



# Human Infertility is Disease. What People Should Know About Her?



**Siniša Franjić\***

*Faculty of Law, International University of Brcko District, Brcko, Bosnia and Herzegovina*

**\*Corresponding author:** Siniša Franjić, Faculty of Law, International University of Brcko District, Brcko, Bosnia and Herzegovina, Europe

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## Abstract

Infertility is an absence of clinical pregnancy after two years of trying to reach it. According to World Health Organization data, between 7% and 26% of people have problems with infertility. Medical assistance is sought by 50% of infertile couples, and only about 22% are subjected to treatment. Infertility is a disease which can be cure, and this fact gives hope to couples who want to become parents.

**Keywords:** Infertility; Man; Woman; Medically assisted insemination

## Introduction

While a number of couples use different methods to limit their fertility and prevent new life, on the other hand a number of them - and it is constantly growing - has only one desire: to acquire own child [1]. To accomplish this desire, them no price is too high. Own desires, social pressures, as well as scientific-technical optimism and promises of reproductive medicine encourage them to constantly new attempts. The results do not remotely monitor all efforts, suffering and expenses incurred. Some of today's conventional medical methods are, morally speaking, problematic and contrary to human dignity. The acceptance of the technical capabilities may at first glance mean relief and re-gaining control over the problem of infertility and their own bodies, and thus of life plans. In reality, such a decision is an admission of its own helplessness; control over the body entrusted to experts. For the person it means subjecting extensive tests, the control of hormones, the daily blood tests, ultrasound scans, hospital stays for taking eggs or expressed words of one directly affected person, "... the constant hopes and fears and infinitely many disappointments". This regime shall be subject to the overall life of the person concerned, and often the spouse. So much investment of time to solve the problem of infertility is lack of time for other areas of life, profession and social relations, even among the married and cohabiting partners.

Determining the number of children, they want to have and the time of their birth, women and men in natural procreation realize the right to reproductive choices and carry out a plan on the size of their own family [2]. In other words, they plan their lives in the family community and exercise their right to family establishment. However, if the nature abandoned by a woman or a man (or both) their procreative ability, the possibility of family establishment depends on adopting regulations or on medical assisted insemination and their realization in practice.

The decision to birth offspring's gives the marriage additional meaning and quality and in most cases enhances and enriches the relationship between women and men. It is more likely that misunderstandings and disagreements in marriages will cause a different view of women and men in other ways of establishing a family because difficulties with natural procreativity. The lack of agreement on any issue in common life, and especially on procreation and establishment of the family, and the wishes, needs and interests that each spouse's expectation in the life community which has founded, can be a cause to marital disputes and devastatingly affect to marital relations.

## Reproductive Health and Health Care

The term "reproductive rights" encompasses a broad range of issues involving reproduction and reproductive health [3]. In the USA, the discussion of rights generally includes the choice to have or not have children, the timing and spacing of childbirth, and the freedom to make these decisions without coercion or threats of violence. The primary issues at stake in the discussion of reproductive rights include the right to birth control, abortion, sterilization, and, more recently, the right to obtain fertility treatments. Controversy over the right to birth control, abortion, and sterilization is not new, and the current debates over these issues reflect many of the same themes regarding the right to life, the rights of individuals, and freedom from coercion.

The conclusion to be drawn from this rather lengthy discussion of the treatment of childlessness is that, perhaps inevitably, the law has settled on a form of compromise - and a compromise between what can be extreme views [4]. Thus, on the one hand, we have a body of opinion which holds that the manipulation of what are seen as human beings in the Petri dish is morally wrong and should be

prohibited absolutely. Diametrically opposed are those who believe that reproduction is an intensely personal matter which should be free from bureaucratic interference and left to the discretion of the individuals concerned. Clearly, it is an area where, in the words of the late President Franklin Roosevelt, you cannot please all the people all the time. The question is - does the current legislation please most of the people most of the time?

We believe that it probably does. Respect for the embryo, as, at least, a potential human being, is maintained by strict general rules which limit the uses to which it can be put, while the interests of those who have contributed to the genetic structure of the embryos are protected by a comprehensive system of consent to their destiny. Limitation of treatment to licensed clinics may appear restrictive of personal autonomy, but it can be seen as little more than ensuring that the childless are treated by the best clinicians available rather than by potential mavericks. Certainly, Parliament has been adamant in excluding commercial elements from the provision of the building blocks of infertility treatments; this is to be expected in the light of a long-standing national opposition to trading in body parts or tissues of any sort.

