

References

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IVF for postmenopausal women

In the article "A closer look at reproductive technology and postmenopausal motherhood" (*Can Med Assoc J* 1996;154:1189-91), Jennifer A. Parks suggests that the Royal Commission on New Reproductive Technologies was wrong in recommending that postmenopausal women should not be eligible to receive in-vitro fertilization (IVF). She says the commission came to this stance because of fiscal concerns and because of the low success rates of IVF. She argues that these factors suggest that IVF should not be publicly available at all, not that postmenopausal women in particular should be excluded.

This account does not accurately represent the commission's reasoning or position. We based our recommendation that postmenopausal women not be eligible for IVF at this time on a fundamental principle concerning the appropriate use of finite societal resources. For postmenopausal women, successful implantation is only likely if eggs taken from young women are used. Since there is a limited number of eggs available, we recommended that women in the age group when it is usual to be fertile should have priority. Until the needs of women in that age group have been met, we recommended that women past menopause should not be eligible to receive donor eggs, thus depriving premenopausal women of treatment.

Rather than take the position that IVF should not be publicly available at all, we recommended that it should be used in an evidence-based way. Therefore, we recommended

that IVF should be publicly funded for use among women in a clinical category in which, according to the available evidence, it is more effective in enabling the birth of a live infant than no treatment. We recommended that it should not be available for other uses except in the context of research trials in which the women participating have provided fully informed consent.

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[The author responds:]

Dr. Baird claims that the Royal Commission on New Reproductive Technologies denied IVF access to postmenopausal women because of a scarcity of societal resources. Since donor eggs are necessary for successful implantation and gestation in postmenopausal IVF, and since there are a finite number of eggs available, the commission determined that priority should be given to "women in the age group when it is usual to be fertile." Yet the fact of scarce resources cannot settle the issue of who should have priority in access to the resource. And, as I argued in my article, there is no *prima facie* reason for denying postmenopausal women, as a group, access to this scarce resource.

Baird claims that the commission recommended that IVF should be used in an "evidence-based way," yet the research I cited in my article indicates that there is a negligible difference in live birth rates between older and younger women who have undergone IVF with donor eggs. Therefore, there is no strong evidence that IVF with donor eggs is most appropriately applied to younger women. In addition to this, I pointed out that many post-

menopausal women now seeking IVF discovered their infertility during their reproductive years, when reproductive technologies were in their infancy and no aid was available to them. These women may now be trying to make up for lost time.

I maintain that there are no good *prima facie* grounds for denying all postmenopausal women access to IVF. If IVF is to be used in an evidence-based way, then we should assess each request for reproductive assistance on its own merits. If the evidence indicates that IVF would not be effective in a particular case, the patient seeking IVF treatment could be justly denied. I do not think that Baird gives a sufficient account as to why postmenopausal women should be denied IVF treatment, since a scarcity of resources does not in itself lead to this conclusion.

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Prohibition and the meaning of legislation

In the article "Who said Prohibition was behind us?" (*Can Med Assoc J* 1996;154:1740), Dr. Douglas Waugh argues that alcohol prohibition had very little influence on drinking, and, hence, that legislation can only go so far. This argument illustrates the common mistakes made by authors who view the goals of prohibition as only instrumental. Political action not only has meaning in its ability to alter human behaviour but also in what it signifies about the structure of the society itself.

Not only was the decade after the introduction of the Eighteenth amendment one of reduced alcohol consumption in the United States' but analysis of the temperance movement also reveals that it made moral reform a political and social