A GUIDELINE FOR THE PREPARATION OF COUPLES UNDERGOING ARTIFICIAL FERTILIZATION WITH DONOR GAMETES

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ABSTRACT

Artificial fertilization with donor gametes is a form of treatment, which is often complicated by secrecy issues, anonymous donors and various psycho-social, legal, medical, ethical-moral and religious aspects. Couples should be made aware of this by the infertility counsellor. This paper suggests that the holistic preparation of couples for this form of treatment by the infertility counsellor is essential, in order for them to make an informed decision. The research shows how couples in South Africa who underwent this preparation session prior to making their decision, valued the preparation session and recommended it to be a pre-requisite. This paper provides a guideline for the aspects to be included in such a holistic preparation session, which is strongly recommended.

INTRODUCTION

Artificial fertilization with donor gametes is a field, which is still new and unknown to the majority of social workers. As it is a very specialized field and secrecy IS involved, it is not so accessible and is difficult to become involved in or gain knowledge of. Many infertile couples undergo this form of treatment and the need therefore exists for counsellors to be specialized in this field. Due to the nature of this treatment, the secrecy involved and the anonymous donor, there are various aspects, which couples have to be prepared for, before they can make a decision to go ahead with treatment. The holistic preparation of couples for artificial fertilization with donor gametes is essential, regarding the medical, legal, ethical-moral, religious and psycho-social aspects. A need thus exists for a guideline for the preparation of couples that undergo artificial fertilization with donor gametes.

DEFINITIONS OF KEY CONCEPTS

Social Work in Health Care

Medical Social Work is defined by the New Dictionary of Social Work (1995:39) as: "Specialized field in social work practised in hospitals and other health care facilities and aimed at the social and personal implications of sickness and health". On the other hand, Funnel, Levin & Hochstadter (1990:367) maintain that: "Social workers in a hospital setting have a special understanding of and skills to deal with the psycho-social impact of illness, disability, hospitalization and death. The social worker, as a member of a multi-disciplinary team, aims to assist patients and their

families to cope constructively with crises brought about by these events, thereby preventing the occurrence of further psychological and emotional problems. In this way he has enormous potential to contribute to total patient care". Thus the social worker in the hospital is an indispensable member of the inter-disciplinary team, who has a very important contribution to make in terms of her knowledge, skills and tasks, as well as to ensure the implementation of the holistic approach with each patient.

Social work in health care is defined in an even broader context by Barker (1991:141) as follows: "Social work in health care is the social work practice that occurs in hospitals and other health settings to facilitate good health, prevent illness and aid physically ill patients and their families to resolve the social and psychological problems related to illness".

Thus social work in health care is therefore defined by the authors as the practice of social work in an inter-disciplinary health setting, focusing on illness, disability, hospitalization and treatment, and the psycho-social effect on the patient, family and community. It also concentrates on the prevention of illness and promotion of health by means of education and primary health care.

A GUIDELINE FOR THE HOLISTIC PREPARATION OF COUPLES FOR ARTIFICIAL FERTILIZATION WITH DONOR GAMETES

The holistic preparation of couples for artificial fertilization with donor gametes is imperative and a definite prerequisite for this form of treatment. No research had been performed on the preparation of couples for artificial fertilization with donor gametes, nor was there any literature available on this topic, until the doctoral study of Carbonatto (1996) fulfilled this need.

Various authors refer to the need for patient preparation. The importance of preparation is accentuated by Kovacs *et al.* (1988:355) who state that the couples should consult the social worker for a detailed discussion of the social, ethical and legal implications of AID. Furthermore, Ledward *et al.* (1982:274) stress the importance of the medical social worker in elucidating the psycho-social reactions to AID. In support of this Mahlstedt (1994:557-567) recommends patient preparation, especially concerning the emotional consequences. On a similar note Van Thiel *et al.* (1990:823) strongly recommend psychological advice prior to treatment, as do Klock & Maier (1991:494) and Beck (1983:385). Olshansky & Sammons (1985:52S) on the other hand refer to the importance of preparation on the medical and legal aspects only. Thus it appears as if the preparation on the psychological aspects is stressed as being of importance, while preparation on the medical, legal, social and ethical aspects are also considered to be essential.

