

Post-Menopausal Mothers: a case for the defence

Arthur Schafer

I detect a chorus of teeth-gnashing and moral tut-tutting across our nation, as Canadians read or hear about the birth of twin boys to 60 year old first-time mother, Ranjit Hayer and her husband, Jagir. The dominant view seems to be that it is at best “selfish” and at worst “unethical” for a woman of grandmotherly age to use IVF technology in order to have a baby.

Interestingly, moral condemnation seems focused on Ms. Hayer rather than on her husband. This should not surprise us. When our late Prime Minister, Pierre Elliot Trudeau, fathered a child in his (Trudeau’s) early seventies, popular reaction was “way to go, Pierre”. Is that because we still assume that child care duties are bound to devolve primarily on the mother? Sheer sexism.

The Hayer’s obstetrician has expressed moral qualms about the permissibility of using IVF technology to assist women over 50: “Just because we can do something doesn’t mean that we should do it”.

That’s a sound proposition. A medical procedure may be technically feasible but morally objectionable. However, our negative feelings when we encounter a new technology often result from ignorance or prejudice. We need more than gut reaction when we’re proposing to limit the reproductive liberty of Canadian women or otherwise interfere with people’s freedom to make decisions about what’s best for them and their families.

Is there a serious moral objection to post-menopausal women using IVF to have babies? For most women of “advanced years” the prospect of pregnancy, childbirth and child rearing would be more of a nightmare than a dream-come-true. But for a small number of women - those who have not succeeded in giving birth when they were younger - IVF may offer salvation. They should be given full information about all the risks as well as the benefits of the technology and they should be allowed to make up their own minds.

But what about the well-being of a child born to a mother who is 60 years old? Many seem to think that it’s selfish of Mrs. Hayer to become pregnant and give birth when she’s old enough to be her children’s grandmother. Stop to reflect, however, that there are millions of children, worldwide, who are brought up by their grandparents. True, most people, as they age, become less energetic and less patient; so, in general it’s better to become a mother well before you’re fifty. It’s true, also, that elderly parents are unlikely to live long enough to see their children grow into middle age. But for all the disapproval of the tut-tutters, most children raised by their grandparents seem to do pretty well. Barack Obama, let’s remember, was raised by his grandmother, and he hasn’t turned out too shabbily. Is having an elderly mother a fate so terrible that it would be better not to have been born at all? One simply has to pose the question to see that it’s silly.

Perhaps we should also keep in mind that couples from India, like the Hayers, are typically part of an extended family network. The Hayer twins may well have a rich network of cousins, aunts and uncles who will continue to love and support them long after their mother and father have died.

Some want to argue that even if the babies of ageing mothers will be well cared for, the procedure is unethical because it's "unnatural". But why should we look to nature (or to Nature) to find our ethics? Nature is often red in tooth and claw. All of modern medicine interferes with nature. Is there an important moral distinction between using technology to correct abnormalities (such as a blocked fallopian tube) vs. using technology to improve nature. I don't see it. It's entirely natural, as you age, that your eyesight deteriorates. So reading glasses are unnatural. They aren't, on that account, unethical.

A final point. Many societies put great pressure on women to have babies as the only way to be a "real woman" and a fulfilled person. This unfair pressure has lessened somewhat in Canada and many women today experience less social coercion to become mothers at all costs. The "failure" to have babies is no longer seen as such a failure. But for those women who are desperate to have babies, even late in life, the choice should be theirs, so long as they are fully informed of the risks. The extra cost to our health care system of their high-risk pregnancies will be small, since so few will likely want this option. To discriminate against the elderly when we agree to pay the cost of high-risk pregnancies for younger women, seems little short of age discrimination.

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