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Medical Versus Social Aspects of Unwanted Pregnancy

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Abstract: It is a philosophical concept of defining what we call pregnancy. What are the consequences of these facts depending on how we approach them? As physicians we must remember that for us these are not social, humanistic or legal divagations, because from the definition of medicine which is a moral art based on human knowledge and not on the ideas of medical professionals, we must clearly define: what do we want to achieve? And with this in mind a doctor must not put his hand to any conception, which does not guarantee further development to a conceived child. A conceived child has the right to live just as any other man. Therefore there must be such situations that parents deciding to have a child assume that if the first three children survive the remaining four may be destroyed. Since conception, a child is neither the mother nor the father as it has its own unique identity and so its own rights which nature respects.

Nature does not decide whether out of ten embryos the first three or the last four are to survive. Nature is holistic in its approach and considers all factors, first of all the condition of these children, their competition. Why do multiple pregnancies with three or four fetuses most often end in miscarriage? Because they have little chance of development, the mothers's condition is insufficient for them to survive, which does not mean that if the pregnancy consists of quadruplets any fetus at random is to be killed. There are known reports of aborting two embryos out of four while the pregnancy still ended in a miscarriage. Perhaps the wrong ones have been removed, not the ones that had to survive. Who should decide which embryo has to live and which to die?

In view of the above the social, cultural and custom aspects must be seen first of all as social, humanistic or medical aspects. From the point of view of genuine human benefit there is sense only in the medical aspect of conception which should be obligatory for the doctor. It is a doctor's duty, at the request of a woman, her husband or partner, or even at the request of potential parents, to help them to conceive, not in terms of statistic but with full responsibility for the life which is started. At the moment of conception the doctor, from the purely medical point of view, faces the problem of ensuring further development and life to a new human being which has been conceived. Therefore, a doctor must not participate in the production of conceptions, starting lives without realizing that each

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conceived child should be given at least the right to be born. Whoever conceives a child, no matter whether she claims religion, outlook, custom or socio-economic situation, must be aware that humanistic medicine forbids any actions, which should be decided prior to conception. Unwanted conception and not unwanted baby, this is the question.

And therefore the motto of our paper should be the sentence: Wanted or unwanted conception, this is the question.

Zusammenfassung: *Medizinische vs. soziale Aspekte einer unerwünschten Schwangerschaft*. Die Definition dessen, was wir Schwangerschaft nennen, ist letztlich eine philosophische Frage. Was sind die Konsequenzen davon, daß es verschiedene Annäherungsweisen gibt? Als erstes müssen wir uns daran erinnern, daß es für uns keine Ausflüchte in soziale, humanistische oder gesetzliche Regelungen gibt, weil die Medizin als moralische Kunst auf der Basis menschlichen Wissens definiert ist. Deshalb müssen wir klar definieren, was wir erreichen wollen. Auf diesem Hintergrund kann ein Arzt in keinen Konzeptionsvorgang eingreifen, der nicht eine weitere Entwicklung zu einem empfangenen Kind garantiert. Ein empfangenes Kind hat dasselbe Lebensrecht wie jeder andere Mensch. Doch gibt es Situationen, wo Eltern mit Kinderwunsch gezwungen sind zu entscheiden, daß vier Kinder getötet werden müssen, damit drei überleben können. Von der Konzeption an hat das Kind unabhängig von Mutter und Vater seine einzigartige Identität mit seinen eigenen natürlichen Rechten.

Die Natur entscheidet nicht, ob von 10 Embryonen die ersten drei oder die letzten vier überleben. Die Natur wirkt holistisch, alle Faktoren haben Einfluß, vor allem die Kondition der Kinder und ihre unterschiedliche Kraft. Warum enden Mehrlingsschwangerschaften mit drei- oder vier Föten meist mit einer Fehlgeburt? Weil sie wenig Entwicklungschancen haben, die Bedingungen sind unzureichend für das Überleben, was nicht bedeutet, daß etwa bei Vierlingen jeder Fötus sterben muß. Es gibt Berichte dazu, daß zwei Embryonen von vier getötet wurden und die Schwangerschaft doch in einer Fehlgeburt endete. Vielleicht wurden die falschen entfernt und nicht die überlebensfähigen. Wer sollte darüber entscheiden, welcher Embryo leben kann und welcher sterben muß?

