



## FERTILITY FRAUD: THE EMERGING COROLLARY

### Medicine

<b>Dr. Manoj Pathak</b>	Professor & Head, Department of Forensic Medicine And Toxicology, All India Institute of Medical Sciences, Patna.
<b>Dr. Himanshi Narang*</b>	Junior Resident Academic, Department of Forensic Medicine And Toxicology, All India Institute of Medical Sciences, Patna. *Corresponding Author
<b>Dr. Priyanka Priyambada</b>	Junior Resident Academic, Department of Forensic Medicine And Toxicology, All India Institute of Medical Sciences, Patna.

### ABSTRACT

Infertility isn't only a medical issue, but still a societal issue for many folks. IVF throughout India has a long and incredible history, perhaps as long as IVF altogether. Fertility fraud is an important and urgent cautionary tale about expectations of informed consent and newer hardships among patient well-being and autonomy in the medical care. During past few years, specialists have been exploiting their own sperm to improve potential patients' likelihood of conception whilst maintaining confidentiality. It had been deliberately kept secret for generations. Several practitioners have lately hit the news for reportedly inseminating naive patients with their own sperm in earlier days, a tactic found generations later until readily accessible DNA analysis exposed these offences. Fertility fraud takes advantage of people in authority and violates patients' confidence by tricking them regarding medical interventions. Patients are unable to approve or disapprove therapy relying on substantial knowledge regarding the medical interventions. Nonetheless there is dire indeed need subjected to strong new policy guidelines and regulations to put a full stop to Fertility Fraud.

### KEYWORDS

Fertility Fraud, IVF, Infertility, Medical Interventions, Autonomy, Ethics

### INTRODUCTION

Infertility isn't only a medical issue, but still a societal issue for many folks. In vitro fertilisation (IVF) throughout India has a long and incredible history, perhaps as long as IVF altogether. Its roots were controversial, but so was its eventual evolution.<sup>1</sup> Infertility treatment was a quite taboo subject at the then, which rendered it simpler to deceive. IVF set the wheels in motion for assisted procreation therapy in India, and even the battleground for lawful possession such as the first "test-tube baby miracle."<sup>2</sup>

Along with its clinicians' desire for credit (compensation) and legitimacy (ability to perform research), IVF in India is now a contentious topic. Quite generically, competence (i.e., a scientist's capacity to do research) is simply a basic foundation. Whenever scientific effort takes on an economic face, it must sustain & rejuvenate itself in a pursuit for authentic performance appraisal. It enables us all to grasp way professionals accept requests expressed beyond the realms of science.

Consequently, the industry (infertile patients) assesses individual professional's credibility due to media depiction instead of what his or her competitors ought to say - that's crucial to the doctors' survival in their area.<sup>3</sup>

According to the Indian Council of Medical Research (ICMR), India has 1,200 assisted reproductive technology (ART) centres. Nevertheless, barely 580 of them seem to have registered with the ICMR.<sup>3</sup>

### FERTILITY FRAUD AND ETHICS

Fertility fraud is an important and urgent cautionary tale about expectations of informed consent and newer hardships among patient well-being and autonomy in the medical care. The solution to such difficult problems too are undergoing a revolution that enshrine medical ethics discoveries into legislation.<sup>4</sup>

Several practitioners have lately hit the news for reportedly inseminating naive patients with their own sperm in earlier days, a tactic found generations later until readily accessible DNA analysis exposed these offences. A doctor, *Cecil Jacobson*,<sup>5</sup> has been pleaded liable of a consequence of similar accusations. Guilty parties have also been found in Europe; a Dutch physician (now deceased) is accused of using his own sperm to sire at least 12 children (now aged 8–36).