A recommendation on an extensive preparation is made by Thompson & Boyle (1982:218), who recommend the importance of counselling on the ethical, religious, legal and practical implications and the ability to recognize that a couple is at ease with their final decision. This is supported by Jequier (1986:145), who recommends that a small booklet be compiled on these issues and given to the patient. Extensive patient preparation is also emphasized by Mahlstedt & Greenfeld (1989:909). Thus the need for more thorough patient preparation from a broader perspective is highlighted.

The skills and training of personnel to provide patients with as much information as possible, are stressed by Soutoul, Body, Pierre & Kone (1989:919-929) who state that this is important, so that patients can give informed consent. Van Staden (1989:165) also emphasizes that the couples found it difficult to make a decision and expressed a need for more information. Nachtigall (1993:1846-1851) also emphasizes the importance of providing advice to couples considering the option of donor treatment, while Halman *et al.* (1993:1046-1054) refer to the importance of sharing information with these patients and of their understanding of this procedure. Thus the importance of preparation is emphasized, as well as the patients being able to give informed consent, once they have sufficient information.

In support of this the research findings of Carbonatto (1996:471-475), which evaluates the preparation session on a short-term and long-term basis are subsequently referred to. The short-term evaluation of the preparation, found respondents providing mainly positive feedback regarding the session. All the respondents (100%) recommended the preparation session for future couples planning to undergo artificial fertilization with donor gametes. A large amount of new information was reported to have been gained during the session by 92% of the male respondents and 91% of the female respondents. Their ability to understand all the aspects discussed, was reported by 100% of the males and 79% of the females. All the respondents (100%) reported a clarification of aspects with a few new concerns raised. Their ability to understand artificial fertilization with donor gametes and to thus have a clearer perspective of all the related aspects was reported by 93% males and 100% females. The majority of respondents also reported mainly experiencing positive feelings following the preparation session and that the half-day spent on the session, had been sufficient.

The long-term evaluation of the preparation session in Carbonatto (1996:515-526), found respondents also providing mainly positive feedback regarding the session. All the respondents (100%) reported the necessity of a preparation session and 73.68% stressed that it should be compulsory, while 26.32% felt is should be optional. The majority of respondents, 68.42%, rated the value of the preparation session to be high, while 26.32% rated it as moderate and only 5.26% (1 respondent) rated it of no value.

Furthermore the majority of respondents reported that the session: made them more realistic about treatment, helped them to make their decision, gave them a more thorough perspective of artificial fertilization with donor gametes, informed them of the advantages and disadvantages, prepared them for treatment, and clarified all the issues involved. They also recommended that the preparation period should consist of more sessions.

Thus it is evident that the need for preparation of these patients for artificial fertilization with donor gametes has been recognized and the importance of providing these couples with sufficient information. By having more information, these couples will be enabled to make a decision and give their informed consent. The whole issue of informed consent is also becoming more and more important in terms of human rights. Thus the need and importance of thorough, holistic preparation of couples for artificial fertilization with donor gametes is essential and should be a prerequisite for treatment.

Subsequently a guideline for the holistic preparation of couples for artificial fertilization with donor gametes will be provided. Firstly the administrative aspects of the preparation session will be discussed, followed by the contents of the preparation session.

The administrative aspects regarding the preparation session

A preparation session should be held with all couples planning to undergo artificial fertilization with donor gametes. This session should be held individually with each couple, and not in a group context as is often done with adopting parents. This matter is far too sensitive and secretive to deal with in a group session and must be dealt with individually.

This session should take place some time after the diagnosis was made and this alternative was mentioned. It is recommended that the couple should have passed the crisis period following the diagnosis and have been able to come to terms with their infertility. They must have considered this option and be interested in it. Both spouses have to be present during the preparation session.

