

# How I Got Pregnant

## TRAVAIL CRÉATIF / CREATIVE WORK

James Dwyer<sup>1</sup>

Reçu/Received: 29 Jan 2014

Publié/Published: 5 Apr 2014

Éditeurs/Editors: Jason Behrmann & Lise Levesque

2014 author(s), [Creative Commons Attribution 4.0 International License](http://creativecommons.org/licenses/by/4.0/)

### Résumé

Cette courte histoire soulève des questions éthiques quant à la demande d'une femme pour de l'assistance médicale à tomber enceinte. Dans ce récit fictif, une femme de 34 ans a essayé de tomber enceinte pendant la dernière année. Son mari aimerait continuer à essayer pour une année de plus, mais la femme perd patience. Elle rend visite à un obstétricien gynécologue et demande l'insémination artificielle. Elle n'a pas l'intention de parler à son mari de cette assistance médicale. Ce médecin a aidé des femmes célibataires, des couples lesbiens et des couples mariés durant leur grossesse, mais il se sent en conflit par rapport à cette demande. Le médecin et la femme discutent de leurs préoccupations et des plans possibles. Puis, ils décident d'un plan d'action. D'une manière créative, cette histoire a pour but de donner vie à des questions éthiques sur la procréation assistée, les relations complexes, les choix individuels, les attitudes sans jugement, la tromperie, la confidentialité, les connexions génétiques et les parents sociaux. Cependant, cette histoire n'est pas un cas classique qui illustre un problème d'éthique clairement défini. Au contraire, l'histoire montre que certaines idées éthiques communes ne correspondent pas tout à fait à l'expérience des personnages et aux réactions des lecteurs.

### Mots clés

reproduction assistée, conception par donneur, enjeux éthiques, expérience vécue, tromperie

### Summary

This short story raises ethical issues about a woman's request for medical assistance to get pregnant. In this fictional account, a 34-year-old woman has been trying to get pregnant for the last year. Her husband would like to keep trying for one more year, but the woman loses patience. She visits an ob-gyn and requests artificial insemination. She does not intend to tell her husband about this medical assistance. The doctor has helped single women, lesbian couples, and married couples with pregnancies, but he feels conflicted by this request. The doctor and the woman discuss their concerns and plans. Then they decide on a course of action. In a creative way, this story aims to bring to life ethical issues about assisted reproduction, complex relationships, individual choice, non-judgmental attitudes, deception, confidentiality, genetic connections, and social parents. But this story is not a textbook case that illustrates a clearly defined ethical issue. On the contrary, the story shows that some common ethical ideas don't quite fit the characters' experiences and the readers' reactions.

### Keywords

assisted reproduction, donor conception, ethical issues, lived experience, deception

### Affiliations des auteurs / Author Affiliations

<sup>1</sup> Center for Bioethics and Humanities, Upstate Medical University, Syracuse, New York, USA

### Correspondance / Correspondence

Dr. James Dwyer, [dwyerj@upstate.edu](mailto:dwyerj@upstate.edu)

### Remerciements

Aucune déclaré

### Conflit d'intérêts

Aucune déclaré

### Acknowledgements

None to declare

### Conflicts of Interest

None to declare

## Preamble

Although my training is in philosophy, I've spent most of my life teaching at medical schools. Much of this teaching has been with medical students who are in the midst of their clinical rotations. Over time, I've developed an outline of what I try to cover. I always try to get at issues that arise in the students' experience, broach broad issues of social justice and responsibility, and discuss some of the key issues in various clinical fields. By providing opportunities for these students to consider ethical

aspects of their experience and their field, I've learned a lot. When the students and I discussed their experiences, they have brought up issues about performing physical exams on patients [1], difficulties about speaking up in the medical hierarchy [2], problems about caring for immigrants [3], and other ethical issues. When I've broached broad issues of social justice and responsibility, we've had some insightful discussions about the health disparities within our community, within our country (the United States), and between countries. We've been shocked and concerned about the number of women in the world who die of causes related to pregnancy [4]. And we have wondered whether climate change and environmental degradation will undo some of the medical progress that's been made [5].

After we consider broad issues of social justice, we often take up ethical issues particular to the clerkship at hand. When students were working in obstetrics and gynecology, I felt we should discuss abortion, assisted reproduction, and some of the other issues in the field [6]. Here I was surprised by how ideological the discussions became. In a reflexive way, the students appealed to stock ethical phrases and principles: the right to life, the right to control one's body, individual autonomy, being non-judgmental, imposing values, and so on. But these phrases and principles didn't really fit, didn't really illuminate, many ethical concerns and situations. They didn't really fit many of the students' own reactions. At best, these stock phrases and principles functioned like very crude tools. At worst, they limited ethical reflection by obstructing ethical attention, inquiry, and dialogue.

