Letters to the Editor

Family balancing by preimplantation genetic diagnosis in India

Dear Sir,

This letter is in response to the article by Dr Anirudh Malpani regarding family balancing by preimplantation genetic diagnosis (PGD) (Malpani et al., 2002).

We wish to place on record that the technique of sex selection by PGD is proscribed by the Indian Council of Medical Research (ICMR, 2000). Draft guidelines for the practice of assisted reproduction, which have been formulated and which will be implemented shortly by an Act in Parliament, prohibit the use of this technique for sex selection.

The Centre for Enquiry into Health and Allied Themes (CEHAT) filed a writ petition in the Supreme Court of India in February 2000 to put the issue of sex determination and sex preselection on the national agenda [Writ petition (civil) number 301, 2000]. The Supreme Court of India has passed an interim order directing the Central and State Governments to implement the Prenatal Diagnostic Techniques Act of 1994 (Regulation and Prevention of Misuse) and public interest litigation has also been filed (The Prenatal Diagnostic Techniques Act Number 57, 1994).

The 2001 census in India revealed a dramatic drop in the child (0–6 years) sex ratio in some states, including Punjab, Haryana, Gujarat and Maharashtra, as compared with the 1991 census. For instance, in Haryana it has fallen from 875 to 793 girls to 1000 boys (Times of India, 2001). There are many reasons for this skewed ratio, such as the premium placed on a male child resulting in selective abortion of the female fetus, poor health care and facilities for the growing female child, and female illiteracy. With the proliferation of assisted reproductive technology in India, many centres advertise sex preselection and family balancing by PGD (Vetticad and Vinayak, 2001; Malpani et al., 2002). This adds to the problems of the disadvantaged female child.

The Indian Society for Assisted Reproduction, a body representing gynaecologists and infertility specialists, is of the opinion that sex preselection by PGD does not have any role in a country like India where the female child faces many disadvantages.

Accordingly, the State Governments have directed appropriate authorities for implementation of the Prenatal Diagnostic Techniques (PNDT) Act to create public awareness and to take prompt action against any person or body who issues or causes to be issued any advertisements in violation of section 22 of the Act (Pandit, 2002).

The practice of sex preselection by PGD performed by Dr Malpani is not representative of the norms and medical practices of India. Although he claims it is used for family balancing when the couple already has a female child, the propagation of such technology in a country like India cannot be justified as it further weakens the social fabric of our country and jeopardizes the cause of the female child. Although on the surface limitations of this technology may not grossly skew the male to female ratio, it further increases the chasm between those who can afford and those who cannot, and could increase the financial burden on families in order to access this technology.

At the last executive committee meeting of the Indian Society for Assisted Reproduction, all members agreed with the content of this letter.

References


Dear Sir,

Thank you for giving us the opportunity to respond to this letter. I would like to address the issues raised one by one.

We do not understand why Dr Hansotia has assumed that what are merely guidelines suggested by the Indian Council for Medical Research in a draft format will be adopted as they stand without any changes by the Indian Parliament. Indian legislators are unlikely to pass laws which will encroach on the reproductive freedom of Indians to choose for themselves. Parliament has learnt from the disastrous effect of the statutes which restricted reproductive choice during the Emergency in 1975 (Bose, 1995) by compelling couples to undergo sterilization, and is unlikely to repeat this error again.

As regards the matter pending in the Supreme Court [CEHAT Vs Union of India & Ors (Writ Petition No.301/2000)], we have filed an Intervention Application in this petition and the Supreme Court has impleaded us as a party to it. We have pleaded to the Supreme Court that preconceptional procedures should not be brought under the purview of this Act, since there is a clear demarcation between prenatal techniques and preconceptional procedures, and we are confident that the Supreme Court will consider our arguments favourably.

I do not understand why Dr Hansotia feels that sex preselection by preimplantation genetic diagnosis (PGD) does not have any role in a country like India where the female child faces many disadvantages. In fact, if the female child in India is disadvantaged, then it is a very rational decision on the part of couples to undergo sterilization, and is unlikely to repeat this error again.

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I do not understand why Dr Hansotia feels that sex preselection by preimplantation genetic diagnosis (PGD) does not have any role in a country like India where the female child faces many disadvantages. In fact, if the female child in India is disadvantaged, then it is a very rational decision on the part of couples to choose to have boys! Why would any parent want to have ‘disadvantaged’ children?

Dr Hansotia states that, ‘The use of PGD technology in a country like India cannot be justified as it further weakens the social fabric of our country and jeopardizes the cause of the female child’. How will bringing unwanted girls into this world strengthen the cause of the female child? Under the guise of protecting the ‘girl child’, we are not justified in encroaching on the reproductive autonomy of couples (Malpani, 2002). Doctors should be happy to help couples to achieve their reproductive goals and there is no reason why Indians should be ashamed of their desire to have boys. This is a part of our ancient culture and tradition, and we need to accept this.

The claim that PGD is ‘bad’ because it further increases the chasm between those who can afford this technology and those who cannot is ridiculous! Most infertile Indian couples cannot afford IVF either. Does this mean we should stop offering IVF to those who can afford it?

It is dangerous to let the executive committee of the Indian Society for Assisted Reproduction decide what is best decided by individual couples for themselves. If some Indian doctors do not choose to offer this procedure to their patients they are free not to do so. But why should they prevent all Indian couples from using this technology? This will just encourage the rich to fly abroad for this treatment!

We continue to believe that couples should be free to plan their families and to choose the sex of their children, even in India, and PGD is an effective means which allows them to do so. The Indian National Population Policy and the International Population Conference in Cairo clearly state that informed individuals can act responsibly in the light of their own needs. I am surprised that Dr Hansotia feels that Indians cannot be trusted to use this technology responsibly!

Reference
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