The duration of the session can vary between a morning or afternoon session of approximately three hours or more, depending on various factors. These factors include:

* Whether both spouses can afford to take off work for a full day or half-day;
* how far away the couple live;
* the educational and intellectual level of the couple and ability to comprehend;
* whether they have any previous knowledge, information or experience of artificial fertilization with donor gametes or not;

* whether both spouses feel equally positive and motivated, or whether one spouse has been pressurized into the situation and is not really interested; and
* whether the couple has been assessed and selected for this treatment procedure or has been referred without being selected.
* the half-day preparation session implemented by Carbonatto (1996) was evaluated as sufficient by the majority of respondents (85% males and 91% females). It was evaluated as being too long by 15% males and 9% females. Thus a three hour to a half-day session should suffice.

This session could be held at the clinic or hospital where the procedure will be performed, or at the private practitioner's consulting rooms, or the social worker's private practice. A seminar room can also be used for this purpose. The only criteria are that this venue should be free of any disturbances, excessive noise or interruptions. A warm, positive, private and safe atmosphere should be created by the social worker and the venue should also enhance this, so that these couples can feel comfortable to discuss this sensitive, private and secretive issue.

The information that is provided in this preparation session should be put across in a stimulating and interesting manner. This should stimulate the couple in the learning process and motivate them to want to know more of this interesting topic, as well as to encourage them to ask questions and to participate in this preparation session. Audiovisual equipment should be used if at all possible, such as an overhead projector, a video machine and a slide projector. This could make the session more interesting and stimulating. Furthermore literature and examples of case studies can be used, as well as role-play of certain situations. The couple should be seen together in this session, but should also each be seen individually at some point during the session. This could help to determine each individual's need, feelings, fears, attitude and motivation concerning artificial fertilization with donor gametes.

Furthermore, a measurement scale or questionnaire can be used prior to and after the session in the form of a pre-test and post-test, as was implemented by Carbonatto (1996:417-468). This could help to determine the couple's knowledge of artificial fertilization with donor gametes and all the related aspects prior to the preparation session, as well as directly afterwards. The success of the preparation session in helping these couples to gain knowledge on all these aspects can thus be measured and evaluated, the social worker can be more accountable as a professional and prove the results and importance of preparation to the rest of the inter-disciplinary team.

The contents of the preparation session for artificial fertilization with donor gametes

Subsequently the contents of the preparation session will be described as a guideline. The detail of these contents, that is, the medical, legal, ethical-moral, religious and

psycho-social aspects regarding artificial fertilization with donor gametes, have been described in-depth in Carbonatto (1996:44-396), which can be utilized as a knowledge base and resource for each of these aspects. The value of these aspects discussed in the preparation session were evaluated on the long term by the respondents in the study of Carbonatto(1996:520), as follows in Figure 1:

FIGURE 1: VALUE OF ASPECTS DISCUSSED IN PREPARATION SESSION

ASPECTS DISCUSSED DURING THE PREPARATION SESSION	NO VALUE F %	MODERATE VALUE F %	HIGH VALUE F %	TOTAL N %
Medical aspects	(1) 06.25	(5) 31.25	(10) 62.50	(16) 100
Legal aspects	(2) 11.11	(3) 16.67	(13) 72.22	(18) 100
Religious aspects	(2) 11.11	(5) 27.78	(11) 61.11	(18) 100
Ethical-moral aspects	(4) 22.22	(5) 27.78	(9) 50.00	(18) 100
Psycho-social aspects	(2) 10.53	(3) 15.79	(14) 73.68	(19) 100

These findings in Figure 1 will subsequently be interpreted in the following guideline regarding each of these aspects which form the contents of the session.

The infertility diagnosis and motives for choosing this alternative

The details of the infertility diagnosis, the causes, when it was made and how they experienced it, must be discussed with the couple to determine whether they have come to terms with their infertility yet. The detailed information on infertility, the investigations, causes and treatment, can be found in Carbonatto (1996:44-138). The information on the psycho-social implications of infertility and the process of coming to terms with infertility can be found in Carbonatto (1996:286-300).