A legal lawsuit was filed in Canada against a doctor by up to 150 claimants, encompassing his purported donor kids, their moms and dads, and men whose sperm specimens were purportedly destroyed or

tainted in his lab.<sup>6</sup> The audacity of a clinician who impregnates his own patients in the hopes of saving funds or populating the planet with his kids is staggering.<sup>7</sup>

During past few years, specialists have been exploiting their own sperm to improve potential patients' likelihood of conception whilst maintaining confidentiality. It had been deliberately kept secret for generations. While infertility therapy was still novel, wannabe couples who blended their spouse's specimen with a donor's were usually informed little to nothing about the other donor. Patients just knew that one's sperm cell would indeed be blended with that of other, extremely fertile guy to assist them conceive their kid. They were informed that such sperm might come from an unknown donor who they might never meet.

Clinicians who generated a large number of children using their own sperm rather than donations from a spouse, an anonymous donor, or a donor chosen by the patients. Couples have been unravelled, webs of biological half-siblings have been unveiled, and the judiciary has indeed been thrown into disarray as a result of this disclosure.

Again, from perception of patients, doctors who covertly injected their own sperm preserved donors' identity. Such physicians might assert that they helped women get pregnant by improving their odds.

Doctors were attaining greater fertilisation probabilities by utilising fresh sperm instead of frozen sperm, as it was the only type available from donors whose itineraries were difficult to synchronise with the patient's ovulation cycles. It's also questionable who was hurt. The yearning mother and father were granted their wish for a child.

Cos of the donor, the father might not have transferred on his DNA to the kid, regardless of who the donor was. The woman, on her end, agreed to the insemination technique using non-her husband's materials. The doctor's misconduct does not make the resulting child worse off either.

If such clinician would use a donor specimen rather than his own, a totally distinct kid could've been born—the result of another sperm—instead of the one who was. Nonetheless, it is unethical for doctors to by using their own sperm to inseminate patients without one's knowledge or consent. It's a significantly more serious violation of trust to deceive someone towards generating using another person's genetic tissue.

Patients who'd had sexual encounters with their physicians often described the encounter to rape or incest, emphasizing that certain

behaviour has inevitably disastrous effects. As per the Indian Medical Council Act of 2002, a practitioner who's had romantic relationships with a patient may be held accountable for damages and face disciplinary action.<sup>7</sup>

While trysts among physicians and patients are unethical, physicians' inseminations of nonconsenting (and unknowing) patients are a grotesque distortion of all current practise norms.

Fertility fraud takes advantage of people in authority and violates patients' confidence by tricking them regarding medical interventions. Patients are unable to approve or disapprove therapy relying on substantial knowledge regarding relevant pros and cons as a result of this conduct. As a result, the physician conceals a reality regarding his close connection with the kid, which has predictable implications for the toddler's health records, social ties, and individuality. Even when no one ever discovers out what occurred, the terrible breach of a patient's faith in doctor does not go unnoticed. It is an outright perversion of medical practise."<sup>8</sup>

Activities stretching from deception and medical negligence to violation of informed consent and deliberate creation of mental anguish are all doomed by the need of bodily injury or physical trauma.<sup>9</sup> There's the methodological issue of lawsuits being limited by the statute of limitations because plaintiffs sometimes don't hear of the purported mistreatment until generations afterwards. This statutes of limitations were created in healthcare instances like these to allow doctors a reasonable chance to preserve evidence that may help professionals defend themselves against such accusations and move on with their lives and professions without fear of being sued.<sup>4</sup>

## CONCLUSION

Physicians may exert immense influence over patients' body, minds, sentiments, and perhaps even social ties, thanks to the prestige that arrives with therapeutic knowledge, prescriptive power, and surgical expertise. Serving people in the medical sciences is a huge honour, but it also comes with a lot of obligation. Physicians who engage in unlawful inseminations also violate other standards of conduct, such as the responsibility to give all appropriate medical information to patients and to treat them with dignity, stripping them of inherent decision-making autonomy.<sup>10</sup>

