

C.A.M. Jansen

Adulthood and ‘six degrees of freedom’

Mankind is connected by mutual common relationships. Everybody knows somebody who knows somebody else and so on. Usually you don't know the identity of these other somebody's except for celebrities. Some American investigators wondered what the mean number of links in the chain between two random individuals was and they decided to find out. They randomly picked a number of individuals in address books around the world, one sender and one recipient who of course were not supposed to know each other, and sent the proposed 'sender' a letter asking him or her to forward the letter to someone he or she knew, and who might possibly know or be close to the recipient. The second person was then asked the same and so on until the letter had reached the recipient. To their astonishment the mean number of links was mere six, proving that we are closer to one another than we tend to think.

Louise Brown, the first IVF baby to be born, has reached the age of adulthood: she is now 23 years of age. In addition, there are now a number of IVF grandmothers: the first IVF child to have a baby of her own was Nathalie Brown, Louise's younger sister, who- although being an IVF child herself- has always lived in the shadow of her sister's publicity. In this regard, the Netherlands are no exception: Stephanie Li, the first IVF baby in our country, has delivered a little boy of her own about one year ago.

One should expect that with reaching these milestones, the technique of IVF itself would have matured to adulthood

as well. This, however, still has proved idle hope. The ultimate proof of adulthood of any technique is that the focus of attention is not just 'results' but also 'complications'. 'Results' in terms of pregnancy rates are often proudly reported especially by those who claim to have good rates; complications such as the ovarian hyper stimulation syndrome (OHSS) and higher order multiple pregnancies are usually not mentioned or brushed aside. For instance the incidence of what is euphemistically called 'selective'- but in reality 'aselective'- artificial pregnancy reduction was 22 % of all pregnancies in a highly successful IVF clinic near Denver in the US, which is never mentioned in the scientific articles, but could be read in a report issued by the state of Colorado in 1997.

One sign of immaturity is that there is almost a complete absence of scientific reports on maternal mortality: only a few reports in the international scientific literature deal with this aspect, leading to the false impression that this is not an issue. Nevertheless in Holland alone there have been ten maternal deaths related to IVF treatment, none of which have been published in the English literature. When one mentions this at international meetings the usual response is: '*you must be doing something wrong there under the sea-level because we don't have that*'. Nevertheless, when specifically asked, most ART clinicians have heard about one mortality in their neighbourhood. When it was a patient from their own centre they haste to tell that the patient has been inappropriately

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treated elsewhere after the IVF. Usually these calamities are not reported in their yearly reports, as it does not look good in the competitive world that IVF signifies in many parts of the world. Mostly in Holland- except for blunt straightforward mistakes such as the use of the wrong concentration of lidocaine, these deaths have escaped the lay press, often because the family decides to keep it from them.

However this attitude is a time bomb, ready to explode: As soon as a well-known person might experience such a calamity, or as soon as the relatives decide to contact the lay press, it means publicity. Then there will be a number of others willing to testify that this has also happened to their loved one, and that it has been ignored. Then it will turn out that many people know someone who knows someone who has experienced the same. The 'degrees of freedom' we have in reality are far less than we think.

It is a good sign that the organizers of this conference have decided to place two main complications on the agenda: the risks of ovarian stimulation in ART by the internationally renowned expert prof Basil Tarlatzis and in non ART by the Dutch gynaecologist dr. Peter van Dop, well known by all working in this area of reproduction.