

# **Ethical concern regarding the assisted reproduction techniques: a qualitative interview study with professionals, patients, donors, and general population.**

## **Introduction**

Assisted reproduction techniques (ART) have opened numerous ethical questions different from religious or legal approaches, involving not only the professionals who perform them but also patients and donors. Additionally, many ethical challenges generated by new scientific developments in this field generate widely differing opinions. To date, there are no studies comparing the concerns of the different moral agents involved in these processes and whether the ethical issues raised are the same in all these groups.

## **Objective**

The aim of this work was to compare the attitudes of professionals, gamete donors, patients, and population toward bioethical problems in assisted reproduction and the ethical values that support these opinions

## **Methods**

The plan was set-up as an electronic qualitative survey study and took place between September and December 2018.

Data were collected from 123 voluntarily participating assisted reproductive centres (including clinicians, embryologists, nurses, and administrative staff) and 110 non-professionals (oocyte and sperm donors, patients, and general population).

Participants filled out an anonymous questionnaire asking for their socio-demographic characteristics and 100 questions based on the main ethical problems around 4 values: solidarity, trust, religiosity, and morality.

After a depuration process by means of Factorial Analysis a definitive questionnaire with 41 items was obtained. The average of scores in the four values and the numerical evaluation of these with the Student's T test were compared.

## **Results**

Comparing the average of scores in the four issues according to the professional relationship with assisted reproduction it was concluded that:

- Doctors have a greater moral concern than the rest and a less supportive attitude.
- Nursing presents a more religious, trusting profile and the most restrictive of the entire sample. Laboratory personnel have high values in morality and agnosticism.
- Non-care professionals have a high level of trust and a moral attitude.
- People without a direct relationship with reproduction present a more solidary and distrustful profile, but they clearly present a greater disregard for moral issues.
- Donors are the group that presents less concern for ethical or moral aspects and greater confidence in medical decisions.
- The professional / non-professional dichotomy is the one that occupies more extreme values, being able to affirm that the professionals display a greater preoccupation by

the morality, a greater confidence, and a more restrictive attitude, without influence with religiosity.

. **Conclusion**

There is a different moral consideration towards the problems derived from assisted reproduction techniques, being higher in physicians and laboratory personnel and lower in donors.

The differences in systems of values demonstrate the need to have a thorough discussion on the specific meaning of the ethics terms.

## **Ethical concern regarding the assisted reproduction techniques: a qualitative interview study with professionals, patients, donors and general population.**

### **Study question (25)**

Is there a different ethical consideration regarding the assisted reproduction techniques of professionals compared to patients, donors and general population?

### **Summary answer (25)**

There is a different moral consideration towards the problems derived from assisted reproduction techniques, being higher in physicians and laboratory personnel and lower in donors.

### **What is known already (100)**

Assisted reproduction techniques (ART) have opened numerous ethical questions different from religious or legal approaches, involving not only the professionals who perform them but also patients and donors. Additionally, many ethical challenges generated by new scientific developments in this field generate widely differing opinions. To date, there are no studies comparing the concerns of the different moral agents involved in these processes and whether the ethical issues raised are the same in all these groups.

### **Study design, size, duration (75)**

The plan was set-up as an electronic qualitative survey study and took place between September and December 2018.

### **Participants/materials (75)**

Data were collected from 123 voluntarily participating assisted reproductive centres (including clinicians, embryologists, nurses and administrative staff) and 110 non-professionals (oocyte and sperm donors, patients and general population). Participants filled out an anonymous questionnaire asking for their socio-demographic characteristics and 100 questions based on the main ethical problems. After a depuration process by means of Factorial Analysis a definitive questionnaire with 41 items was obtained.

### **Main results and the role of chance (200)**

Based on the interviews, we articulated four main topics describing participants views regarding the ethical aspects of assisted reproduction: solidarity, morality, religiosity and confidence. Comparing the average of scores in the four issues according to the professional relationship with assisted reproduction it was concluded that the professional / non-professional dichotomy is the one that occupies more extreme values: the professionals display a greater preoccupation by the morality, a greater confidence and a more restrictive attitude, without influence by religiosity. Conversely,

non-professionals present a more solidary and mistrustful profile, with greater disregard for moral issues. Within the group of professionals, doctors have a greater moral concern than the rest and a less supportive attitude.

People without a direct relationship with reproduction have a more supportive and distrustful profile, similar to the patients, but clearly present a greater indifference for moral problems. Donors are the group that presents less concern for ethical or moral aspects and greater confidence in medical decisions.

### **Limitations, reasons for caution (50)**

The non-existence of religious differences in the surveyed population may have led to a bias in some answers.

A possible effect of social desirability in the answers by the patients should be considered.

### **Wider implications of the findings (50)**

The differences in systems of values demonstrate the need to have a thorough discussion on the specific meaning of the ethics terms.

The personal profile can be useful in clinical practice when dealing with the patient in an individualized manner.