The alternatives the couple have considered, namely, adoption, childlessness or artificial fertilization with donor gametes, must be discussed, concentrating on each spouse's viewpoint regarding these alternatives and why they have decided against it or for it. Their reasons for choosing artificial fertilization with donor gametes must be explored and discussed in-depth. It must also be determined whether both spouses are equally motivated to go ahead with this form of treatment and what their expectations and insight are. Each spouse should also be interviewed individually so as to explore any fears, uncertainties, unwillingness, feelings of being pressurized or inconsistencies compared to what was said in the combined interview. Their individual and combined motives for a child and parenthood must be assessed and discussed, so as to develop insight.

Their individual and combined motives for artificial fertilization with donor gametes must also be explored and discussed. The detailed information on the motives for artificial fertilization with donor gametes, as well as for a child and parenthood, can be found in Carbonatto (1996:141-209).

If there are any concealed motives or inconsistencies in their individual and combined interviews, these couples should not be prepared further, but given time to first sort out their differences, and to return when both feel positive about this alternative. If both are motivated for this form of treatment, the preparation can commence.

The medical aspects

The detailed medical information on infertility, the causes, investigations and treatment can be found in Carbonatto (1996:44-140), while the detailed medical information on artificial fertilization with donor gametes can be found in Carbonatto (1996:141-209).

During this part of the preparation session the medical aspects regarding artificial fertilization with donor gametes must be discussed in-depth with the couple. The gynaecologist or andrologist usually discusses this information very briefly with the couple and often uses medical jargon to such an extent, that the couple are confused and do not fully understand what they are told. There usually is no time for the patient to ask the doctor to repeat this information, as the next patient is usually already waiting. The medical social worker can therefore repeat this information, in conjunction with the gynaecologist, but using terms which are more understandable to the couple.

The following is a guideline for the preparation of couples on the medical aspects regarding artificial fertilization with donor gametes:

* Their diagnosis and the causes of their infertility should be discussed.
* Their indications for artificial fertilization with donor gametes, that is, the male and female indications should be discussed. This could help determine whether they have insight in why they can only attempt heterologous infertility treatment procedures using donor gametes and not homologous treatment procedures using their own gametes.
* The history and incidence of this form of treatment can be mentioned briefly, so as to help these couples realise they are not the only persons in the world in this situation, but that it has been performed for centuries and that many people are in the same predicament.
* Recipient selection on medical grounds should be included, concentrating on the medical indications, such as: general health, no history of drug abuse, alcoholism, sexually transmissible diseases, AIDS and genetic or psychiatric disorders.

* Donor selection and preparation is of utmost importance to discuss, as couples often have questions in this regard. A thorough discussion of the donor screening process and criteria for selection is therefore essential. Furthermore, the preparation of the donor on his responsibilities regarding his donation, the number of times he can donate and his compensation should be discussed.
* Recipient-donor matching and the criteria used in the matching process must be described, as these also cause feelings of fear and anxiety if they are not aware of this.
* The various methods of artificial fertilization with donor gametes should be highlighted, with a brief description of each treatment procedure and the process of treatment. These include AID, IVF-ET-D, GIFT-D, ZIFT-D, TET-D or EIFT-D, D-OT, POST-D, transvaginal intra-follicular insemination and surrogate motherhood.
* The use of fresh versus frozen gametes can also be discussed.

The medical aspects discussed in the preparation session were rated on the long-term to have had a high value by 62.50% of the respondents in this study, as can be found in Figure 1. This aspect was rated to have had the third highest value. This preparation on the medical aspects should enable couples to gain sufficient knowledge on the medical aspects of artificial fertilization with donor gametes, so as to make them more realistic in terms of what this treatment entails. If there are still uncertainties and too many medically related questions, it would be advisable that the couple consults the gynaecologist again or one of the nurses or other medical practitioners. This guideline is merely an outline of what the preparation of medical aspects should entail and should always be discussed in conjunction with the gynaecologist.