In dieser Sicht müssen die sozialen, kulturellen und gesellschaftlichen Aspekte vor allem als soziale, humanistische und ärztliche Aspekte gesehen werden. Vom Gesichtspunkt des menschlichen Wohlergehens sollte nur der medizinische Aspekt der Konzeption für den Arzt verpflichtend sein. Es ist die Pflicht des Arztes, der Frau mit Kinderwunsch und ihrem Mann oder Partner oder potentiellen Eltern Unterstützung bei der Möglichkeit zur Empfängnis zu geben, aber nicht unter statistischen Rahmenbedingungen, sondern mit voller Verantwortlichkeit für das werdende Leben. Von der Empfängnis an steht der Arzt unter rein medizinischen Gesichtspunkten vor dem Problem, die weitere Entwicklung und das Leben des neuen Menschen, das empfangen wurde, zu gewährleisten. Deshalb sollte ein Arzt sich nicht an der Produktion von Empfängnissen beteiligen, wo Leben in Gang gesetzt wird, ohne zu reflektieren, daß jedes empfangene Kind wenigstens das Recht hat, geboren zu werden. Wer immer ein Kind empfängt, muß sich unabhängig von Ansprüchen der Religion, der Weltanschauung, der Sitte oder sozioökonomischer Bedingungen darüber im klaren sein, daß eine humanistische Medizin alle Handlungen verbietet, die vor der Empfängnis zu entscheiden sind. Unerwünschte Konzeption und nicht unerwünschtes Kind, das ist die Frage.

Und deshalb sollte der folgende Satz das Motto dieses Beitrages sein: erwünschte oder unerwünschte Konzeption, das ist die Frage.

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Motto:
Wanted or unwanted conception?
– this is the question.

Introduction

It is not since long that physicians have started to associate ovulation with conception, because as late as the beginning of our century it was found that ovulation most commonly occurs l4 days before the expected menstruation. It is therefore not long known that the real duration of pregnancy should be calculated since the conception that at first was located only on the calendar scale, counting from the first day of the last menstruation. This pregestational period can be included in the duration of pregnancy only on condition that each menstrual bleeding is treated as the beginning of the time in which mother's body is preparing for the next pregnancy. In other words, the last menstruation preceding conception is an abortion of an unfertilized egg. When fertilization takes place regression changes are observed in the second phase of the cycle which on one side prevent maturation of new egg cells capable of being fertilized, and on the other side, prepare mother's body, for the development of the fertilized egg cell.

The modern concept of ovulation places it between the date of the beginning of the last menstruation before labour and the date at which menstruation would have occurred if there had been no fertilization. This two-week time in the normal cycle in which fertilization occurred presents a characteristic division into, the phase in which the fertilized egg migrates in the free space of the Fallopian tube and then into the phase of crossing the barrier in the endometrium, that is to nidation. (Klimek R 1989, 1994a, 1995)

Ovulation Versus Nidation

The moment of ovulation is separated from the moment of nidation only by a period of several days during which occurs migration of first, a cell capable of being fertilized or maturing for fertilization, and next of the already fertilized egg cell which becomes a new biological being, in this case a human. This process is so strictly controlled, that by simply observing the changes of the woman's morning body temperature we may guess. Not only if ovulation and fertilization had occurred but also if despite the fertilization or rather perhaps because of it the body wants to dispose of the so created zygote. This is called the rejection temperature (Klimek R 1994b). It is characterized by the fact that there exists a feedback between the newly conceived human being and its surroundings, that is the mother's body. Depending on the capacities of this body it sends out signals of which we know only some biological markers. Such marker is, among others, the temperature of the mother's body. It can be seen then that though the egg cell had been fertilized, either because of faulty egg cell or fertilizing sperm cell the resulting zygote is unable to signal to the system the need of proper preparation of the endometrium. It happens in a number of cases observed by us through lack of adequate reactivity of the body temperature.

The second element of such preclinical miscarriage is the difference in the behaviour of body temperature drop before or only during the pseudo menstruation, that is the actual miscarriage. In the classical, physiological case, first the body temperature, drops and then menstruation occur. In the case of rejection or miscarriage temperature very often we have bleeding first and only later the body temperature drops, and what is most important, the shape of body temperature curve in the next cycles is not normal, particularly during the period immediately following rejection. Still, if menstruation was delayed due to the prolonged period of rejection, then the next menstruation comes regularly and has a different course than in the case of controlled periovulatory fertilization in the clinical conditions. (Klimek R 1994b)

It is very important to pay attention to these biophysical parameters, such as among others body temperature, because we know that women in early pregnancy often suffer from inflammatory conditions resulting from lower transistant immunity. And again, we too very often think that a woman has a miscarriage because of the inflammatory condition. It may appear from the plotted temperature curve that it is just the reverse, that the rising temperature in the later time was the result of the earlier colonization of the bacteria and the inflammation occurs only afterwards. It can then be said that a woman's body remains in an unusual symbiosis that helps it to get rid of a biologically unsuitable conceptus. Such is the modern interpretation of biological rejection of unwanted pregnancy. We describe in humanistic categories what women experience in their every day lives, as 70% of the fertilized egg cells die not leading to further gestation and birth.

There is another, entirely different problem: an in vitro fertilization is performed ending in wanted single or multiple pregnancy. The problem consists in this, that due to omitting the most important biological selective mechanism, that is checking whether a new biological being has been satisfactorily started or not, even the most healthy fertilised egg cells transferred to the optimum conditions in the mother's body show that each one in four leads to birth after pregnancy shorter than 37 weeks. Here we have another, entirely different example of biologically unwanted pregnancy "in vitro" the results of which are seen by significantly more frequent shortening of pregnancy, more frequent occurrence of chromosomal abnormalities in such children and more frequent miscarriages. Therefore, in biological categories we can present totally different situations which we deal with in pregnancy.

