

SPEAKER PROFILE

Dr Jonathan Ives

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Jon is Deputy Director of the Centre for Ethics in Medicine at the University of Bristol. He works in Bioethics, and has major research interests in bioethics methodology and reproduction, parenting and families. Jon has published on, inter alia; fathers and families; reproduction; end of life; research ethics; ethics and methodology in clinical trial design; medical education; mental health. His recent book (co-edited with Michael Dunn and Alan Cribb) 'Empirical Bioethics: Theoretical and Practical perspectives' (2017) is published by Cambridge University Press. He is a Section Editor for BMC Medical Ethics and Associate Editor for Health Care Analysis. His research has been funded by The Wellcome Trust, NIHR, ESRC, AHRC. His most recent project, with Prof Richard Huxtable, is funded by a £1.5 million Wellcome Trust grant to examine best interest decision making in health care.

LECTURE ABSTRACT:

Should the state fund fertility treatment in the future?

15:00 - 15:30

In recent years, Clinical Commissioning Groups across the UK have begun to decommission fertility services provided on the NHS in an attempt to cut costs. This has been widely reported in the UK media, and has been met with strong resistance. Cutting fertility services has also been criticised by 'NICE', the UK's National Institute for Health Care Excellence, with Gillian Leng, Director of Health and Social Care at NICE, being quoted in The Guardian as saying that infertility can have a "devastating effect on people's lives, causing depression, severe distress and the break-up of relationships", and that it was "unacceptable that parts of England are choosing to ignore Nice guidelines". The case against cuts is summarised well by one service user who, speaking to Fertility Fairness, said "Infertility is not a choice, treatment is not a luxury, and allocating treatment based on postcode is discriminatory. It astonishes me that following the NICE guideline is not compulsory".

In this paper I explore arguments for and against the de-prioritisation of IVF. I argue that IVF is good and permissible in its own right, and push the argument that the best reason to fund it is provided by the 'argument from suffering'. I then explore a significant problem with the implications of this argument, and argue that it follows that both funding and deprioritising ART is justified. I conclude by attempting to show that, given this, the question ceases to be a prime facie moral one, and becomes a question of preference.



Society for
Reproduction
and Fertility