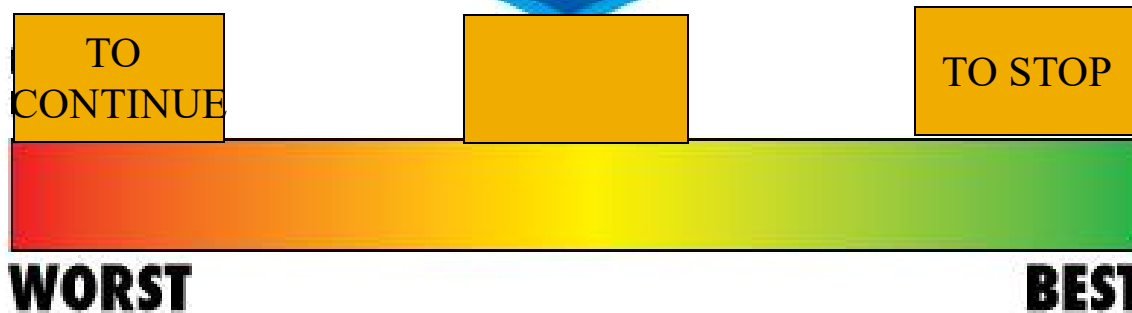
When to stop infertility treatment

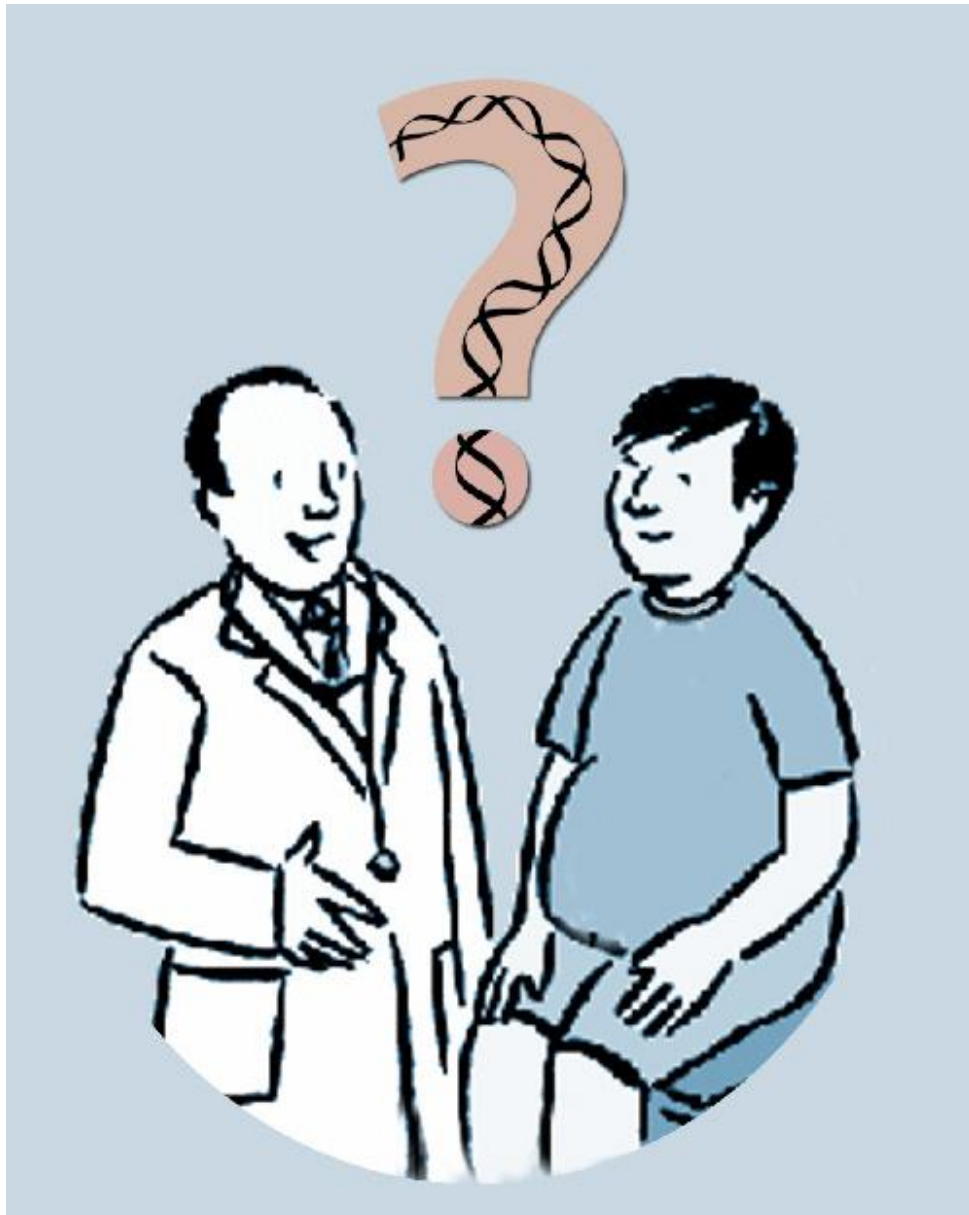
Dr. Abha Majumdar





WHICH WAY IS CORRECT?