In its most universal sense, these doctors have broken the Hippocratic Oath's premise of "first, do no harm." Regardless of the culprits' conscience rationalisations, impregnating a patient without appropriately acquired permission is totally prohibited. It's especially upsetting when rogue doctors exploit their patients' "despair" as a pretext to do illegal inseminations.<sup>11</sup> This term of "despair" fosters harmful and erroneous perceptions about infertility sufferers. New half-siblings are surfacing more often in such circumstances.<sup>9</sup> Despair shouldn't be used as a justification to deny people the compassion, sovereignty, or ability to make life-altering choices. Since, many countries have no legislation barring IVF physicians for using their own sperm to conceive their patients therefore, couples are unable to pursue substantial injunctive relief.<sup>12</sup>

Nonetheless there is dire indeed need subjected to strong new policy guidelines and regulations to put a full stop to Fertility Fraud. Fertility fraud has leveraged loopholes in most state laws, putting human privacy, liberty, and well-being at jeopardy.

## Abbreviations

IVF: In-vitro Fertilisation  
ICMR: Indian Council of Medical Research  
ART: Assisted Reproductive Technology  
MCI: Medical Council of India  
DNA: De-oxyribo nucleic acid

**Source of Funding:** This article did not receive any specific grant from funding agencies in the public, commercial, or not-for profit sectors.

**Declaration of Conflict Interest:** The authors declare that there is no conflict of interest.

**Ethical Clearance:** Not Applicable

**Ethical Statements:** Not Applicable

## REFERENCES

1. Bharadwaj A. The Indian IVF saga: a contested history. *Reprod Biomed Soc Online*. 2016 Jun;2:54-61.

2. Page L. "I Did Nothing Wrong": MDs Used Their Own Sperm for Fertility Patients. :4.
3. Nagar A. National Registry of ART Clinics and Banks in India. :72.
4. Fox D, Cohen IG, Adashi EY. Fertility Fraud, Legal Firsts, and Medical Ethics. 2019;3.
5. Cecil Jacobson. In: Wikipedia [Internet]. 2021 [cited 2021 Dec 18]. Available from: [https://en.wikipedia.org/w/index.php?title=Cecil\\_Jacobson&oldid=1032195907](https://en.wikipedia.org/w/index.php?title=Cecil_Jacobson&oldid=1032195907)
6. Sheikh K, Sarah Zhang Explores the Fallout of a Fertility Doctor's Secret. *The Open Notebook* [Internet]. [cited 2021 Dec 18]; Available from: <https://www.theopennotebook.com/2019/11/05/sarah-zhang-explores-the-fallout-of-a-fertility-doctors-secret/>
7. Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 [Internet]. MEDICAL COUNCIL OF INDIA Pocket-14, Sector 8, Dwarka New Delhi - 110077; 2002. Available from: [https://www.jssuni.edu.in/JSSWeb/UDData/Docs/MCIProfessional\\_Conduct\\_Etiquette\\_Ethics.pdf](https://www.jssuni.edu.in/JSSWeb/UDData/Docs/MCIProfessional_Conduct_Etiquette_Ethics.pdf)
8. Madeira J, Lindheim SR, Sauer MV. Against seminal principles: ethics, hubris, and lessons to learn from illicit inseminations. *Fertil Steril*. 2018 Nov;110(6):1003-5.
9. Chicoine S. The Birth of Fertility Fraud: How to Protect Washingtonians. :38.
10. Delhi TVJ in N, Bangalore VV in. Horror tales from the fertility front [Internet]. [cited 2021 Dec 17]. Available from: <https://www.telegraphindia.com/7-days/horror-tales-from-the-fertility-front/cid/1669388>
11. Vandervoort JP. Why do doctors commit fertility fraud? :2.
12. Liptak A. When Dad Turns Out to Be the Fertility Doctor. *The New York Times* [Internet]. 2019 Dec 11 [cited 2021 Dec 17]; Available from: <https://www.nytimes.com/2019/12/11/magazine/fertility-fraud-sperm.html>