CONFERENCE REPORTS
GREY GENTLEMEN, YOUNG LADIES, AND THE FETUS IN THE MATERNAL COMPARTMENT": OBSERVATIONS AT THE INTERNATIONAL CONFERENCE ON "THE FETUS AS A PATIENT," BONN, 24–6 AUGUST 1991*

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The car park in front of the Beethoven Hall in Bonn is conspicuously full of BMWs and Mercedes. They are protected on all sides by white-and-green-striped police vans which have been positioned so as to keep banner-waving protesters outside the riot fences. Fears of a bomb attack abound inside the hall and the atmosphere is tense. Some 500 hand-picked participants from all over the world are obliged to submit to a thorough handbag search reminiscent of the procedures we have become accustomed to at international airports.

It is late summer and the sun is shining. Who, one may ask, are these people hurrying into the semidarkened Beethoven Hall on a day like this to see innumerable slides, many of them out of focus and crammed with too many facts and figures to be decipherable, and to listen to the lectures given by (mostly male) speakers, a number of whom are barely able to express themselves coherently in English and confounded by the often deplorable sound facilities? Barring the odd exception, one can divide the participants into two species. On the one hand there is the dominant grey male species, demonstratively earnest and full of self-importance, which even at a tender student age already possess the aura of colleagues who are 20 to 30 years older and is fond of emphasizing its ability by opening and closing its obligatory briefcase with a loud clicking noise. On the other hand, we have the female species, much younger on average, with meticulous hairdos and carefully applied make-up, for the most part smiling obligingly, with a tendency owards handbags and more frequently than not to be found acting as an attentive audience to their male colleagues.

"The Fetus as a Patient" is the theme of the conference. The objection made by Ms. Schroeder-Kurth (Heidelberg) in her speech that, if anything, the patient under discussion at the conference was really the pregnant woman was received in silence, if at all. The congress was dominated by the spectacle of fetuses that were viewed in total isolation from their environment and subjected to the processes of diagnosis, classification, evaluation, abortion, or experimental treatment. If women were mentioned at all in the papers, they featured as a tiresome factor who would suddenly – after several unsuccessful fetal bone marrow transplants in the second third of pregnancy, for example – decide to terminate the pregnancy to the great disappointment of the doctor supervising treatment, who was then unable to conclude the lengthy experiment.

Neologisms with questionable definitions cropped up. Alongside embryos, fetuses, and newborn babies there are now pre-embryos, "living pregnancies" and the "pre-viable fetus in living state" and other such verbal monstrosities. The advantage of all these newly defined terms is that they enable medical practitioners to neatly dodge certain moral issues and legal restrictions. If, say,

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invasive manipulation of the embryo is not permitted, one could try to find a suitable definition, declare it to be a pre-embryo and then proceed as planned on a legal basis.

According to rules governing the use of the terms, all these pre-, post- and other constructions are now no longer located within the body of the pregnant woman or in the womb but in the “maternal environment”. Yet again we are appalled by the absurdities produced by increasing medical specialization. Not only have we become accustomed to the fact that wholism is among the foreign words unknown to Western medicine and attempted to come to terms with the fact that an optician’s sole concern is for our eyes and that the responsibility of an ENT specialist is limited to our ears, nose, and throat to the exclusion of everything else, we now discover to our dismay that a new branch of the medical profession has evolved which assumes a specific responsibility for patients who have not yet been born, while the health of the pregnant woman lies within the domain of other colleagues.

Pensively, I make my way to the Ladies’. Intriguingly, one has to pay 40 Pfennigs each time on top of the conference fees of almost DM400, a fact that points to the sharp cost calculations of the conference organizers. Outside in the foyer, where refreshments and coffee are on sale at exorbitant prices, we are given an opportunity to view at close quarters and on “the living object”, as it were, what we had only seen on slides inside the hall. The manufacturers of medical apparatus are outbidding each other to present their latest ultrasound scanning equipment. For demonstration purposes, smiling young ladies (expectant mothers among them) dressed in smart white leisure suits are lying on examination couches with their bellies bared while company representatives (most of them men) brush over their bare flesh with phallus-like ultrasound scanner wands and project the insides of these young ladies onto the monitors. These are positioned so that onlookers (most of them men) can see comfortably while the women lying down have to awkwardly stretch their necks to catch even a glimpse of what is on the screen.

A film is now being shown inside the hall. Hundreds of giant sperm are racing towards an egg cell several square metres in size. The drab and diminutive speaker is standing in the foreground explaining the sequences he has filmed. “We are very proud of them. I have an extra high resolution microscope,” he repeats excitedly over and over again, reminding one of a little boy who has been given a box of scientific experiments for Christmas. Meanwhile, on the screen the fertilized zygote has developed into a several-days-old blastocyst and cell division is taking place in sharp focus. On second thoughts, our German viewer wonders whether it is actually permitted to publicly show pictures such as these under the provisions of the Embryo Protection Law. But a glance into the programme reveals that there is no need for any worries on this score – the speaker comes from Sweden and it can be safely assumed that the public screening in Germany of experiments that have been filmed abroad is not specifically covered by the law.

