



Sex selection approved by the American Society for Reproductive Medicine (ASRM)

1 Introduction

John Robertson of the Ethics Committee of the American Society for Reproductive Medicine (ASRM) has said that it is sometimes ethically acceptable for couples to choose the sex of their children by selecting either male or female embryos and discarding the rest.¹

Robertson explains the acceptable use of the sex selection technique in terms of “gender variety”, meaning a couple who already had a child of one sex could ethically select embryos that would guarantee them that the embryo selected was of the opposite sex. This is at odds with previous statements by the Committee. In 1994 ASRM said, “Whereas preimplantation sex selection is appropriate to avoid the birth of children with genetic disorders, it is not acceptable when used solely for non-medical reasons”.

A new report, written in 1999 stated that selecting embryos solely to have a child of a particular sex “should be discouraged” because “the initiation of IVF with PGD solely for sex selection holds even greater risk of unwarranted gender bias, social harm and the diversion of medical resources from genuine medical need”.

In May 2001 ASRM said, subject to certain qualification that:

If flow cytometry or other methods of preconception [ie the embryo prior to implantation] gender selection are found to be safe and effective, physicians should be free to offer preconception gender selection in clinical settings to couples who are seeking gender variety in their offspring.²

Currently, methods available for prepregnancy [ie the embryo before implantation] and prebirth sex selection are:

- 1) *prefertilization separation* of X-bearing from Y-bearing spermatozoa, with subsequent selection for artificial insemination or for IVF
- 2) *preimplantation genetic diagnosis* (PGD) followed by the sex selection of embryos for transfer
- 3) *prenatal genetic diagnosis* followed by sex-selective abortion

2 What the ASRM said

ASRM says that “there is presently little debate over the ethical validity of PGD for sex selection when its aim is to prevent the transmission of sex-linked genetic disease”³.

¹ John Robertson is an ethicist and lawyer at the University of Texas.

² “Preconception gender selection”, ASRM Ethics Committee, *Fertility and Sterility* Vol 75 No 5, May 2001, pp861-864

³ ASRM Ethics Committee October 1999



ASRM arguments *against* preconception gender selection:

- a) the potential of such techniques to increase or reinforce gender discrimination
- b) concerns for the welfare of children born as a result, who may be expected to act in certain gender-specific ways
- c) creation of sex ratio imbalances

ASRM arguments *for* preconception gender selection:

- a) it serves the desires of couples who have strong preferences about gender of offspring
- b) ?? such couples might choose not to have another child unless they can be assured of “gender variety”
- c) ?? Such couples might resort to postconception selection methods

ASRM suggests that in the end good is achieved because “if the child is born with the desired gender, the child presumably will be wanted and loved”. It implies that Western preferences for gender are ethical in comparison with gender preferences in developing countries because parents might prefer a particular gender “without thinking that one gender is superior to another”⁴.

The full text of the reports can be found at:

www.asrm.org/Media/Ethics/ethicsmain.html.

3 Ethical evaluation

1. Sex selection is always about the abandonment to death of the embryos not selected.
2. The basis for this abandonment is that certain embryos are “wanted” while others are “unwanted”.
3. The justification that it is better to select out unwanted embryos, especially those with disabilities than to have an abortion masks the fact that both options are about the destruction of unwanted human lives, that there are lives not worthy to be lived, and that no adult should have to bear the burden of a child with a disability.
4. PGD is essentially about “quality control”, since the relationship of reproductive scientist to embryos is essentially that of the producer to the product with the consumer having the right to have a “perfect” product.
5. Sex selection elevates adult choices to a higher ethical significance than the lives that are to be destroyed.
6. Sex selection implies that the ability to choose is of greater ethical significance than what is chosen.
7. The words *preconception* and *prepregnancy* obscure the fact that what is being talked about is the destruction of embryos prior to implantation.

⁴ ASRM Ethics Committee May 2001