

## DISCUSSION EXERCISES: SCIENCE

### Treatment of Infertility

This is a discussion session that should last approximately 45 minutes to an hour. In *The Man Who Discovered That Women Lay Eggs* John and Mary are a couple whose situation is common to many today: they've been married for a year and have yet to have any children. Today, they would be classed as having fertility problems and would be referred for treatment. These exercises should allow your students to discuss some of the ethical and moral issues that surround the treatment of infertility.

Remember that a discussion is an opportunity for the students to express themselves. In your role as a facilitator it is important that you listen carefully and try to include everyone in the discussion. You, and your students, may find it useful to summarise the discussions at the end. How you do that very much depends on how the discussion has progressed: you may find a surprising amount of consensus or difference; or perhaps you've realised that your students need to do some research to be able to answer the questions. We'll leave the summarising up to you!

### Discussion question 1

*In the play John and Mary go to the church and a herbalist midwife for advice and treatment of their infertility. Today, John and Mary would have more options. Who would you advise them to turn to, and why?*

### Instructions to the facilitator:

In this exercise students should rank the different information sources available today e.g. G.P., Private Fertility Clinic, Church, Friends and Family, Midwife etc.

- Print out / photocopy and cut out the Information Sources.
- Make sure there is blank paper for the students to add their own Information Sources.
- Students should initially be working in small groups of 3 or 4.
- Give each group a pack of information sources.
- Ask the students to discuss within their group who they would recommend John and Mary go to for advice, and more importantly why.
- Give the students 5 minutes to complete the task.
- Gather feedback from the groups to determine who the students would advise John and Mary to go to for advice, and why.
- During this discussion ensure issues of accuracy of information, trust, confidentiality, and commercial interests are covered.

### Discussion question 2

*If John and Mary were alive today they would have many options available to them for the treatment of their infertility. Which treatments would you advise them to take?*

### Instructions to the facilitator

- Working as a whole group, students should prioritise the available treatments for infertility ranging from healthy living recommendations, traditional remedies to IVF.
- The facilitator would raise ethical, emotional well-being, financial, and effectiveness information to aid the discussion.
- You may wish to have the information sheet on the different types of treatment to hand.

You could look at the HFEA Guide to fertility before this discussion:

<http://www.hfea.gov.uk/cps/rde/xchg/SID-3F57D79B-CF7F89CE/hfea/hs.xsl/1135.html>

### Discussion question 3

*John and Mary are a heterosexual, married couple. Not everyone is like this, who do you think should receive treatment for infertility?*

#### Instructions to the facilitator

This is a role-play exercise in which students are asked to decide who they would give treatment to.

- Put students in pairs or groups of three
- Get one student to act as the director of an NHS fertility clinic and the other student/s to act as the person/people requesting fertility treatment. Students should role-play the scenario of the patient requesting treatment. Make sure you have printed / photocopied the scenarios. Give one to each 'patient'. A number of characters with different lifestyles are available, for example: a lesbian couple who have been together for 10 years; a woman who was sterilised after her third child with her first husband, she has recently got married again and wishes to have more children; unmarried heterosexual couple who have been together for a year; 62 year old grandmother.
- The students playing the role of the Director would have information on success rates, costs, targets and ethical issues to consider while making their decisions (see information related to discussion question 2). The Directors may also wish to consider factors such as the age of the people looking for treatment, their ability to provide for the child, the risks to the patients.
- Give the students 5-10 minutes to go through the role-play scenario. Ask which Directors granted the treatment and which didn't. Find out who their patient was and why they made the decision they did. Ask the patients how they felt about having to argue their case and what they felt convinced the Director.

Information Sources  
(Discussion Question 1)



MAGAZINES



WEBSITE &  
CHATROOMS



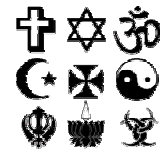
PRIVATE  
FERTILITY  
CLINIC



MIDWIFE



FAMILY  
DOCTOR



YOUR  
RELIGION



FRIENDS &  
FAMILY

?

---

---

?

---

---

## Different treatments for infertility (Discussion Question 2)

TREATMENT	HOW IT WORKS	SUCCESS RATE	NHS	CONSIDERATIONS
HEALTHY LIVING	Eating a balanced diet, not smoking, drinking or taking illegal drugs and doing exercise	Don't know	Free	It has recently been announced that fertility treatment should not be available to over- or under-weight women.
IVF	Eggs and sperm are mixed outside the body. The resulting embryos (normally 2) are implanted into the womb.  The eggs and sperm can be from donors.	17%	1 cycle for free, providing the woman is under 40	Implanting multiple embryos may result in multiple births, which have increased risks.  The drugs needed to stimulate the ovaries to produce more eggs can have unpleasant side effects. Costs: £3500
INTRAUTERINE INSEMINATION	Concentrated sperm (from a partner or donor) is placed in the uterus or the fallopian tubes.	15% per cycle	Yes	This can be used if the sperm are low quality or can't get through the cervical mucus (perhaps because of an immune response).
DONORS	Eggs and/or sperm from donors are used for IVF or intrauterine insemination.	17%	1 cycle for free, providing the woman is under 40	While IVF is relatively successful, the thing to think about when using donors is about the genetic make-up of the resulting child. How would you feel if your children didn't share your genes? Costs: £3500
ICSI	This treatment only needs one sperm to work as the sperm is injected directly into the egg. The resulting embryo is implanted into the womb as for IVF	20%	1 cycle for free with the NHS	This is a new treatment and as such there may be risks that we don't know about. The main cause for concern surrounds the use of only one sperm. In unassisted conception the 'best' sperm fertilises the egg. It may not be possible to determine which is the best sperm to use when using this treatment.