The legal aspects

The detailed information on the legal aspects of artificial fertilization of persons with donor gametes can be found in Carbonatto (1996:212-256). Couples need to be prepared on the legal aspects, so that they are aware of what control there is in the performing of this procedure, the rights of the child, the donor, the surrogate mother and the recipients. The legal aspects discussed in the preparation session were rated on the long-term to have had a high value by 72.22% of the respondents, as can be found in Figure 1. This aspect was rated to have had the second highest value.

The following is a guideline for the preparation of the legal aspects:

* A brief overview of the legal perspectives and legislation of various countries can be provided to help couples gain insight in why the South African legislation is so specific and strict compared to that of most other countries. The countries where legislation is available on this form of treatment include: the U.S.A., the United Kingdom, various European countries, Australia and New Zealand, as well as Canada.

* The South African legal perspective and legislation in this regard should be discussed in detail, so as to help these couples gain knowledge and insight in the situation and what their rights and obligations are, as well as what form of control is exercised concerning the medical practitioner, the treatment, the donor, the child, the recipients and other related aspects.
* A discussion of the following South African legislation should be included in the preparation session:
  - The Human Tissue Act, 1983 (Act No. 65 of 1983).
  - The Regulations regarding the artificial insemination of persons and related matters, R.1182, 1986.
  - The Children's Status Act, 1987 (Act No. 82 of 1987).
  - The Draft regulations regarding the artificial fertilization of persons and related matters, 1991.
  - The pending Surrogate Motherhood Act, 1992, project 65. The contents of the above-mentioned legislation can be found in Carbonatto (1996:230-256). By means of this preparation on the legal aspects of artificial fertilization with donor gametes, couples should gain knowledge on the presence and contents of applicable legislation and should be allowed to ask questions about all their uncertainties in this regard. Couples should also be encouraged to consult their own lawyer in this regard prior to commencing with treatment. Further detailed information on these legal aspects can be found in Carbonatto (1996:212-256).

The ethical-moral aspects

There are various ethical-moral issues regarding artificial fertilization with donor gametes which should be addressed during the preparation session. These aspects are described in detail in Carbonatto (1996:257-272). It is important that couples are aware of these issues with which they might be confronted with and that they can use this opportunity to raise any dilemmas they have in this regard. The ethical-moral aspects discussed in the session, were rated on the long-term to have had a high value by 50% of the respondents, as can be found in Figure 1.

The following are a few examples of the ethical-moral issues which can be discussed and debated on with the couple:

- Artificial fertilization with donor gametes is disrespectful of the human person; children are born of a father who is merely a name on a file; this procedure bypasses the natural act of intercourse and procreation; the donor begets without ever knowing the child; does this involve a dehumanization of human sexuality?; can this be seen as adultery?; masturbation; sexual piety; compensation of donors; selection of donors and the practice of eugenics; secrecy and anonymity; the question of consanguinity and possible consanguineous marriages resulting.

- Furthermore the use of donor gametes is questioned; the ethical status of the embryo and the beginning of life; commercialization of sperm and oocyte banks; gametes which are frozen and ready to be matched and dispatched; making babies in laboratories; embryo adoption; burial services for embryos; and involvement of third parties (donor) in procreation.

These are all controversial issues which should be debated during the session and can also be referred to for further detail in Carbonatto (1996:257-272). Couples should be encouraged to raise their own ethical-moral uncertainties and questions during this session. By means of this session they should gain knowledge and be able to sort out some of these dilemmas. It should also enable them to reconsider these factors further during the decision-making period. A bio-ethicist can also be consulted if the couple so wishes.

The religious aspects

It is important that the perspectives of different religions regarding artificial fertilization with donor gametes are discussed during the preparation session. The couple's own religion must also be taken into consideration and specific attention given to the viewpoint of their religion and church as far as it is possible. The religious aspects are discussed in detail in Carbonatto (1996:273-283). The religious aspects discussed in the session, were rated on the long-term to have had a high value by 61.11% of the respondents, as can be found in Figure 1.

