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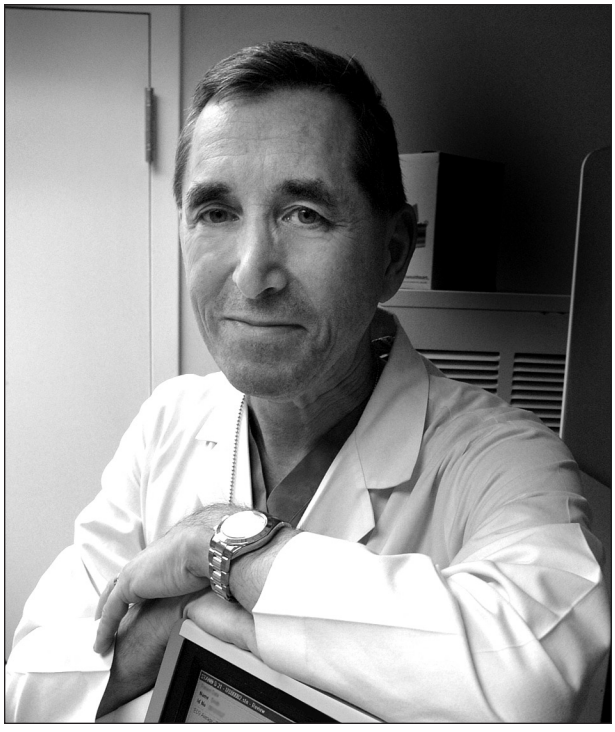
A Note from the Editor-in-Chief

Lawrence D. Devoe, M.D.

Welcome to the March-April 2019 Editor-in-Chief's page. This editorial column will address a significant clinical issue in one of the articles published in the current issue.



Lawrence D. Devoe, M.D., Editor-in-Chief

In This Issue

- ***Professionally Responsible Referral for Assisted Reproduction***
  F. A. Chervenak, S. Kupesic Plavsic, and L. B. McCullough

  In this "Clinical Perspectives" monograph the authors have provided a basis for the necessary guidelines involved in the clinical loop of patient referral from a general obstetrician-gynecologist to a specialist in reproductive endocrinology. They have used time-honored and established ethical models that pertain to other patient-physician transactions that involve 3 commitments: (1) to scientific and clinical competence using acquired skills and evidence-based medical approaches, (2) to giving priority to the patient's health-related interests over the interests of the provider, and (3) enabling the practice of medicine to be seen as a public trust that is aimed at present and future patient benefits.

Editorial Comment

Drs. Chervenak and McCullough have been long recognized as opinion leaders in the field of medical ethics, particularly as it applies to the discipline of obstetrics and gynecology. In this particular article they have turned their attention to one of the more controversial areas in our field:

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assisted reproduction. While this subspecialized care has been available in one form or another for decades, the technology that has elevated it to a high tier really took off with the development and refinement of in vitro fertilization (IVF) more than 4 decades ago.

As is the case with many new medical therapies, the technical side of IVF and its allied fields was far ahead of its ethical considerations when it was first introduced into practice in 1978. A further confounding factor was that, for most patients seeking this intervention, IVF was a cash-based business since few states mandated insurance coverage for these procedures. This financial aspect of the patient-physician relationship hearkens back to an earlier era of medical practice that preceded the availability of healthcare insurance.

As these authors correctly point out, referring physicians play an important role in preparing their patients for what may become a long journey in achieving their goal—a take-home baby. The 5 points addressed in the professional responsibility model of patient referral emphasize the careful preparation of patients in advance of their seeing a reproductive endocrinologist or, in some instances, a maternal-fetal medicine specialist in the event of preexisting medical problems. They also underscore the importance of understanding the costs that patients may experience during assisted reproduction since interventions like IVF or corrective surgical procedures for reproductive tract abnormalities tend to be quite expensive.

What is not discussed in this otherwise excellent article is the patient's right to know the performance data of the particular practice to which she is being considered for referral. Fortunately, such data may be obtained from the website of the Society for Assisted Reproductive Technology (www.sart.org). It should be noted that success rates, broken down by patient age and other relevant criteria, tend to run somewhat behind as the latest preliminary figures are only up to 2016. However, an individual practice should be able to present their more recent outcomes to prospective patients since they are collected annually.