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Assisted reproductive technologies the toll of proliferation

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Infertility is a crucial impairment in many cultures, a source of distress that deeply jeopardizes the life satisfaction and social participation of people who are unable to have children. Assisted reproduction technologies (ART) introduced unprecedented options to overcome infertility, on both, clinical and social grounds. Infertile women and men can often resolve their infertility by IVF/ICSI and related technologies; single and lesbian women can conceive by donor sperm; gay men may be assisted by egg donors and gestational surrogates; fertility preservation allows women to extend their reproductive life into the 50s and beyond. Even posthumous reproduction has become available.

However, the more ART develop and proliferate the more they become challenging. First, ART create and expand gaps among people with different types of problems, people of different ages, different financial means or religious affiliations and among citizens of different states, which operate different ART policies. Second, the availability of ever new ART may lead some women to invest longer years of their lives in treatments with slim chance of success, which may jeopardize their health and eventually not end up in a live birth. Third, the more technologies there are, the more genetic parenthood turns from destiny to accomplishment, rendering treatment cessation harder to apply. Fourth, the expansion of ART prioritizes biogenetic to social parenthood (e.g., adoption), thereby potentially degrading some existing relationships. Clinicians are key actors who can alleviate various pains that women and men's are experiencing while undergoing treatment. The paper ends with some clinical implications and options in this domain

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