The following are examples of the religious aspects which can be discussed:

* Churches of the Christian religion which are opposed to artificial fertilization with donor gametes are: Roman Catholic, Lutheran and Anglican. The other churches have less outspoken viewpoints and say no in some circumstances and yes in other.
* The Orthodox Jewish church or Judaism is also opposed to this form of treatment.
* The Islamic faith strictly condemns the practice of artificial fertilization with donor gametes and it is rarely practised since it is a ground for divorce.
* The traditional African churches condemn the practice of artificial fertilization with donor gametes and in fact deny that men can be infertile. They deal with this issue secretively amongst the family, by encouraging the wife to have sexual intercourse with the husband's brother or another family member. The husband remains unaware of this and the resultant child who he is led to believe is his own, maintains the family genetic link and bloodline.
* Some issues concerning this form of treatment are unacceptable to most religions and these include:
  - Masturbation to obtain sperm.
  - Depersonalization of sex.
  - Marriage and third party intrusion.

  - Adultery.
  - Invading God's territory.
  - The unpredictability factor.
  - Incest in the case of consanguineous marriages resulting amongst donor offspring.
  - Anonymity of the donor.
  - The responsibility factor and the fact that the donor relinquishes all responsibility toward his/her offspring.

It is important that couples have an opportunity to raise their own religious uncertainties or fears. Concerning the viewpoints of their own religion, they should gain knowledge if they are unaware of it. When a couple want a child and this is the only alternative, they will be confronted with feelings of guilt and uncertainty, if they know their religion is against this form of treatment. It is then recommended that they should also consult a theologian in this regard, or clergy from their religion to help them in their final decision-making process. Further detailed information on the religious aspects can be found in Carbonatto (1996:273-283).

The psycho-social aspects

There are various psycho-social aspects which should be discussed with couples during the preparation session. The detailed information on the psycho-social aspects are described in Carbonatto (1996:286-396) and can be used as a knowledge base and guideline for the preparation session. The psycho-social aspects discussed in the session, were rated on the long-term to have had a high value by 73.68% of the respondents, as can be found in Figure 1. This aspect was rated to have had the highest value. The long-term evaluation of the respondents of the value of the discussion of the various psycho-social aspects discussed in the preparation session in Carbonatto (1996:522) follows in Figure 2:

FIGURE 2: VALUE OF THE PSYCHO-SOCIAL ASPECTS

ASPECTS DISCUSSED DURING PREPARATION SESSION	NO VALUE F %	MODERATE VALUE F %	HIGH VALUE F %	TOTAL N %
Self	(4)21.05	(2)10.53	(13)68.42	(19)100
Spouse	(1)05.26	(2)10.53	(16)84.21	(19)100
Marital relationship	(1)05.26	(3)15.79	(15)78.95	(19)100
Work	(4)21.05	(7)36.84	(8)42.11	(19)100
Finances	(4)21.05	(7)36.84	(8)42.11	(19)100
Religion	(4)21.05	(3)15.79	(12)63.16	(19)100
Social life	(4)21.05	(4)21.05	(11)57.89	(19)100
Family	(3)16.67	(5)27.78	(10)55.56	(18)100
Friends	(4)22.22	(7)38.89	(7)38.89	(18)100
Pregnancy	-	(5)29.41	(12)70.59	(17)100
Secrecy	(3)17.65	(3)17.65	(11)64.71	(17)100
The child	-	(2)11.76	(15)88.24	(17)100

These findings in Figure 2 will be interpreted in the subsequent guideline and discussion of each of the individual psycho-social aspects, which should be discussed with couples during the preparation session:

* **Their motives for a child and parenthood, as well as their motives for a child by means of artificial fertilization with donor gametes** should be assessed and discussed. This can be followed by a general discussion of motives from various studies and can be shared with them to help gain insight in possible further motives. It is important that both spouses are equally motivated and have similar motives. This should give them some information to think about further during the decision-making process.