The conference appears to feel no need to further discuss whether or not a fetus should be defined as a patient at all. However, an ethicist was flown in specially from New York to clarify from when on a fetus could be regarded as a patient. His introductory anecdote is not particularly instructive from a scientific point of view, but quite revealing in other respects. It referred to his bewilderment at the sight of a naked woman in the sauna at his hotel in Bonn and the advice he had been given by colleagues to make sure he did not miss the next congress in Finland since there are far more saunas and naked women to be seen there. Primed in this way, we listen expectantly to what he has to say on the topic of the conference. A fetus, Mr. Chervenak

explains, is a patient from the moment the pregnant woman consults a doctor and the doctor could take measures that would have an effect on the future child. He generously turns a blind eye to the fact that a definition of this kind does nothing to clarify what measures or effects are meant, or whether the pregnant woman is even there on a voluntary basis or not. Instead his slides show "fetal" and "maternal interests" in pretty little clouds rocking precariously on the tops of three-dimensional pyramids, thus implying that there are conflicting interests and that there is a possibility of finding equitable solutions.

In the next paper, a German therapist (Janus) explains that by mid-pregnancy fetuses can already hear, taste, feel, remember, dream, react to stress, and sense antagonisms. He consequently calls for the establishment of a new branch of medicine, the "prenatal psychotherapist". In support of his argument he projects a series of famous paintings onto the screen (among them paintings by Salvatore Dali and Edvard Munch) and explains the extent to which these represent the painters' occupation with traumatic prenatal experiences. The thrust of this presentation is not quite clear. Is the fetal psychotherapy he demands intended to prevent the accomplishment of such works of art?

A large part of the conference was not concerned, as the title leads us to expect, with the treatment of fetal diseases (of whatever kind these may be), but with pure diagnostics, the detection of fetal abnormalities. In the overwhelming majority of cases, this results in the termination of pregnancy on a eugenic indication. There was nothing new to be reported in the field of chorion villi sampling (CVS), a genetic screening of the fetus in the first third of pregnancy, despite the fact that research has been going on for eight years by now. Efforts are still being made to reduce the rate of miscarriages caused by this examination or at least to enhance the statistics. CVS might itself be the cause of certain infant deformities, a fact that has recently often been discussed in the medical journals, but even this is explained away as the result of errors made by ill-qualified colleagues.

Numerous workshops endeavour to justify diagnosis at an even earlier date. Preferably on the two-to-three-day-old four-to-eight-cell embryo or even at the egg cell stage. Of course, all this is only possible in the context of in vitro fertilization (test-tube fertilization), which still only has a success rate that barely tops the 10% mark – despite the enormous research effort that has gone into it. Because it is technically extremely difficult to make a diagnosis at such a very early stage as this the obvious compromise is an examination of the six-day-old blastocyst. This has to be flushed out of the expectant mother's womb and reimplanted after tests have been completed. Trials are already under way in the United States but the success rate is open to doubt.

The abnormalities participants are actually looking for vary. Sometimes it is just those that are easiest to find (chromosome defects, for example). Sometimes they are concerned with defects that occur most frequently within a certain sector of the population (cost efficiency!). Sometimes they are looking for any defects that are visible (by ultrasound scan, for example). Sometimes it is matter of dealing with a defect for which the workshop happens to have the right gene sample. Sometimes they are looking for congenital defects where the risk of inheritance runs into two figures. Whatever the case, the crucial question as to the aim of the exercise – what norm the unborn are supposed to conform to and why? – remains unanswered.

One of the few controversial discussions to be held at the conference concerned the question of selective reduction of multiple pregnancies. In recent years an increasing number of infertile women have been treated with extremely high doses of hormones, which

has led to an above-average number of extremely high multiple pregnancies. The chances of survival are understandably minimal. So medical science has now started to reduce the number of fetuses to two or three by selective termination in about the 10th week of pregnancy. (This is now no longer being called selective termination or selective reduction but "selective survival.") While the American speaker (Evans) showed slides illustrating the reduction of eight-fetus and nine-fetus pregnancies and only mentioned in an aside that 18% of these selective terminations had resulted in the loss of all the fetuses, the tables themselves revealed that in 20 cases twin pregnancies had been reduced to single pregnancies. His convincing argument: "If the infertile couple has already spent so much money on infertility treatment, we should not abandon them to the problems of a multiple pregnancy."

The German speaker (Versmold) was far more cautious. He pointed out that the essential problem was treating patients with extremely high hormone doses. By dosing more carefully, one could avoid the occurrence of these complicated multiple pregnancies altogether. Such a procedure would, of course, significantly reduce the success rate of infertility treatment and we may be sure that for this reason, it is unlikely to become the generally accepted practice.

Whether discussions revolved around heart transplantations on newborn babies and a potential waiting list for the unborn, or surgical operations on fetuses in the womb or anencephalic fetuses as organ donors, the personal consent of the pregnant woman recurrently cropped up as an inconvenient indeterminable factor that might upset plans. In view of this the only really logical thing would be to seriously consider a solution that has often been put into practice in the United States for a number of years now: paid surrogate mothers who are contractually bound to submit to all the necessary tests and operations on the fetus without having the right to express their own wishes or needs. The medical community would undoubtedly be able to present us with still more convincing tables and graphs if this practice were to be established.

"Freedom for the fetal environment" and "No to quality criteria for humans" were just two of the slogans on the banners held by demonstrators outside the doors of the conference hall. Did this protest actually get through to those inside by any chance? But of course. Along with the snapshots taken at the conference's evening party there were glossy photos of the demonstrators and their placards on sale in the foyer at the outrageous price of DM15 each. What more do you want?