Whose decision
should it be?

The Doctor's
prerogative to
decide or the
patient's?

It is the couple's job to decide WHEN TO STOP treating infertility.

One couple may enthusiastically proceed with egg donation or surrogacy whereas another stops short of laparoscopy to correct endometriosis.

Very personal choices that differ from couple to couple.

- Clinician cannot persuade a couple to stop treatment
- It is the couple who alone will decide whether or not to go up to the extent of oocyte, sperm, embryo donation or surrogacy

When not to offer?

The doctor's role

- Not to offer IVF where it is
 - Not medically indicated
 - Not Legally indicated
 - Not ethically or socially indicated
- To identify signs of grave depression in the couple and to help them decide when and how to stop!

Medical conditions

- Those conditions that preclude possibility of carrying a pregnancy lest the mother's health is endangered
 - End stage renal disease
 - Severe liver disease
 - Severe lung dysfunction
 - Severe cardiac disease
 - Retinal detachment leading to blindness
 - Morbid obesity
 - On chemotherapeutic drugs
 - Sero-concordant couples

Malignancies

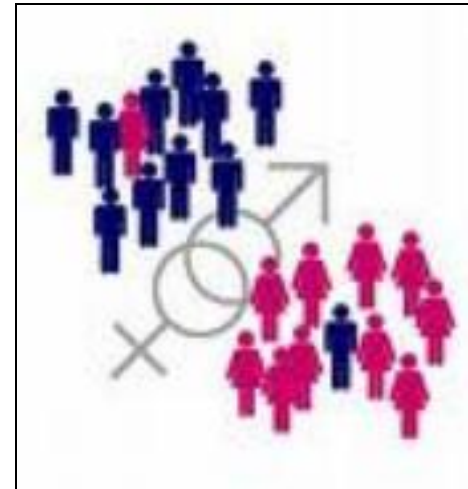
- Offer IVF with caution and counseling in previous history of treated malignancies
 - Ovarian
 - Breast
 - Endometrial
- Current history of
 - Uterine, cervical, ovarian or breast malignancy

Offering IVF for sex selection

Gender bias

Not permitted anywhere
in the world and
especially in countries
like India

Moral incumbency on
physician



Parenthood at advanced age: FEAT or DEFEAT ?



**Is it fair
to the children
or
to the parents**

Moral responsibility
incumbent on the
physician to refrain from
engaging in infertility
treatment in elderly
couples



Social and ethical issue

- Sero-concordant couples with less life expectancy

Issues

When not to offer?

When to stop?

When to stop?

Doctor's perspective

Repeated IVF– ICSI failure

- Repeated IVF-ICSI failure over 4-5 cycles.
- For instance, a couple who is considering their **sixth cycle of IVF** needs to carefully look at their chances of success, which are <15 %.

Uterine factor infertility

- In severe uterine factor infertility
 - Asherman's syndrome,
 - severe adenomyosis ,
 - multiple fibroids that reduce chance of pregnancy
- The option of surrogacy is not available or acceptable to all
- For social, financial or religious reasons



When to stop?
Patient's considerations

Ovarian failure

- Personal, social, religious or financial factors barring use of donor gamete.



Not everyone strikes luck in finding
oocyte donor

Male factor infertility

- Personal, social or religious factors barring use of donor gamete



Infertility is not considered a disease that merits insurance cover.

Do you think the NHS should pay for...

Alcohol-related accidents or illnesses

Yes

55
%

No

45
%

Drug-related accidents or illnesses

Yes

56
%

No

44
%

All assisted fertility treatments

Yes

24
%

No

76
%

Elective caesarean

Yes

62
%

No

38
%

Varicose veins

Yes

70
%

No

30
%

Vasectomy reversal

Yes

20
%

No

80
%

Gender reassignment

Yes

16
%

No

84
%

Drugs / treatments for slimming

Yes

43
%

No

38
%

Remainder
unsure

Drugs / treatments for
stopping smoking

Yes

67
%

No

26
%

Remainder
unsure

Do you think that full or co-payments
will stop the number of time wasters
being handled by the NHS?