I was dissatisfied. I wanted to shift ethics in the direction that John Dewey suggested, to focus more intently on lived experience, problematic situations, and the habits we need to respond to these situations [7]. So I wrote this story. I hoped that the story would show how our concerns and responses can go deeper than the stock expressions that we hear so often in bioethics. And this story has worked in my experience. Students have reacted strongly to the story, and they have needed to consider a wide range of ethical concerns and ideas to articulate their reactions. Something in this process has led to constructive discussions about how all the characters in the story should respond to the problems that life presents. And something in that process has led to constructive discussions of how we should respond to problems that arise in medical practice and the rest of life.

### Short story text: *How I Got Pregnant*

I was angry. I had enough of Peter's passivity, his equanimity, his whatever. And I was tired of waiting. So I decided to take matters into my own hands.

That night I sent Lisa an email:

Hi Lisa,

I'm looking for a new ob-gyn. Would you recommend yours? I know you are happy with the results – Roger is so adorable!

I'm pretty busy at work right now, but things will lighten up next month. Let's plan on having lunch then. I'll bring over some food, and we can eat, talk, and play with Roger. Give my best to Sharon!

Helen

By noon the next day, I had a reply:

Dear Helen,

When Sharon and I decided to have a baby, we had to find a new ob-gyn. Our friends recommended Dr. Ericson (212.464.8464), and we're quite satisfied with him. He's non-

judgmental, detail-oriented, and usually on time. He's a good listener and a careful thinker, but kind of slow, with sad blue eyes. He practices in a group with two women. I met them during the course of my pregnancy, but I don't remember their names. They were very professional, but one of them seemed uncomfortable with lesbians. I guess that won't be a problem for you.

Roger is doing well. The next time you see him, he'll probably be walking! Sharon is also doing well (since we all get more sleep now).

Lisa

I called Dr. Ericson's office right away and took the first available appointment in October. The woman on the phone told me to arrive fifteen minutes early because new patients had to fill out some forms.

When the appointed day came, I arrived twenty minutes early, introduced myself to the receptionist, and sat down with the clipboard. Just the usual forms. One asked about personal information, emergency contacts, and insurance coverage. The other asked about medical history, A to Z, with lots of questions about women's health. I answered them all. But I hesitated when I came to "Who referred you to our office?" Then I put the truth: Lisa Kaperski. I hesitated a bit longer when I came to "Reason for this visit?" Then I put the truth: need help getting pregnant.

When I completed my assignment, I gave the clipboard back to the receptionist and went back to my seat. I leafed mindlessly through one of those magazines. Was it *Time*, *National Geographic*, *Fit Pregnancy*? I don't even remember.

After about ten minutes, the nurse came out and called my name: Helen Chen. I stood up and followed her back. I was expecting an examination room with a table, stirrups, paper-thin gowns, and all the rest. But she led me to an office with books, journals, and an L-shaped desk with a computer at one end. The doctor was sitting behind the desk, studying some papers. He looked more like a scholar than a doctor.

He stood up, walked over, and shook my hand. A tall man, maybe an inch or two taller than Peter. And younger than I expected.

He began in a practiced but friendly way. "So you're a friend of Lisa Kaperski's?" he asked.

"Yes, I've known Lisa since college, and she recommended you very highly."

"How's her baby doing?"

"Just fine; he's learning to walk."

And then he cut to the chase. "So you're trying to get pregnant?" he asked.

I told him my story. "I'm thirty-four years old," I began, "been married for six years. For about the last year, I've been trying to get pregnant. Every time I ovulate, my husband and I make love. But every month I've been disappointed. I had some tests and evaluations, but my old doctor said that I was in excellent health – for a vegetarian."

"For a vegetarian?" he asked.

"Yes, that's what he said. I guess he was worried about whether I got enough vitamins. But I eat a sensible diet; I just don't eat meat. And everyday I take a multiple vitamin with folic acid. The problem

is not my diet. And I get enough exercise. I swim a lot and practice yoga. I don't know what more I can do."

"We'll try to help you. But tell me, you said that you have intercourse when you ovulate. How do you determine when you're ovulating?"

"I can just tell. The secretions are different, and I sense the change. I also bought a thermometer to record my temperature. And right around the time when I'm going to ovulate, I make sure that Peter and I have intercourse everyday for three or four days. He hasn't complained about too much sex."

"Has your husband been evaluated by a doctor?"

