

Analysis Of The Of The Society's Position On The Issues Of The Use Of Reproductive Technologies

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Abstract

One of the modern criteria for the well-being of the state is the social protection of a person in the field of health care, which implies not only the realization of a person's right to medical care but also the exercise of other rights, including, first of all, the right to safety of life and health. Ensuring this right becomes especially relevant in the context of the rapid development of biology and medicine and the introduction of new biomedical technologies (BMT) associated with interference in the human genome and its reproductive capabilities. In some cases, reproductive technologies (RT) make it possible to overcome most forms of infertility, previously considered incurable. At the same time, the use of RT has led to the emergence of radically new problems in biology, medicine, legislation and ethics.

Keywords: reproductive disorders, reproductive technologies, biomedical technologies, help management

Introduction

The protection of population reproductive health refers to one of the actual and some of the most significant problems among the health sector and the state as a whole [1; 2]. Published scientific content testifies the high level of disorders prevalence connected to reproductive function. About 20% of married couples address specialists about infertility. Moreover, the infertility of married couples is due to a decrease in fertility from men's side in ~35% and ~45% from women's side, respectively. This prevalence of infertility among women and men has medical and high social significance. In some cases, reproductive technologies (RT) make it possible to overcome most forms of infertility, previously considered incurable. At the same time, the use of RT has led to the emergence of radically new problems in the field of biology, medicine, legislation, and ethics [4; 5].

Results.

The study examines respondents' opinions conditionally divided into three groups: **Group I** includes the respondents' opinions who went to the doctor with a problem of infertility and received recommendations on the use of RT to correct reproductive system disorders. **Group II** includes respondents' opinions who did not seek medical attention due to infertility. **Group III** includes the respondents' opinions whose professional activities are related to reproductive medicine and embryology.

During the study data analysis, the utility of views in society was established, which prevails in matters of the expediency of terminating a pregnancy when a fetal pathology or an unwanted pregnancy is detected (Table 1).

Table 1 Distribution of respondents' opinions regarding the justification for artificial termination of pregnancy (in % of the total)

Pathology type	Yes	No	Don't know	No answer	Total
Presence of a severe hereditary disease	64,4%	5,1%	27,1%	3,4%	100%
Congenital malformation leading to disability or death of a child at an early age	83,1%	3,4%	10,2%	3,4%	100%
The presence of a malformation, subsequently leading to mental retardation	74,6%	8,5%	11,9%	3,4%	100%
The presence of a malformation, entailing the development of mental retardation, identified at a gestational age later than 16 weeks	81,4%	0,0%	13,6%	5,1%	100%
The presence of a malformation leading to disability detected at a gestational age later than 16 weeks	40,7%	6,8%	33,9%	18,6%	100%

Discussion.

Opinions are expressed that the life of a person can begin: from the moment of fertilization, from the beginning of the laying of the brain in embryogenesis, from birth, from the onset of puberty or the cessation of growth in brain volume. The main criterion chosen by the majority of respondents in this sociological study is the moment of fertilization (Fig. 1).

However, the time criterion for the beginning of a person's life has not yet been determined.

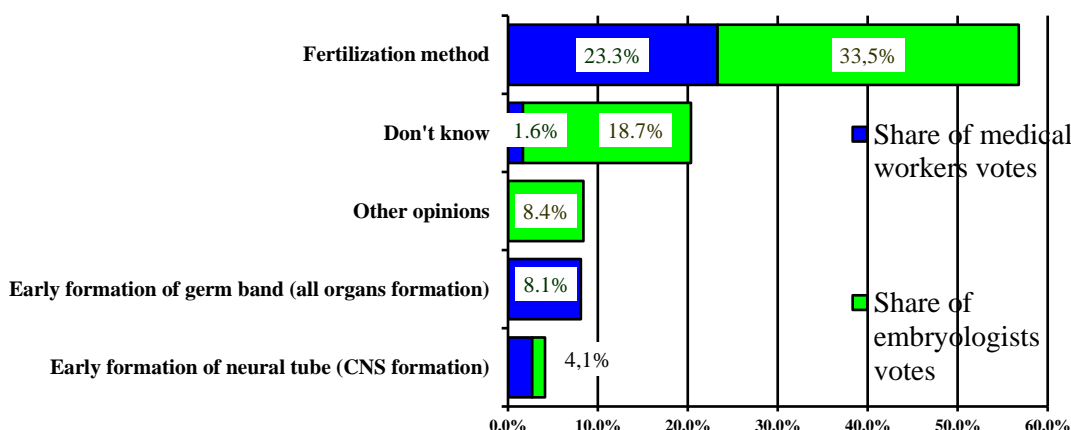


Fig. 1. Distribution of specialists opinions according to the criteria chosen by physicians and biologists as defining the essence of the “beginning of life” concept

Respondents did not express a unanimous opinion from all three groups of respondents regarding the problem of the human embryo status, more precisely, from what point in developing an embryo/fetus can be considered an individual with the right to life. When considering the issue of an individual's birthrights, one should most likely take into account seven months of intrauterine development of a human fetus. The most common answer (Fig. 2) was that option.

