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Ethics of fetal reduction: a reply to my critics

In the article, Twin pregnancy, fetal reduction and the 'all or nothing problem', I argued that there is a moral problem in multifetal pregnancy reduction from a twin to a singleton pregnancy (2-to-1 MFPR). Drawing on Horton's original version of the 'all or nothing problem', I argued that there are two intuitively plausible claims in 2-to-1 MFPR: (1) aborting both fetuses is morally permissible, (2) aborting only one of the twin fetuses is morally wrong. Yet, with the assumption that one should select permissible choice over impermissible choice, the two claims lead to a counter-intuitive conclusion: the woman ought to abort both fetuses rather than only one. It would be odd to promote such a pro-death view. Begović et al. discuss my article and offer insightful criticism, claiming, that there is no 'all or nothing problem' present in 2-to-1 MFPR. In this short reply, I respond to some of their criticism.

Introduction

The problem I raised is the following.¹ Suppose a woman is pregnant with healthy twins. She has three choices:

1. Gestate both fetuses and give birth to them.
2. Undergo 2-to-1 multifetal pregnancy reduction, ending the life of one of the fetuses; then gestate and give birth to the remaining fetus.
3. Have an abortion, ending the pregnancy and thus the lives of both fetuses.

It is of course permissible to gestate both fetuses and give birth to them since procreation is not usually considered immoral. Abortion is also permissible because the woman has a right to decide what happens in and to her body. Yet, if the woman decides to remain pregnant and lets one of the fetuses use her body to sustain its life, I believe (and assumed many people agree here) it would be morally wrong for her not to let the other fetus use her body as well – at least if it can be done without a significant extra cost to the woman. But since we should choose permissible choice over impermissible one, it seems the woman ought to choose to end the life of both fetuses rather than only one. This pro-death conclusion seems difficult to accept, thus generating the problem.

Responding to the critics

In their detailed response, Begović et al. offers several criticisms against my argumentation.² Here, I respond to their objections regarding problematic language, clinical realities on fetal reductions and the risks of twin pregnancies.

The first issue I want to address is that Begović et al. claim that the use of words ‘killing the fetus’ has strong emotional undertones which they think skews the discussion in a certain direction. They suggest a more appropriate choice of word would simply be ‘having abortion’.

I understand their worries and in this response, I have used the language of ‘ending the life of the fetus’, which hopefully solves some of their conceptual worries. Nevertheless, I think it is important to remind that the life of the fetus ends in (successful) abortion. In fact, the purpose of abortion for many women is not just to end the physical state of pregnancy, the purpose is to have no child by ending the life of the developing fetus.

Another criticism raises from clinical realities. Begović et al. state that there is no reason to suppose that 2-to-1 MFPR is an increasingly common occurrence. Thus, I assume, they believe the issue I raised is not crucially important since it does not affect very many people.

To my knowledge, there are no comprehensive statistics on 2-to-1 MFPR for social reasons. Perhaps such reductions are rare, especially in the UK and the Nordic countries where elective single embryo transfer has become increasingly common in artificial reproduction.³ However, even though some

particular case is rare does not in itself mean it is not philosophically interesting or important or that there are no ethical problems worth examining. For instance, it was debated in this journal what should have been done to Charlie Gard, an infant born with a rare genetic disorder that causes progressive brain damage and muscle failure.⁴ Likewise, a recent paper (which I co-authored) asked whether a dead transgirl, Ellie Anderson, should have a right to procreate posthumously.⁵ Such cases are far from common, but they are still worth careful ethical examination and, hopefully, we could learn something from these cases that could be applied in broader contexts as well.

Furthermore, 2-to-1 MFPR has relevance beyond IVF and embryo transfer. It is estimated that 1 in 250 natural pregnancies will result in twins. In some of these cases, the couple or the pregnant woman wants to reduce the twin pregnancy for a singleton. The most recent case was in Sweden, where a couple wanted to reduce twin pregnancy for a singleton because of social reasons. However, the doctor refused to perform such a procedure and the Swedish official *Health and Social Care Inspectorate* (Inspektionen för vård och omsorg, in Swedish), stated that the doctor was not obligated to perform the procedure because there were no medical reasons present.⁶ The existence of such (legal) cases show that the ethical underpinnings regarding twin reductions are well worth studying and that at least some share my intuition that there is something morally problematic in 2-to-1 MFPR for social reasons.