### What is infertility?

Medical advances offer greater treatment possibilities, and the social climate fosters a direct approach to problems previously considered shameful or embarrassing [5]. Although infertility usually is not a problem of sexual dysfunction, its relation to the reproductive organs causes many people to associate it with sexual problems. Since it has become more acceptable to discuss sexual matters freely, it has become easier for infertile people to acknowledge and discuss their problems. Also, as aware consumers of medical services, people demand and expect help in the area of infertility, as in other health-related matters.

Infertility has received research attention across disciplines, including a substantial amount from health psychology [6]. One of the many reasons for this attention is the public face of this private condition. Pronatalism across the globe is the norm, and expectations of individuals to reproduce are unquestioned. Women particularly spend a third of their lifetime having menstrual cycles, and under natural circumstances are likely to have one or more children if they are sexually active. However, many women and men do not have children, and many of those are not childless by choice but are infertile. Infertility is usually defined as the 'inability to conceive or bring a pregnancy to term after twelve months or more of regular intercourse, without the use of contraception'. According to a recent systematic review of the prevalence of infertility, researchers appear to have used varied definitions depending on when, where and on what populations the research was carried out. They propose standardizing a definition used in clinical practice based upon two key factors that can be used universally: duration of length of time of trying to get pregnant, adjusted for female age. Infertility and childlessness are often used interchangeably, but there is a distinction. Infertile people are involuntarily childless,

whereas childlessness can be voluntary which is not accompanied by the same psychological effects.

Infertility affects up to 10-15% of couples of reproductive ages worldwide, or 48.5 million women worldwide [7]. The cause may be attributed to male factor, female factor or both. For a significant proportion the cause will be unexplained. Social factors such as delayed childbearing age in women and lifestyle factors (smoking, obesity) coupled with an increased awareness of treatments available have resulted in an unprecedented demand for fertility services. Only recently have such services started to explore the psychosocial aspects of infertility: its mental health burden on patients, their psychological needs and effective psychotherapeutic interventions.

### Diagnosing infertility

A thorough history is usually the key in determining the cause of infertility during a new patient evaluation [8]. It is important to assess the previous fertility history of each partner. Clues to the diagnosis of tubal factor infertility include a history of pelvic inflammatory disease, history of ectopic pregnancy, or one or more male partners who have conceived pregnancies with other partners. A hysterosalpingogram with bilaterally obstructed fallopian tubes confirms this diagnosis. Clues to the diagnosis of severe male factor infertility include secondary infertility in a female patient, where the only new variable is a different partner. Semen analysis results with a total motile count of <10 million (after processing) or normal morphology < 4% is associated with poor fertilization, and IVF is indicated in these situations.

The inability to become pregnant and give birth can create a whole spectrum of reactions for each couple, which can result in a sense of life failure and a crisis and stress experience [9]. The very high pressure of infertility diagnosis leads to a re-examination of the desire for biological parenting and adaptation to the unrealized expectations that the couples had in relation to personal and family development. Therefore, it is not surprising that anxiety and depression is common in couples who are facing with this problem. It should also be noted that research shows that women experience more negative reactions than men, which is reflected in high levels of stress assessment.

The problem of infertility and its complex treatment crosses the boundaries of medicine and enters into many peripheral areas [10]. Fertility treatments are a physical and emotional burden for both partners. Psychological problems such as depression, anxiety, and stress-induced changes are predictive of a decreased probability of achieving a healthy pregnancy. A couple that is trying to conceive will very often experience prolonged feelings of frustration and disappointment if a pregnancy is not easily achieved. Three types of relationships have been hypothesized between psychological factors and infertility. These include: (1) psychological factors are risk factors of subsequent infertility; (2) the experience of the diagnosis and treatment of infertility causes subsequent psychological distress; (3) a reciprocal relationship exists between

psychological factors and infertility. Psychological aspects of infertility indicate a need of a more systematic involvement of psychological treatment methods, and psychological treatable procedures are referring to the terms of psychotherapeutic approaches or psychotherapy ranging from support and counseling to psychoanalytic psychotherapeutic procedures.

### Medically assisted insemination

Medically assisted insemination means biomedical procedures to heal proven infertility of one or both partners and the application of modern, scientifically proven biomedical achievements enables connection of male and female gametes to achieve pregnancy and childbirth [11]. Methods of medically assisted insemination is now treated 70-80% of all causes of infertility. Apply only when all other methods of infertility treatment proved unsuccessful. The right to medically assisted insemination are of legal age and legal capacity of women and men who are married or in common-law and that due to the age and general health condition capable of parenting a child [12]. The right to medically assisted insemination has adult, legally capable woman who does not live in marriage, common-law or same-sex unions, whose previous fertility treatment proves unsuccessful or hopeless, and that is due to the age and general health condition capable of parenting a child. The right to medically assisted insemination and the person who has the decision on deprivation of legal capacity is not restricted to making statements concerning personal status.