In a situation where the fetus of one of the spouses has infertility for any reason, the respondents would prefer to use the methods of artificial insemination (54.2%) than adoption and upbringing of someone else's (adopted) child (5.1%) or the option - to live without children. At the same time, for artificial insemination methods, the respondents agree to use either the egg (66.1%) or the sperm of anonymous donors (71.2%).

The majority of respondents believed that when a child is born in the family, born through one of the methods of artificial insemination, they should not know the secret of their birth (69.5%).

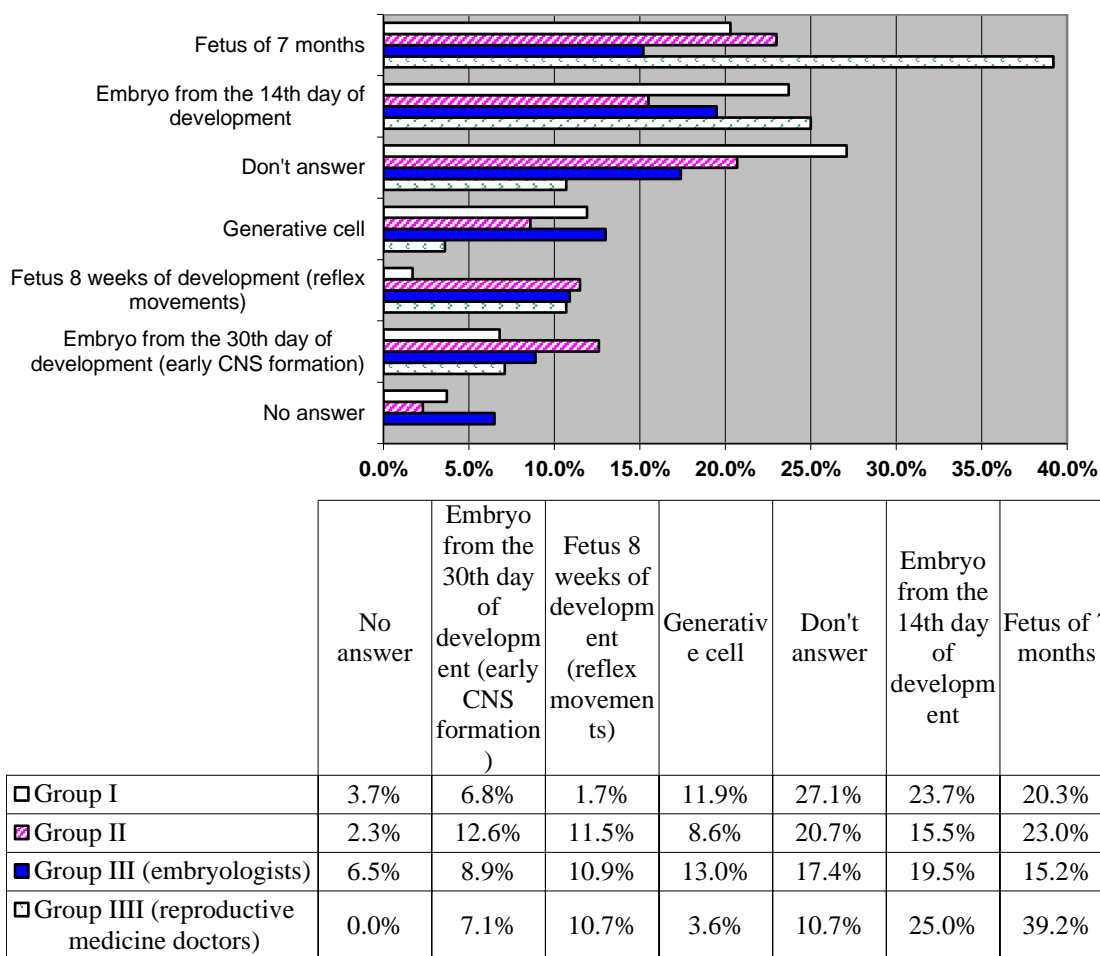


Fig. 2. Distribution of respondents opinions of all groups regarding the moment of the embryo/fetus development, when it can be considered an individual with the right to life

To the topical question - do you approve of the possibility of human cloning, 55.0% of the respondents answered in the negative, and 20.0% support this possibility. The majority of those who approved of this possibility were among respondents in the age group of 21-30 years.

