

PSYCHOSOCIAL ASPECTS OF PARENTHOOD BY ARTIFICIAL INSEMINATION DONOR

SIR,—Artificial insemination (donor) (AID) has been practised in the Netherlands since 1948, but until a decade ago adoption was more popular than AID. There were moral and religious objections to AID and there were also large numbers of unmarried mothers offering children for adoption. Since the early 1970s, however, termination of pregnancy for social reasons has become more acceptable and attitudes to AID have changed; furthermore, since 1965 Dutch law considers the husband not the donor to be the father of an AID child, provided he has given his consent. As a result the number of AID children born in Holland has risen from less than 100 to 400–600 a year.

The University Hospital, Utrecht, started to offer AID in 1973. (The unavoidable waiting time of 3–12 months has proved useful since while waiting for AID 20% of couples have changed their minds.) To find out how couples with an AID child feel after the event, we sent a questionnaire to all 153 couples who achieved parenthood by AID during the period 1974–79. The husband and wife were asked to answer the 146 questions independently and to return the questionnaires anonymously. 3 pairs of questionnaires were returned to sender, probably because the couples had moved house; 134 couples (90%) returned the questionnaires. The high response rate and the fact that the couples who took part were clearly well motivated (they wanted to help) mean that we can now more confidently answer the questions that couples considering AID and opponents of AID often ask. The answers (see table) may be summarised as follows:

Will my husband not feel himself humiliated by AID? Will he not consider the child as daily proof of his incompetence? Will he be a real father to my biological child?—Men who consider themselves suitable for the AID fatherhood usually prove to be so (Q1–3).

Will the marriage not be spoiled by AID?—AID parenthood has hardly any effect on the relationship between husband and wife (Q4).

Should not childless couples adopt a child from "the poor third world"?—Couples usually preferred AID to adoption (76% of men, 84% of women) because an AID child is considered to be more an "own" child. AID couples often tell us of their anxiety that a non-White child might have difficulties in a majority of White people.

Religious people, surely, seldom ask for AID?—This is not so (Q5).

Will the child resemble the parents or will it be seen by relatives and others to be a "stranger"?—This is an important question because most AID couples prefer not to inform friends and relatives or the

child (Q6 and 7). In about 15% of cases the child does not look like father or mother, in the opinion of friends and relatives (Q8). Couples must take that risk—or inform relatives and friends beforehand.

Is the decision to accept AID still considered to be a good one?—98% of couples replied "yes" (Q9).

Our verdict must be an interim one. These AID children are, after all, still very young and the early years tend to be the most "sunny" in parenthood. However, when we see the happiness of the parents when they ask for a second AID child (51% of couples in the survey already have a second child and another 34% want one) and the pride with which they bring the first one in to show us, we do not worry too much about the future.

Fertility Unit,
Department of Obstetrics and Gynaecology,
University Hospital,
3500 CG Utrecht, Netherlands

Institute for Social Policy Research,
The Hague

J. KREMER

B. W. FRIJLING

J. L. M. NASS

RIGHT TO DIE

SIR,—Your legal correspondent (Feb 11) seems confused by the issues of terminating "extraordinary care" and helping someone starve herself or himself to death. The Pope suggested in 1956 that it was morally wrong to prolong life by extraordinary means for patients who had no hope of being restored to the dignity of a human being. This remains reasonable advice today, even to non-Catholics. However, starving yourself to death as a conscious act is a different proposition. The IRA group were starving themselves for political reasons in the midst of an insurrection. This is a different situation from that of the Californian woman Mrs Brahams discusses. This woman could have starved herself to death at home, and no legal difficulties would have been raised. However, she chose to go to a hospital and make the hospital and its staff part of her project. The hospital objected because aiding someone to commit suicide is a crime in California and staff objected for moral and ethical reasons. The hospital has always been ready to discharge the patient to the care of her family but the patient does not wish this since she would no longer be the "darling of the media". Unlike Mrs Brahams, I believe the action of the hospital and its staff were reasonable and prudent throughout this publicity stunt.

Scottsdale Memorial Hospital,
Scottsdale, Arizona 85251, USA

JOHN F. CURRIN

QUESTIONNAIRE RESULTS

Question*	Husband	Wife	Question*	Husband	Wife
(1) AID felt to be humiliating?			(6) Who knows?		
During decision making	26 (20%)	10 (8%)	Parents	4 (3%)	2
During insemination period	23 (18%)	14 (11%)	Brothers/sisters	3 (2%)	2
During pregnancy	5 (4%)	1	Friends	3 (2%)	4 (3%)
After delivery	1	0	Nobody	17 (14%)	16 (12%)
(2) Self-esteem as parent?			(7) Will child be told?		
Improved	67 (50%)	77 (58%)	Yes	1	6 (4%)
No change	66 (49%)	55 (41%)	No	102 (77%)	103 (77%)
Diminished	1	1	Not decided	30 (22%)	25 (19%)
(3) Assessment of parenthood?			(8) Does child resemble you?		
No difference	94 (71%)	95 (72%)	Resembles me	20 (15%)	61 (45%)
Better	5 (4%)	4 (3%)	Resembles spouse	61 (46%)	21 (16%)
Worse	2	4 (3%)	Resembles both of us	31 (23%)	32 (24%)
Better and worse	4 (3%)	2	Resembles neither of us	20 (15%)	17 (13%)
Do not know	27 (20%)	27 (20%)	Subject not discussed	1	1
(4) Effect on marriage?			(9) Was AID decision a good one?		
Improved	36 (27%)	28 (21%)	Yes	131 (98%)	132 (98%)
No change	94 (72%)	104 (78%)	No	0	0
Deteriorated	1	1	Do not know	3 (2%)	2
(5) Religious?					
Yes	67 (50%)	70 (52%)			
No	67 (50%)	64 (48%)			

*The form of words of the questions was: (1) Did you ever experience AID as humiliating? (2) Self-esteem as a consequence of being a parent now? (3) Would you consider your parenthood different if your child was not an AID child but conceived by sexual intercourse with your own partner? (4) Influence of AID child(ren) on husband-wife relationship? (5) Are you religious? (6) Who is allowed to know, in general, that you had AID? (answers to questions about health workers' knowledge not shown). (7) Do you intend to tell your child that he or she is an AID child? (8) Does your first AID child resemble you or your partner in the opinion of your relations and friends? (9) Do you now consider your decision in favour of AID as a good one?