Would you risk it all for a baby?

IVF creates miracles, but also destroys marriages, ruins sex lives and drives couples to the edge of insanity. Nicola Glucksmann counts the hidden costs 12 April 2005. The Independent. http://tinyurl.com/3z9q7 http://news.independent.co.uk/uk/health_medical/story.jsp?story=628542

On a cold bright April day in 1995, I was the happiest I had ever been. It had taken four years of infertility treatments and thousands of pounds, but my baby was finally cradled in my arms. To everyone's delight, Louis's "miracle birth" was followed by my twins, Lilly and Harry, 15 months later. The reasons for my infertility hadn't been clear, and my IVF consultant had offered me the best of what assisted reproductive technology (ART) then offered. A laparoscopy, hormone injections, four cycles of artificial insemination and a first failed IVF attempt - it had been a white-knuckle ride. But I didn't believe I could bear the pain of childlessness and there was almost nothing I wouldn't have agreed to.

The Government has announced that women will now be offered 1 free cycle of fertility treatment on the NHS. That's good news, of course. But will this make women more likely to rush into IVF without regard for the impact on their health and lives?

Only now can I see how, in those four years, I was little short of a woman possessed. I made bizarre, potentially dangerous decisions, and I denied obstacles and signs that now seem all too obvious - not least that my marriage was tissue-paper thin. It was simply too difficult for me to hold on to rational deductive processes while in the grip of the most powerful emotions. A staggering 15% of couples are now seeking medical help for fertility problems, and infertility treatment is stressful. They arrive at the clinics already seriously wounded: periods have come and gone and no baby has materialised.

This is not a good state of mind in which to make decisions either about the emotional cost of treatment or the possible medical risks. Even when presented with something concrete - the treatment's links to ovarian and breast cancer, and concern for ART children's health in later life - I realise that I couldn't hear. As I saw it, life would be over anyway without children, so the risk of dying as a result of treatment didn't scare me. I swung between a childlike dependency on the medical system and a steely determination to "succeed" at any price.

For me, it's now 10 years on. A new category of patients are walking through the door of my psychotherapy practice - men and women who, as well as having to deal with the trauma of infertility, are now also caught up in the technological whirlwind of ART. The speed at which these new choices and risks have to be absorbed means that both therapist and patient have little time to think.

Two years ago, Jane Haynes, a psychotherapist and member of The Group-Analytic Practice in London [UK], and a writer on the psychology of infertility, suggested that we talk about what was going on in our consulting rooms. "For my patients, each month is a terrible roller-coaster of hope and despair," she said. "Couples are caught up in a lonely world that no one understands, and often male partners who start off intrigued and interested become persecuted by the calendar and ovulation kits."

Every ART consultant knows of couples who have mortgaged their homes and changed countries in their desperation to finance just one more IVF cycle. Marital break-up, insolvency and acute depression when treatment fails can bring things to a confused, agonising halt. "Were we in some way cursed, disfavoured by a previously loving God?" This is how Ronald Higgins, a patient and now a writer on childlessness, describes the years of disappointment. "Our life had to be ruled by the prospects of pregnancy. It dominated our conversation, our planning and, of course, sexual behaviour."

There are no figures on divorce after ART, but damage to couple relationships is beyond dispute. Joan Raphael-Leff, professor of psychoanalysis at the University of Essex, believes that sexuality and procreation, instead of being linked, can become separated in the quest for a child: "Intervention can even become a way of avoiding intimacy with a partner."

This raises the question of the role of infertility doctors in their patients' unspoken fantasies. For male patients, it is all too easy to feel redundant and disempowered, particularly in IVF. After all, a third person is impregnating their partner. For women, the transference implications of lying on a hospital bed while a male consultant (very few are women) impregnates them in a way their partners can't are obvious.

Doctors, embryologists, nursing staff, scanners, secretaries - the entire team, and the GPs who refer them - are all having to deal with the unpredictability of patients' grief and rage on a daily basis, while being the ones who offer new hope.

The Human Fertilisation and Embryology Authority insists on a staff infertility counsellor at every IVF unit, so the need for some separate psychological attention is established. But are patients in any frame of mind to use it? I, for one, never wanted to sign up for counselling in the clinic - it was bad enough being a medical patient. I focused on my consultant instead.

As Jane Haynes and I talked, it seemed there were several areas where the psychological might have real bearing on surviving the stress of the treatment and even on its success. We had no easy answers, but we decided to go ahead with the first conference on the psychology of infertility next month in London. Joan Raphael-Leff and several leading practitioners in aspects of fertility have agreed to be speakers.

There has always been an understandable resistance to the psychosomatic from the medics. Equally, no therapist would assume that a symptom is psychological before every physiological avenue has been explored. Butconference bookings from medics have been few: perhaps many doctors are still not convinced that thinking about the psychological can help produce babies?

I can't help wondering if simply a respite from the crippling anxiety about childlessness might in itself be all that it takes to conceive. I was very "good" in my first IVF cycle, which failed. In the second, I drove around Europe, lugging suitcases, drinking wine. I broke every rule, determined not to be good and to hoodwink my system into behaving more "naturally" - and I got pregnant. We have all heard of people who have adopted, or had IVF children, and then conceived naturally.

The fertility expert Dickinson Cowan is clear about what he thinks must change in treatment: "Maintaining a wall of professionalism is no longer appropriate where trust, relationship and a realistic perception of the problem, or problems, are so important."

That wall needs to come down. ART has been a triumph: it has given us all more, better options. But infertility treatment is more than a science. We have to ask what the treatment may be doing to our emotional health and if our "miracle" doctors can help us to manage difficult feelings.

It's not that we don't want doctors to be gods (often we do), but we want them to be thinking gods who will tend both to our bodies and minds. In the face of infertility, we cannot always rely on ourselves for a dose of realism. Then again, if my consultant had offered less intervention and insisted on a slower pace, would it have made a jot of difference to my choices? I honestly don't know.

Inconceivable Conceptions: the Psychology of Infertility, a 1-day conference, is on 20 May; contact The Group-Analytic Practice (020-7935 3103; http://www.gapractice.org.uk/

'Inconceivable Conceptions: Psychological Aspects of Infertility and Reproductive Technology', edited by Jane Haynes and Juliet Miller (Routledge, £16.99)

Need to Know: How the law has changed
* The [UK] National Institute for Clinical Excellence recommended last year that all women between the ages of 23-39 who had failed to conceive after 2 years of trying should be offered 3 cycles of IVF.
* The Health Secretary, John Reid, said in the first instance, 1 cycle of IVF would be available to all couples from April 2005, with priority given to the childless.
* The Health Secretary said that the NHS would aim to implement the 3-cycle recommendation in full, but gave no date by which this would be achieved.