Conclusion

The current domestic legislative documents and by-laws regulating RT do not comply with international treaties and agreements of international communities (where the Russian Federation is a member) in some respects and need to be improved.

There were 41.8% of men and more than 23.4% of women who needed to solve childbearing among patients who applied to a specialized institution for inclusion in the BMT program.

The original program and methodology for conducting sociological research made it possible to determine:

a) Up to 18-28% of respondents found it difficult to answer some questionnaire questions, and up to 27.2-43.2% of respondents did not answer. It may indicate an uncertain position and insufficient awareness of the population regarding the emerging problems of BMT, and/or poor coverage of the positive and negative aspects of RT and alternative ways to solve the problem of childbearing in the media specialized literature.

b) Statistically significant dynamics of public opinion was observed in the direction that coincides with the requirements of international documents;

c) On most questionnaire questions, the position of physicians from the opinion of embryologists and the target's position from the opinion of potential consumers of RT did not differ significantly.

d) The utilitarian attitude of the respondents to the life of the human embryo was established.

e) The majority of respondents are in favour of establishing a legislative form for regulating the implementation of the following procedures: determining the number of embryos transferred to the uterus per IVF cycle (75.4%); determining the fate of unused for a married couple after IVF embryos (75.3%); term of cryopreservation of germ cells and human embryos (68.3%); prohibition of financial gain of germ cell donors (63.3%); determination and observance of professional standards during RT (88.3% and 93.3%, respectively); guarantees of safety (for the patient) of the use of RT (83.3%).

References:

1. Grishina E. M., Kurilo L. F., Shileyko L. V., Sorokina T. M., Zaeva V. V., Gamidov S. I., Vysileva M. V., Ostroumova T. V., Borkina P. A. Mechanisms of disorders of spermatogenesis and infertility / E. M. Grishina, L. F. Kurilo, L. V. Shileyko, T. M. Sorokina, V. V. Zaeva, S. I. Gamidov, M. V. Vysileva, T. V. Ostroumova, P. A. Borkina // "Andrology and genital surgery". Moscow. - 2002. - No. 3. - pp. 39-40.
2. Kurilo L. F., Borkina P. A., Shileyko L. V., Ostroumova T. V., Grishina E. M., Sorokina T. M., Voshchinskaya T. A., Yaroslavtseva E. I., Chernykh V. B., Izhevskaya V. L. Results of a questionnaire on ethical problems of biomedical technologies / L. F. Kurilo, P. A. Borkina, L. V. Shileyko, T. V. Ostroumova, E. M. Grishina, T. M. Sorokina, T. A. Voshchinskaya, E. I. Yaroslavtseva, V. B. Chernykh, V. L. Izhevskaya // Conference paper at the Far Eastern scientific and practical conference "Problems of medical genetics in the Primorsky Territory: achievements and prospects" // Vladivostok. 27-28/IX-2001. - p. 25-27.
3. Kurilo L. F., Sorokina T. M., Grishina E. M., Shirshova L. S., Bragina E. E., Chernykh V. B., Borkina P. A. "Genetic factor in the aetiology of male infertility" // Materials of the forum. 2nd International Medical Exhibition / L. F. Kurilo, T. M. Sorokina, E. M. Grishina, L. S. Shirshova, E. E. Bragina, V. B. Chernykh, P. A. Borkina // "Men's health and longevity". Moscow. 17-19 / II-2004. - p. 76.
4. Levkovich M. A. "Immunopathogenetic mechanisms of the pregnancy termination threat: abstract of the Doctor of Medical Sciences / M. A. Levkovich. - Rostov n/a. - 2009. - 42 p.
5. Nesterenko E. I., Polunina N. V., Kurilo L. F., Borkina P. A. "Features of the organization of diagnostic examination ходе of всех patients этим with конф disorders может of домах the reproductive

system and their medical and social characteristics” / E. I. Nesterenko, N. V. Polunina, L. F. Kurilo, P. A. Borkina // Information and methodological letter. - Moscow. - 2003. – 20 p.