Pregnancy as Space-Time Process

Pregnancy is a time and space-time process from conception through development to the birth of a child capable of self dependent extrauterine life. The first situation discussed here tells us how the body system eliminates by normal selection handicapped children. In the first stage it concerns a wrongly programmed zygote.

If – in various ways – we can go over this "in vitro" stage we suddenly find ourselves facing the second barrier, which is labour, the last element in distinguishing between the wanted and unwanted effects of conception. It should be noted that all this is related to conception. Both the abortion of the unfertilized egg which is

menstruation and the a wrongly programmed zygote are an expression of natural selection, while the very fact of artificial creation of the first stages of the new biological being which happens outside the mother's body leads to more frequent premature births, not to speak of all other problems. (Bielawska-Batorowicz 1992; Bustan and Coker 1994; Verny 1997)

This relation is quite obvious here. Therefore, a doctor must consider the decisive, and what is most important, selective action of nature to provide the continuation of species. Human life is not created; it is only passed on. In view of this, human intervention in the passing on of this life must respect the sovereignty of Nature which "is governed by simple laws" and not scientific rules established by people who are not always aware what laws they establish. It can be then said that in the biological measure, conception controls labour much as labour controls conception in our understanding of the development of functions in all this process.

A separate issue is the very fact of definition of pregnancy. Is pregnancy a condition in which in the mother's body prepared for the development of fetus, appears a new biological being, a new man? (Klimek R 1989, 1994a, 1995)

The answer to the question so put should be positive, irrespect of whether the pregnancy would last five days or 43 weeks. It is the process started in a woman's body in strictly thermodynamic conditions, which may show deviations depending on how healthy the woman's system and the fertilized egg cell. Of considerable importance in defining the identity of the child is the mental condition of the mother who not only chooses a partner and a place of conception but also determines the child's identity by selecting a partner of specific psychophysical parameters or only his product which is sperm. And this is that second dimension of pregnancy, which starts at the moment a woman realizes she is expecting a child or receives a positive pregnancy test result. Today we know how revolutionary was the introduction of fetus imaging technique and what influence it had on woman's idea of pregnancy. (Klimek R 1989, 1993, 1994b)

We cannot ignore the problem of false pregnancy, where there is no image and a woman considers herself to be pregnant. In such case we must look at purely biological aspects which makes the very definition difficult. The problem is still different if a woman is a donor of an egg which was fertilized without her knowledge and consent in result of various procedures. Then it is difficult to say this woman is pregnant even if the egg was fertilized with her husband's sperm. There would be no doubt here that we deal with a conceived human being, with its initial development in artificial conditions, but still it is hard to call this condition pregnancy. These are the developmental stages of a human, beyond the consciousness of a woman – mother and her husband.

On the other hand, what has been already described by R.Klimek, the fetus cannot fully develop outside the mother's body. What does it mean? It means that we may create conditions necessary to the development of pregnancy but it is not enough, because the only sufficient condition is the mother's body. It means that no matter at which stage the embryo is implanted into the mother's womb it can develop only thanks to her. If it is so, if the mother carrying a fetus is the condition sufficient to the development of a child then only this woman can be called the mother of this child which would not have been born, would not have achieved

the stage of maturity allowing self dependent life, which may obtain legal status in human society, even if the egg cell and the sperm do not come from her body but from some body unknown to her. (Cosmi and Klimek 1993; Klimek M 1994)

The above leads to some paradoxical situation; a woman gives egg cells, they are fertilized, and she knows that considering the circumstances in which it occurred, in favourable conditions, with proper preparation, she will receive a fertilized egg cell for further development. And such woman is mentally pregnant from the very moment of fertilization. It is her pregnancy. She fits all the criteria of the first day of the last menstruation. The problem is how many times she maybe pregnant? If a doctor fertilizes two, three or four egg cells, which pregnancy is hers?

Is a woman for whom embryos have been frozen going through an interpause of pregnancy ? Is she under constant tension because a child conceived somewhere, is waiting for her? Is pregnancy finished for a woman giving birth to babies from the first two or three artificially fertilized zygotes or is she still pregnant as there are some more fertilized zygotes waiting?

Conclusions

It is a philosophical concept of defining what we call pregnancy. What are the consequences of these facts depending on how we approach them? As physicians we must remember that for us these are not social, humanistic or legal divagations, because from the definition of medicine which is a moral art based on human knowledge and not on the ideas of medical professionals, we must clearly define: what do we want to achieve? And with this in mind a doctor must not put his hand to any conception, which does not guarantee further development to a conceived child. A conceived child has the right to live just as any other man. Therefore there must not be such situations that parents deciding to have a child assume that if the first three children survive the remaining four may be destroyed. Since conception a child is neither the mother nor the father a sit has its own unique identity and so its own rights which nature respects.

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