### What includes the procedure of medically assisted insemination?

Assisted reproductive technologies (ART) encompass fertility treatments, which involve manipulations of both oocyte and sperm in vitro [13]. ART including indications for treatment, ovarian reserve testing, selection of controlled ovarian hyperstimulation (COH) protocols, laboratory techniques of ART including in vitro fertilization (IVF), and intracytoplasmic sperm injection (ICSI), embryo transfer techniques, and luteal phase support.

The most commonly performed ART procedure is IVF. IVF involves a sequence of events starting with COH with exogenous administration of gonadotropins to stimulate the development of ovarian follicles, followed by transvaginal ultrasound (US)-guided retrieval of oocytes, fertilization of oocytes with sperm in vitro, culture of the resultant embryos, and transfer of embryos to the recipient. An important innovation in ART is assisted fertilization by intracytoplasmic sperm injection (ICSI), which involves the injection of a single sperm into the cytoplasm of a mature oocyte. Other modalities of ART include embryo assisted hatching (AH), autologous endometrial coculture (AECC), preimplantation genetic diagnosis (PGD) or screening (PGS), cryopreservation of gametes, embryos, and ovarian tissue, frozen-thawed embryo transfer (FET), the use of donor gametes and gestational carriers. Prior to the advent of ART, other less often utilized procedures include laparoscopic tubal transfer of gametes (gamete intrafallopian transfer; GIFT), zygotes (zygote intrafallopian transfer; ZIFT), and embryos (tubal embryo transfer; TET). Due to their invasiveness and the necessity

to utilize general anesthesia during these procedures, they have become almost obsolete. They are only utilized when transcervical embryo transfer is technically difficult to perform.

### Confidentiality

Ever since the Hippocratic Oath was first taken 2500 years ago, confidentiality has been recognized by the medical profession as a cornerstone of good clinical practice [14]. In 1947, the Declaration of Geneva (amended in 1968) strongly reinforced the declaration of confidentiality in the Hippocratic Oath. The Declaration states: I will respect the secrets which are confided in me, even after the patient has died.

In recent times legal, social, and technological advances have brought increasingly complex obligations and challenges for healthcare professionals who wish to safeguard patient confidentiality. Under the common law, confidentiality may be enforced by a patient through an injunction or with an action for damages in a civil court, but in the absence of any demonstrable harm, it is likely that the damages awarded would be limited, and civil claims are very rare. Confidentiality is also important because human beings deserve respect [15]. One important way of showing them respect is by preserving their privacy. In the medical setting, privacy is often greatly compromised, but this is all the more reason to prevent further unnecessary intrusions into a person's private life. Since individuals differ regarding their desire for privacy, we cannot assume that everyone wants to be treated as we would want to be. Care must be taken to determine which personal information a patient wants to keep secret and which he or she is willing to have revealed to others. Trust is an essential part of the physician-patient relationship. In order to receive medical care, patients have to reveal personal information to physicians and others who may be total strangers to them - information that they would not want anyone else to know. They must have good reason to trust their caregivers not to divulge this information. The basis of this trust is the ethical and legal standards of confidentiality that healthcare professionals are expected to uphold. Without an understanding that their disclosures will be kept secret, patients may withhold personal information. This can hinder physicians in their efforts to provide effective interventions or to attain certain public health goals.

### Conclusion

One of the principles of medical ethics is that the doctor must keep all the information which receives during the treatment and he or she not allowed to speak of them in public. Patient health records are the intimate things of each individual and doctors must be adhering to it. By doing his job, the doctor has come up with this information, and can also find out many important health information from conversation with patient. This creates trust between the patient and the doctor no matter what kind of health problem does. Doctors cannot share this information with others. Infertility and medically assisted insemination represent serious problems to the people which are covered by it, and it is only the

matter of an individual that will acquaint with them members of own family, friends, colleagues at work, neighbors, etc. For couples covered by this issue, the most important facts are that is a disease which can be cure, and, with the help of medical assisted insemination, they can become parents. Modern medicine on this way can help couples who want to become parents.

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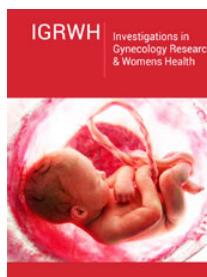
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