"No, that's part of the problem. He's fit and healthy, and has plenty of sexual desire. I told him that he might feel fine but still have a low sperm count or sperm that don't swim fast enough. He's a runner, not a swimmer. But you know how men are: they're reluctant to get help. He wants to keep trying the natural way for another year. But I'm tired of waiting. He read somewhere that a fertility problem is defined in America as no pregnancy after one year of trying, but in France it is two years of trying."

"It's true that these definitions are social constructs, but that doesn't quite explain his reluctance. Do you think he wants to have a child?"

"Very much. He likes children. In fact, he relates better to children than to adults. He's very fond of our nieces and nephews. And when he goes to the library, he always brings home a children's book and reads it to me. Now we're reading *Witches* by Roald Dahl."

"We try to take a patient-centered approach. How can we best help you?"

"I need help getting pregnant. I'm tired of waiting for chance. I'd like to try artificial insemination."

"But is your husband willing to cooperate?"

"We don't need him. We can get some sperm from the sperm bank. I'll pick a donor who looks like him and give it a try. If I get pregnant, maybe it will be the donor, maybe it will be my husband. It won't really matter. I'm ready, and my husband wants to have a child. It won't matter how we get the child."

I paused and looked at Dr. Ericson. He didn't look shocked, surprised, or offended. He just looked puzzled, like he was thinking very hard. Kind of cute, in a nerdish way.

"You said it wouldn't matter, but are you so sure it wouldn't matter to your husband? Some men care about the genetic connection."

"I don't think he's hung up about that. He's more interested in parenting than propagating. He's even talking about adopting a girl from China."

"If you are artificially inseminated, do you intend to tell your husband?"

"No, there's no need to. I'm not going to lie. I'm just not going to tell him."

"But in this era of genetic tests, the truth sometimes comes out."

"If I need to tell him someday, I will. But there's no need now."

"Do you think your plan is a bit deceptive?"

“I could go out and have an affair. That would be deceptive. There are enough men who want to sleep with me. Every time I wear a skirt and contact lenses to work, more men stop by my office. But I don’t want to sleep with another guy. I’m committed to my husband. I’m just tired of waiting. Besides, I told you, I’m not going to lie and I’m not asking you to lie.”

“I understand, we’re not going to lie to your husband, but I wonder if we’re deceiving him, if we’re hiding something from him.”

“So you think it’s deceptive?”

“I don’t know. I’ve never had a request like this before. I need some time to think about it.”

“But don’t you believe that women should be able to control their own bodies? Women can end a pregnancy without their husbands’ permission. Why can’t they start one? Did I forfeit my rights when I got married?”

“I’ve always tried to enhance women’s control over their bodies *and* respect human relationships. But in this case, I don’t know. We need a plan. Today we’ll do a complete exam. Then you talk to your husband again. See if he will be medically evaluated. See if his plan includes artificial insemination. See if he wants to be part of this process. Meanwhile, I’ll think more about your request. At your next appointment, we’ll come to a decision.”

“Sounds good.”

Then the doctor went over some of the medical information, led me to the exam room, and came back in five minutes with the nurse. Just the usual exam.

Before long it was judgment day. I got up early and did my yoga routine. Then I made a cup of green tea and cooked some oatmeal with apples. I lingered for a while over the cup of tea.

Then I washed up and got dressed: a nice black skirt and a light blue top. I added a silk scarf because it was a special day. Then I put in my contacts and put on some blue mascara. Shoes are always a problem. It was too cold for sandals, and clogs are too informal. So I put on my Mary Janes. Then I was ready.

I arrived at the office twenty minutes early. I’m always early. So I sat down and read until the nurse called my name. The doctor shook my hand again and we both sat down. His eyes looked brighter today, more blue, less grey. He set out the agenda: report from the exam, report from me, joint decision.

The exam was fine. I’m in excellent health. Although there’s no test for fertility, he found no impediment to pregnancy. And then he asked about my husband.

“We had the whole discussion again, without a fight, so I guess that’s an accomplishment. But nothing has changed. Peter wants to keep trying for a year. Then he says we’ll be ready for assistance. We might even end up with twins. That seemed to excite him. I was less than thrilled. He’s thinking two children. I’m thinking one child and then we’ll see. If we don’t conceive naturally, he’s also open to adoption. So that’s his overall plan.”

“And you’re in agreement?”

"No. That's his plan, not mine. I'm ready now. I'm not too old. My career is on solid ground. My mind is set. I want to increase my chances by trying artificial insemination. I even read about a women's collective in California where the women do it all themselves. Of course, they get the sperm from donors, but they leave the doctors out of the loop."

"I understand why women want to control the process, but our practice screens the donors very carefully and monitors the women's health."

"I'm happy here and like your approach. Are you willing to help me do it?"