The last point to address here is that Begović et al. dispute the claim that carrying a twin pregnancy is not much more burdensome than a singleton. Thus, they seem to think the problem does not arise since twin pregnancies are always more burdensome or riskier than singletons.

However, whether carrying a twin pregnancy is more burdensome (or riskier) than carrying a singleton pregnancy (which started as a singleton), is not relevant in this context. What is relevant is whether reducing a twin pregnancy to a singleton reduces the risks and burdens of the pregnancy and if it does, to what extent. While some research suggests it does,⁷ according to other studies severe maternal and perinatal complications are not reduced from fetal reduction.⁸

Operating a womb during pregnancy is always a risk and a burden to the woman and the fetus(es), so it could be that the benefits gained from fetal reduction are lost because of risks and burdens associated with the procedure of fetal reduction itself. Therefore, we cannot solve the problem simply by showing that gestating a twin pregnancy is a greater burden than gestating a singleton pregnancy. To successfully solve the problem one must show that the burdens of gestating twins are greater than the burdens of gestating singleton pregnancy *that started as a twin pregnancy*. Perhaps with the detailed examination, this turns out to be so, but reduced twin pregnancy might still not be *sufficiently* less risky and less burdensome than non-reduced pregnancy to make aborting only one fetus permissible.

Conclusion

I am grateful for the detailed response from Begović et al. and I know there is much we agree on. Like my critics, I am pro-choice⁹⁻¹⁰ and believe, for instance, that there should be a right to accessible and safe abortions and prenatal care. However, if I am right, the moral puzzle I presented still exists – at least for those who think abortion is permissible not because fetuses lack moral status but because fetuses do not have a right to use women’s bodies to sustain their own life.

¹ Räsänen J. Twin pregnancy, fetal reduction and the ‘all or nothing problem’ *J Med Ethics* forthcoming. doi.org/10.1136/medethics-2020-106938.

² Begović D, Romanis EC, Verweij EJ. Twin pregnancy reduction is not an ‘all or nothing’ problem: a response to Räsänen. *J Med Ethics* forthcoming. doi.org/10.1136/medethics-2020-106938.

³ Dahl SL, Vaksdal RH, Barra M, Gamlund E, Solberg CT. Abortion and multifetal pregnancy reduction: An ethical comparison. *Etikk I Praksis - Nordic Journal of Applied Ethics* 2021;15(1):51–73.

⁴ Wilkinson D, Savulescu J. Hard lessons: learning from the Charlie Gard case. *J Med Ethics* 2018;44:438–442.

⁵ Räsänen J, Smajdor A. The Complex case of Ellie Anderson. *J Med Ethics* forthcoming doi.org/10.1136/medethics-2020-106998.

⁶ *Läkartidningen*. Ivo: Rätt att neka gravid kvinna abort av tvillingfoster. 16 March 2021. <<https://lakartidningen.se/aktuellt/nyheter/2021/03/ivo-ratt-att-neka-gravid-kvinna-abort-av-tvillingfoster/>> Accessed 30 June 2021.

⁷ Vieira LA, Warren L, Pan S, et al. Comparing pregnancy outcomes and loss rates in elective twin pregnancy reduction with ongoing twin gestations in a large contemporary cohort. *Am J Obstet Gynecol* 2019;221(3):253.e1–253.e8.

⁸ Greenberg G, Bardin R, Danieli-Gruber S *et al.* Pregnancy outcome following fetal reduction from dichorionic twins to singleton gestation. *BMC Pregnancy Childbirth* 2020;20(1):389.

⁹ Räsänen J. Why pro-life arguments still are not convincing: A reply to my critics. *Bioethics* 2018;32(9):628–633.

¹⁰ Räsänen J. Schrödinger's Fetus. *Med Health Care Philos* 2020;23(1):125–130.