CORRESPONDENCE

Fertility Preservation for Non-Medical Reasons—Controversial, but Increasingly Common

by Prof. Dr. med. Michael von Wolff, Prof. Dr. med. Ariane Germeyer, Prof. Dr. med. Frank Nawroth in issue 3/2015

The Cause Is Reproductive Behavior

The harvesting of unfertilized oocytes for cryopreservation is, in the widest sense, a continuation of the introduction of hormonal contraception 50 years ago. Back then, women wanted to make their own decision about the timing of their pregnancies. “Social freezing” is similar. The difference is the factor that is time. In the past, the desire for a child was shifted within the fertile interval, to the age of 35. Owing to social changes, some women nowadays regard this age as too young for motherhood. They seek oocyte retrieval at the age of 35 before the genetic risks that may affect the child planned for later are too high.

The social reasons for an older age at first pregnancy need to be accepted. In Germany, 23% of primiparous women are older than 35; in Spain, 33%; and in Italy, 31%. In Bulgaria and Romania, with 12% of primiparous women in either country older than 35, the situation resembles that in Germany in the past (in 1965 in the US and Germany, the rate was about 5%). If educational opportunities for women improve in these two countries over the next few years, the average age of primiparous women will rise.

This trend has consequences for obstetric medicine; the delivery mode may serve as an example. In Bulgaria and Romania, the rate of Cesarean sections is half that in the other three EU countries mentioned—at 30% each. This is primarily determined by a higher need for safety during the delivery with increasing age. This is associated with a higher educational status, which also prompts a more conscious reflection of birth risks. Examples include the higher risk of pelvic floor damage with prolapse (15%[1]) and subsequent incontinence (30%[2]) at an older age. These kinds of urogenital problems can be life shortening—a recent Swiss study found that such problems may shorten women’s lives by up to 20 years (3). The rates of Cesarean section will rise further in women older than 40, as a result of “social freezing.”

In conclusion, the requirement for “social freezing” is the logical continuation in reproductive behavior as determined by social factors.

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The author declares that no conflict of interest exists.

Ethics Discussion Was too Brief

“Social freezing” is part of the controversial discipline of enhancement medicine (1, 2). For this reason, it is not only the medical-technical discussion that is important, but mainly the ethical discussion. This discussion is very brief in the article, and the supporting reference list is sparse. The central statement, “Ethicists see a woman’s autonomy as an essential good by reason of which she can decide for herself whether she takes measures for fertility preservation,” is supported by only two references. In one of the studies, the authors (Mertes, Pennings) accept the decision in favor of social freezing, without questioning it in any way. Their objective is a different one—namely, improvements in how the method is dealt with: how women can be convinced to use the method as early as possible, at an age where “good results” may be expected. The second article (also by Pennings) explains that medical and social reasons can often not be clearly separated from one another—an odd hypothesis, in my opinion: on the one hand, we have a woman whose ovaries are threatened with destruction by aggressive cancer treatments; on the other hand, the woman for whom a child does not fit into her life plan at a particular moment. Citing these two references does not amount to an adequate discussion of the topic “autonomy.” The only critical voice that is cited is the position taken by the Swiss ethics committee. The discussion in Germany is not mentioned—for example, the extensive 2014 article by the medical ethicist Giovanni Maio: “Schwangerschaft auf Abruf? Warum Social-Egg-Freezing nicht der richtige Weg ist [pregnancy on demand? Why social egg freezing is not the way forward]” (3), in which he critically reflects on the “promise of freezing time itself” and warns against the neverending spiral of what is possible and feasible.

It is very much to the authors’ credit that they—as tried and tested experts—tackle such a hot topic, but please allow me the question of whether the authors’ declared conflict of interests may be narrows their focus to a degree.

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In Reply:

Our readers' letters show that the topic is understandably the subject of controversial discussion, with each individual having to determine their own position in a differentiated fashion, and whose end result may be contrary. The scope of such an article does, however, not allow for shedding light on each and every facet in as comprehensive a manner as would be entirely appropriate for each individual aspect.

In the steering committee of the FertiPROTEKT network, we discussed at great length until 2011 whether we, as doctors with a primary focus on the fertility protection of cancer patients, should even take a position on cryopreservation in non-medical indications (social freezing). We had previously rejected this outright, especially in order not to narrow our focus, as Schumann writes, or suggest any business considerations. The reason for the subsequent intensified discussion and the publication of a position statement by FertiPROTEKT in 2012 (1) was the increasing amounts of mostly uncritical advertising of the method on diverse webpages in Germany and abroad. The article in *Deutsches Ärzteblatt* (2) is an extended version of our critical reflection that includes further aspects, in particular medical ones.

The method obviously cannot solve the problems that prompts women's desire to freeze their eggs without any medical indication. One might discuss changes to workplace policies and other changes that might influence some of the problems, but whose timely implementation can realistically not be expected. To

subsume the topic merely under the label of "self optimization" seems too simplistic and does, in our view, not do justice to the differentiated consideration that is required. After a long and critical discourse within the FertiPROTEKT network, we thought the time had come to tackle the topic in a matter of fact way and to provide support for women in order to balance the opportunities and risks of late pregnancy for mother and child on an individual basis. Women should be counselled in detail and in a differentiated manner about the medical issues, in order to enable them to assess their chances of success realistically and not succumb to unjustified expectations. The decision in favor of or against such a measure should accordingly be down to the women.

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Prof. von Wolff was involved in the establishment of the FertiPROTEKT network, which collects and analyzes the registry data discussed in this article. He is a member of the steering committee of FertiPROTEKT. We aimed to explain the circumstances in which we could imagine social freezing in the individual case after a critical consultation.

Dr. Germeyer is a member of the steering committee of FertiPROTEKT.

Prof. Nawroth is a member of the steering committee of FertiPROTEKT. He has received reimbursement of travel costs from Merck Serono.