Yes

70
%

No

17
%

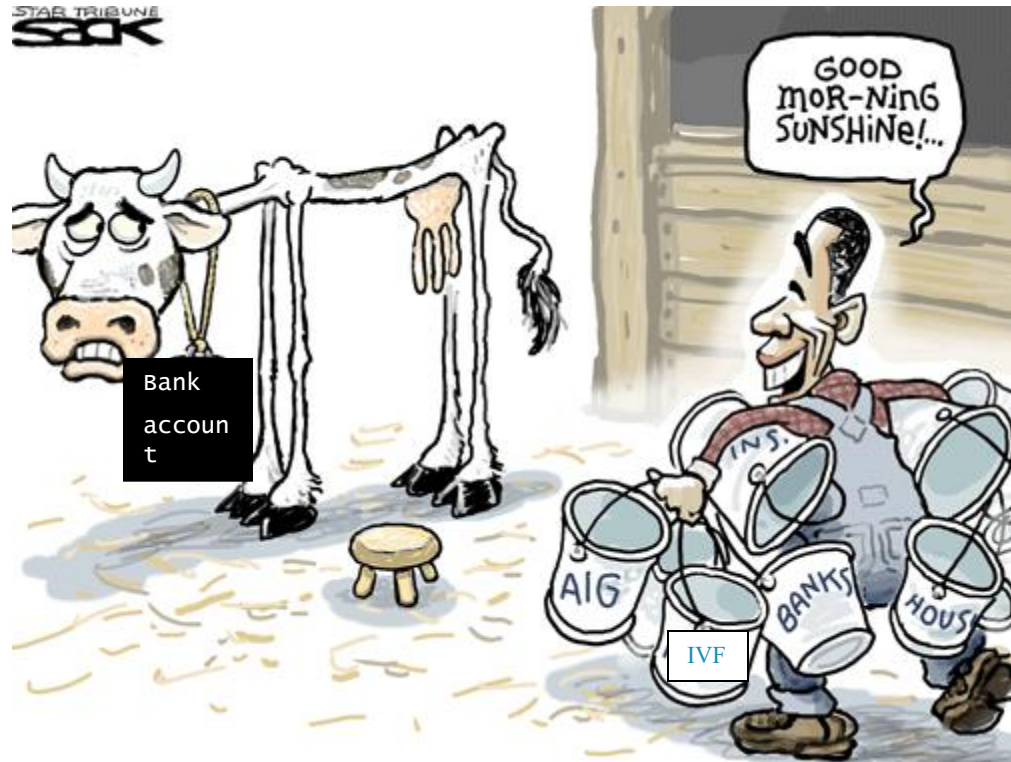
Remainder
unsure

Social attitude
towards
infertility is
not friendly
and does not
help



Thinning bank account : decision to stop infertility treatment

What options do the couples have other than to fund their own treatments?



- Resorting to scientifically unviable means of treatment: Quackery starts taking over medical treatment



**STOP BEFORE THIS
HAPPENS**



*One does not have to
wait till one is a
wreck before making
this decision !*



Counseling couples about stopping treatment

Reasons why infertile couples have trouble deciding when to stop treatment

- Social pressure
- A new medical option around the corner
- Optimism on the part of some physicians
- Couple feeling guilty about stopping treatment
- Feeling of “giving up” or a lack of ability to persevere and beat the odds
- Social ostracism: infertile women especially in India

Social outcast.....



Symbol of bad omen?

Signs of distress in couples

- Emotional & physical tiredness
- Pessimism about next treatment
- Anticipating treatment's failure in order to fend off disappointment
- Inability to follow the doctor's instructions
- Marital discord

Stop now or you risk
losing a lot more than
just success



Positive things to look for and say

- Do you find your self wondering why in the world you are doing all this ?
- Are you beginning to focus more on the child, but not your genetic contribution to the child ?
- Does the idea of stopping seem like a relief to a lot of your troubles ?
- Do you feel proud of how hard you tried, and don't feel the need to do any more ?
- Is your curiosity about alternatives increasing ?

Stepwise guide on how to stop

- Step 1– Discuss this choice with your partner
- Step 2- Speak to a counselor who has worked with other couples going through this decision.
- Step 3 –Talk to your doctor.
- Step 4 –Ask for a support group or an online forum
- Step 5 – Consider taking a break or a vacation from treatment before deciding to quit fully.





Stop before a life like this may
change into this



Open heartedly Adopt