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A SURVEY OF REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY (REI) PHYSICIANS' PERSPECTIVES ON ETHICALLY CHALLENGING CLINICAL SCENARIOS

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Title:

A SURVEY OF REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY (REI) PHYSICIANS' PERSPECTIVES ON ETHICALLY CHALLENGING CLINICAL SCENARIOS

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Law, Policy & Advocacy: LPA General

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OBJECTIVE: REI physicians frequently navigate complex ethical dilemmas, balancing patient autonomy with other ethical principles, such as beneficence and non-maleficence. While fertility clinics adopt varying approaches to challenging cases, there is limited research on REI physicians' perspectives on difficult ethical and medical scenarios. The goal of this study was to gather empirical data on REI physicians' views regarding ethically challenging clinical scenarios. Understanding clinicians' viewpoints can guide the development of informed policies and promote respectful and responsible patient care.

MATERIALS AND METHODS: This national, cross-sectional survey study was administered to members of the Society for Reproductive Endocrinology and Infertility (SREI). The survey included nine clinical scenarios and six demographic questions. Some of the topics included non-medical gestational surrogacy, in vitro fertilization (IVF) for the purpose of sex selection, and preimplantation genetic testing for polygenic conditions (PGT-P). Chi-square and Kruskal-Wallis tests were used to examine responses based on demographic characteristics.

RESULTS: A total of 154 REI physicians completed the survey (response rate: 19.2%). 3.9% of respondents had been in practice for <5 years, 9.0% for 5-10 years, 19.4% for 11-15 years, 18.8% for 16-20 years and 48.0% for >20 years. 60.4% of respondents reported working in a private practice, 20.1% worked in a university-affiliated private practice and 18.8% worked in an academic practice. 59.7% were either very or somewhat uncomfortable with gestational surrogacy without a medical indication, while 30.5% were very or somewhat comfortable. 88.3% were very or somewhat uncomfortable transferring more than one embryo into a gestational carrier. 52.6% were very or somewhat comfortable performing IVF for the purpose of sex selection, and 77.3% were very or somewhat comfortable with selecting for sex once embryos had already been created for infertility treatment. 74.0% were very or somewhat uncomfortable with PGT-P, primarily because they felt the technology is not sufficiently validated. Only 5.2% were very or somewhat comfortable performing PGT to select for traits such as height and intelligence. 57.8% were very or somewhat comfortable performing an IVF cycle that they believed to be futile. This was primarily because they felt that failing an IVF cycle can help patients feel more comfortable with alternative family building options. Overall, having a higher mean comfort level with all scenarios was associated with working at a private practice ($p = 0.003$) and identifying as male ($p = 0.001$).

CONCLUSIONS: REI physicians were divided on whether to offer treatment that is believed to be futile, while most respondents were uncomfortable with gestational surrogacy without a medical indication, transferring more than one embryo into a gestational carrier, and utilizing PGT-P.

IMPACT STATEMENT: Results from this survey of REI physicians on difficult ethical scenarios can be used to develop well-informed policies – at the clinic or society level – and to provide respectful and responsible patient care.

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Biographical Sketch Jensen Reckhow is a PGY-3 Resident in Obstetrics and Gynecology at Mayo Clinic. She completed her BS in Environmental Engineering and MPH at Yale University. She conducted translational immunology research at NIH for two years prior to attending Ben Gurion University in Israel for medical school. This is her first time attending and presenting at ASRM and she is looking forward to learning from this passionate and inspiring community.

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Biographical Sketch Early success, marked by his first publication in CELL at Harvard Medical School, inspired Joseph to continue his research endeavors in reproductive endocrinology and infertility. Joseph has been with Reproductive Medicine Associates of New York since 2011. Joseph has authored over 400 peer-reviewed abstracts & manuscripts. Passionate about development, he cultivates relationship with investors & entrepreneurs to advance reproductive endocrinology & infertility care.

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Biographical Sketch Phillip Romanski, M.D., M.Sc., is a Reproductive Endocrinology and Infertility physician at RMA of New York in Manhattan and is a faculty member at the National Institutes of Health. He is an expert in family-building including the evaluation and management of female and male infertility, third-party reproduction, and fertility preservation. Dr. Romanski completed his residency in Obstetrics and Gynecology at Harvard Medical School (Brigham and Women's Hospital/Massachusetts General Hospital) and his fellowship in Reproductive Endocrinology and Infertility at the Weill Cornell Medical Center/NewYork-Presbyterian Hospital. Dr. Romanski additionally serves as the Associate Research Director for US Fertility and has authored over 60 peer-reviewed research publications with a particular interest in patients with a history of unsuccessful treatment and patients with diminished ovarian reserve. In recognition of his research contributions, he has received multiple national awards and has subsequently been invited to speak at both national and international conferences to present his work.

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