TREATMENT	HOW IT WORKS	SUCCESS RATE	NHS	CONSIDERATIONS
HAVE MORE SEX	Having more sex supposedly increases the chances of getting pregnant.	Don't know	Free	The more sperm there is in the vicinity of the egg the more likely it is to be fertilised. But having a lot of sex can reduce the amount of sperm per ejaculation as there is not enough time for the testicles to make more sperm.
MONITOR THE MENSTRUAL CYCLE	By monitoring the body of the woman for signs of ovulation the couple can make sure they have sex at the best time of the month. You can use ovulation kits or measure the woman's body temperature (it changes at ovulation).	Don't know	Ovulation kits cost about £20, you use one a month.	The ovulation kits measure luteinizing hormone. If there is a surge in the LH, then you will probably ovulate. However, the test will not tell you if you have actually released an egg.
TAKE HORMONES TO STIMULATE OVULATION	If the woman doesn't ovulate, she may be able to stimulate ovulation by taking hormonal drugs.	Don't know	Free with NHS	Women often take these drugs prior to IVF or ICSI. Sometimes it means they don't need the IVF.
ADOPTION	5000 children each year are waiting to be adopted in the UK; most of them are of school age.	?	Free	Many of these children have siblings that also need adopting. Some are likely to have experienced abuse or uncertainty in their lives, which means they may have more challenging behaviour.  There are far more people wanting to adopt white babies without disabilities than there are such babies needing homes.
WEAR LOOSE PANTS	If men wear tight-fitting underpants, or spend a lot of time in hot places e.g. a sauna or doing a lot of exercise, their sperm count gets lower because it's too hot for them.	?	Free	Sperm like it cool, it's why testicles hang outside the body.

Characters  
(Discussion Question 3)



Sue and Isabella are lesbians: they have been together for 10 years and feel it is time for them to start a family. You are Isabella, and have agreed with Sue that you would carry their baby. Between you, you have identified a potential sperm donor who is a family friend.



Sunil and Ella are an unmarried heterosexual couple who have been together for a year. Despite trying for a baby for 6 months they are still not pregnant.



**Error!**

Barbara is a 62 year old grandmother who already has three children and has gone through the menopause. She and her husband are keen to have more children now they have paid off their mortgage and their other children have left home.



Alison was sterilised after her third child with her first husband. Recently Alison got married to her second husband Steve (who has no children); they wish to have children together. You are Alison or Steve.

## Is it a human right to have children?

Here are the human rights and the agreements in which they were declared. The actions are the purpose of the rights: note that none of them are about having infertility treatment, but some of the human rights could be interpreted in that way.

HUMAN RIGHTS	ESTABLISHING AGREEMENT	RIGHTS-BASED ACTIONS
Right to life and survival	UDHR, article 3 ICCPR, article 6 CRC, article 6	Prevent avoidable maternal deaths End pre-natal sex selection and female infanticide Screen for cancers that can be detected early and treated. Ensure access to dual-protection contraceptive methods
Right to liberty and security of the person	UDHR, article 25 ICESCR, article 12 CEDAW. Articles 11, 12 and 14	Eliminate female genital cutting Encourage clients to make independent reproductive health decisions
Right to marry and establish a family	CEDAW. Articles 11, 12 and 14	Prevent early or coerced marriages
Right to decide the number and spacing of one's children	UDHR, article 12 ICCPR, article 17 ICESCR, article 10 CEDAW, article 16 CRC, article 16	Provide access to a range of modern contraceptive methods Help people choose and use a family planning method
Right to the highest attainable standard of health	ICESCR, article 12 CEDAW, articles 12 and 14 CRC, article 24	Provide access to affordable, acceptable, and comprehensive reproductive health services
Rights to the benefits of scientific progress	UDHR, article 27 ICESCR, article 15	Fund research on women's as well as men's health needs Provide access to obstetric care that can prevent maternal deaths
Right to receive and impart information	UDHR, article 19 ICCPR, article 19 CEDAW, articles 10, 14, 16 CRC, articles 12, 13 and 17	Make family planning information freely available Offer sufficient information for people to make informed reproductive health decisions.

UDHR - Universal Declaration of Human Rights

ICCPR - International Covenant on Civil & Political Rights

CRC - Convention on the Rights of the Child

CEDAW - Convention on the Elimination of all forms of Discrimination Against Women

© Full Beam Visual Theatre 2007

All rights asserted. No part of this publication may be reproduced or otherwise transmitted without the prior permission of Full Beam Visual Theatre