

Family of None

“Why would I want a mini-me?” she asks, annoyed at the suggestion that someday she might want to have kids. “No way do I want offspring. Isn’t one of me enough?” She swears she will not change her mind. “Hell no, I won’t come to regret this decision.” How can she convince her doctor that she has thought her decision through? That it isn’t just a whim. No, she won’t change her mind as she gets older, nor will she come to regret her choice to be childless. “Look, I’ll be 21 next week, old enough to vote and buy booze. So, I’m old enough to make my own life decisions.”

Her doctor persists, asking about motherly feelings or longings to nurture and care for others. “No, none whatsoever.” Asked if she understands what people mean when they say that children fulfill them, she gets frustrated, “I just don’t feel that kind of connection with children.” Any longings? No. Attraction to babies? Double no. “I have absolutely no desire to be surrounded by children. And I don’t understand people who say they would feel incomplete if they didn’t spawn a bunch of little urchins.” Her doctor asks about any specific objections. “It’s not that I dislike them. I’m really just child-neutral. But what really annoys me is screaming kids, say, in the mall, or worse still, a crying baby on an airplane.” A look of utter disgust and abhorrence as she shakes her head. “Look, all I want is a referral to get my tubes tied. Why are you trying to make this so difficult? It’s my body, isn’t it?”

What’s a doctor to do when this “fictional” young woman, or a young man for that matter, requests a referral to a reproductive specialist for a permanent method of birth control?

So, I asked two experts to think about this. Both are professionals, an MD and PhD with all the right credentials. My chosen experts are, one, a close friend, and two, my spousal unit. So, subject to our collective but diverse biases, the three of us got together to explore the ethical dilemmas.

My friend Celina Pereira, MD practiced adolescent medicine at the University of Rhode Island. For decades, she got into the heads and ears of college students, and they into hers. Dr. Pereira has heard it all, but she doesn’t recall a student ever asking her for a permanent method of birth control.

For the ethical questions, I asked my British husband, Jim Mead, who wrote his PhD thesis on the teaching of ethics in medicine, law and education. He has no religious convictions.

But first, what are the medical options for permanent birth control? For men, the options, such as vasectomy, are most often reversible, but such is not the case for women. Tubal ligation and methods that block the Fallopian tubes to prevent eggs from traveling to the uterus are usually not reversible. Although tubal ligation is considered a permanent method of fertility control, pregnancy can occur in 1 out of 200 women.

Jim Mead: What are the ethical dilemmas for you if your patient decided on a permanent form of birth control?

Celina Pereira: I would first have to consider whether my patient was able to make a decision based on their level of understanding of the consequences.

JM: Should young people (and at what age) have the autonomy to make that decision for themselves?

CP: Neuroscientists now know that a brain most likely is fully developed around age 25 or so. But age is not the only factor to be considered. There should be an understanding of the patient's social, cultural and educational background and intellectual level. Does the patient understand the consequences if, for example, her cultural background is from the Middle East or Far East and her decision conflicts with the values and culture of her family? Also, there are Western religions that would not approve of permanent birth control. Would the patient face ostracism from her church and family?

JM: Do young people know what is best for themselves in making this decision? Would you as a doctor feel conflicted? Could you live with your consent?

CP: If the patient was counseled appropriately and all the above factors have been considered, then I would think they could make the right decision.

JM: What about the ethical dilemma for a doctor who has referred a patient to a reproductive specialist if the young patient later changes her mind?

CP: There is no ethical dilemma if the patient has been counseled appropriately. The responsibility would then reside with the patient.

JM: What if there are unintended consequences in the young person's future?

CP: We cannot predict the future.

The ethical questions don't stop here. The debate goes on in social media and among the medical specialists on advances in reproductive technology and the ethical dilemmas they uncover.

And for those who want to be parents and have babies in the near future, they might have other decisions to make. Will they be able to select the traits of their offspring with technologies such as gene-editing? Designer babies, anyone?