

Letters to the Editor

**The empirical and ethical questions of induced versus natural losses of preimplantation embryos**

To the Editor:

Trussell and Jordan are to be congratulated for their balanced perspective on the possibility of postfertilization action of emergency contraception (EC) pills [1]. We are more optimistic that the question of the mechanism of action of EC can be substantially solved in the future. We have demonstrated in the past that attempts to explain the contraceptive effects solely by dysfunctional ovulation either for the Yuzpe method or for LNG-EC did not consider the differences in daily fecundity within the fertile window [2,3]. We have also suggested methodological approaches for this question for future studies [4]. Recently, a pilot study that aimed to address this question was published [5]. A larger study using similar methodology is feasible and will improve understanding of both effectiveness and mechanism of action, which are directly linked issues, particularly for increasing delays in administration of EC [4,6].

However, we have concerns regarding the ethical assumption. Trussell and Jordan employ to address the remaining uncertainty surrounding the mechanism of action.

“... even if in some cases ECPs work by inhibiting implantation of a fertilized egg, these probably would be outnumbered by other cases where fertilization of an egg that would not have implanted naturally is prevented because ECPs inhibited ovulation. Therefore, on balance, ECPs probably reduce the incidence of fertilized eggs that do not implant.”

This statement is based on the unstated assumption that natural and induced losses of preimplantation embryos are ethically equivalent. While such a position surely can be found in medical ethics, it is not universal to all ethical systems, whereas Trussell and Jordan seem to regard it as matter of fact. Further, this ethical assumption is not shared by all patients, and it would be wrong to impose it on patients who do not accept it. While our understanding of patients' opinions surrounding postfertilization effects is still incomplete, we found in a large sample of women of reproductive age in Spain that, for 68%, the difference between natural and caused loss is important [7]; in a similar study in Belgium, the proportion concerned was lower but still 44% (unpublished data). We think that whereas preventing deaths

by preventing lives is an acknowledged strategy (e.g., in decreasing childhood mortality), there remains the question of whether it is ethically acceptable to cause some deaths to do so. In summary, there is no consensus regarding the ethical assumption of equivalency between induced and natural loss of early human embryos.

Rafael T. Mikolajczyk  
*Department of Public Health Medicine  
School of Public Health  
University of Bielefeld  
PO Box 100131, D-33501 Bielefeld, Germany  
E-mail address: mikolajczyk723@compuserve.de*

Joseph B. Stanford  
*Department of Family and Preventive Medicine  
University of Utah  
Health Research Center  
Salt Lake City, UT 84108, USA  
E-mail address: jstanford@dfpm.utah.edu*

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