"Yes," he said in a sheepish way. "We aren't here to judge the personal decisions that women make. In our practice, we treat married women, lesbian couples, and single women. If you were single or divorced, I would help you get pregnant. As for your relationship with Peter, you have to decide on the best course."

I was thrilled, but also a little anxious. I didn't really understand the exact process, but he was reassuring.

"The next step is to meet with my assistant Jan. She will explain all the details. You need to select two suitable donors from the catalog. I'm afraid we don't have big selection of Asian donors."

"My husband is Caucasian."

"I'm sorry. I just assumed," he said. "That's not right. I apologize."

"No big deal," I said. He seemed more bothered by a common assumption than I was. So I added some information: "My husband is half Irish, half Swedish, with blue eyes and photosensitive hair."

"Photosensitive hair?"

"His hair is light brown but the ends turn blond when he's been in the sun. That's what I call photosensitive hair. He has a light complexion that flushes when he exercises. My brother says I didn't marry a white guy, I married a pink guy."

"How tall is he?"

"Six foot one."

"It shouldn't be hard to find an appropriate donor. Jan will explain it all to you. We can't guarantee a specific donor because a sample might not be available, but we always keep to the characteristics you prefer. Also, Jan will explain how to chart your cycle and how to determine when to come in for insemination."

Jan was great, like the big sister I never had. She told me everything that I needed to know. Picking the donors was easy. Only one thing bothered me. They all seemed so young! 20, 22, 24. College students, medical students, graduate students. Just kids really. But healthy sperm, that was the point, I reminded myself.

Insemination day arrived, and I got my shot from Dr. Ericson's turkey baster. That night I made love to Peter, with passion, like the first time we made love. And the next morning, we made love again, after yoga, but before breakfast. And then I waited, trying not to count the days.

My period didn't come and my breasts felt different, but I've had false alarms before, so I waited some more. This time I was cautiously optimistic. Ten days after my period was due, I told Peter that I thought I was pregnant. He looked very happy, but very nervous. I sent him out to buy a home pregnancy test. He came back with two different brands. Both turned out positive.

My pregnancy went smoothly. I kept up the swimming to the very end, but cut back on the yoga. No head stands. Peter was a doll. When he finished reading *Witches*, he started reading *What to Expect When You're Expecting*.

Everyone says that Francis looks more like Peter than me, but with mixed babies it's hard to tell. My mother said, with a slight sense of disappointment, "But he doesn't look Chinese at all. And blue eyes. Very strange." She doesn't understand that his eyes will turn brown.

A month after the delivery, I had a follow-up appointment with Dr. Ericson. I brought Francis along to show the staff. Everyone in the office made a big fuss over Francis. The receptionist, the nurse, Jan, even Dr. Ericson. He held Francis for a long time and pinched him on the cheek. He almost forgot about the examination.

He didn't seem puzzled anymore, but I was. That night I sent Lisa an email:

Hi Lisa,

I never thanked you for recommending Dr. Ericson. I liked him a lot and am very happy with the results! But I didn't know that obstetricians are so fond of babies. When I went in for my follow-up visit, he spent five minutes holding Francis. I'm sure he gushed over Roger too.

You, Sharon, and Roger are always welcome to visit. Just call me a little ahead of time.

Helen

And by noon the next day I had a reply:

Dear Helen,

I'm not surprised that Dr. Ericson wanted to hold Francis – everyone does because he's so cute! When I had my follow-up exam, I left Roger at home with Sharon, but I brought in a picture for the staff, and they put it in their album. Yes, we are planning to bring Roger over to see Francis. I'll call you sometime next week.

Take care and sleep when you can.

Lisa

And that's what I did. I took care and slept when I could.

## List of References

1. Dwyer J. [Case study: one more pelvic exam](#). *Hastings Center Report*. 1993; 23(6):27-28.
2. Dwyer J. [Primum non nocere: an ethics of speaking up](#). *Hastings Center Report*. 1994; 24(1):13-18.

3. Dwyer J. [Babel, justice, and democracy: reflections on a shortage of interpreters at a public hospital](#). *Hastings Center Report*. 2001; 31(2):31-36.
4. Dwyer J. Teaching Global Health Ethics. In *Global Health Ethics*, edited by S. Benatar and G. Brock (Cambridge: Cambridge University Press, 2011): 319-328.
5. Dwyer J. [On flying to ethics conferences: Climate change and moral responsiveness](#). *International Journal of Feminist Approaches to Bioethics*. 2013; 6(1):1-18.
6. McCullough LB, Chervenak FA. *Ethics In Obstetrics And Gynecology*. New York: Oxford University Press, 1994.
7. Pappas GF. *John Dewey's Ethics*. Bloomington, Indiana: Indiana University Press, 2008.