* The **motives of the donor** should also be discussed to help them gain insight in the donor's situation and why he or she is willing to donate gametes.

* The **decision-making period and process** are very important aspects to be discussed with each couple. This should be discussed in-depth with them, providing them with possible guidelines in terms of what has to take place during this period which follows the preparation session:
  - The decision has to be made over an extended period of time, of at least three months duration.
  - The couple must have resolved their infertility crisis, completed their grieving process and come to terms with their infertility.
  - They must redefine their marital relationship, reconstruct their sexual identity and their idea of a traditional genetically-linked family.
  - They have to make a paradigm shift from biological parenthood to social parenthood.
  - Couples must first undergo the preparation session to have more information and knowledge to enable them to make a more rational decision.
  - It should be a combined decision.

* **Secrecy and anonymity regarding recipients and donors** is a further aspect of importance:
  - The whole issue of secrecy and whether the parents plan to maintain the secret or disclose it to others, must be discussed in-depth. Findings from various studies can be shared with them in this regard.
  - Their reasons for secrecy and components of secrecy should be explored and discussed.
  - The advantages and disadvantages of secrecy must be discussed with them.
  - Anonymity of the donor should also be discussed and the reasons why donors want to remain anonymous, as found in various studies. This

should be dealt with to help these couples gain insight in the donor's position.
  - Non-identifying information of the donor which can be provided and their need for this information should be explored and discussed, as well as non-identifying information of them being shared with the donor.
  - Disclosure to family members and friends should be explored, how they will go about it and the reactions they could expect. Some findings from various studies can be shared with them to help them with this difficult decision.
  - Disclosure to the child is a very important aspect and this should be discussed in-depth with each couple. Their reasons in favour of or against telling the child should be explored and findings from various studies should be revealed to help them with this complex decision. Ways of telling the child must be discussed and when it can take place. Results from studies of the reactions of children who have been told should also be shared with these couples. It still, however, remains their own choice.
  - This discussion on secrecy was rated to have had a high value on the long term by **64.71%** of the respondents in Figure 2.

* The **emotional reactions resulting from treatment** is another aspect of importance, as stress is usually experienced during the treatment stage. Mutual support should be encouraged and ways of enhancing their coping mechanisms.

* The possible **psycho-social implications of artificial fertilization on the individuals** involved must be discussed during the preparation session. These individuals include the recipient husband and wife, as well as the donor. Some findings of studies should also be shared with the couple to help them gain insight in the possible psycho-social implications of treatment. These implications include, for example, feelings of guilt, fantasies of the donor, conflicts, increased stress levels and anxiety. This discussion was rated to have had a high value on the long-term by **68.42%** of the respondents in Figure 2.

* The possible **psycho-social implications on the marital relationship** is a further aspect of importance to be discussed. The essentiality of a stable marital relationship must be stressed and the importance of mutual support. The possible effect on the sexual relationship, the marital conflict evoked, as well as feelings of guilt, resentment and jealousy can be mentioned. Some findings of studies dealing with marital discord, as well as with positive results where the marital relationship was enhanced should also be shared. The importance of the quality of the marital relationship and mutual support should

be accentuated. This discussion was rated to have had a high value on the long-term by **78.95%** of the respondents in Figure 2.

* The **pregnancy and childbirth** are further aspects to be included in the discussion:
- The couple should be made aware of all the adaptations, fears, the incidence of abnormalities, and the tension and anxiety experienced during the pregnancy.
- They should be prepared in such a way that they have a realistic idea of what it is like to be pregnant and to give birth to the child, as well as what possible adaptations lie ahead.
- Unrealistic fantasies must therefore be explored and discussed.
- The positive experience of the pregnancy and childbirth and the enhanced bonding process for both husband and wife during the pregnancy and childbirth must be accentuated. This could help them to compare the differences between this option and adoption.
- Results from various studies regarding the experience of the pregnancy and the birth should also be shared with them, for example fantasizing about the donor and the child.
- They should furthermore be prepared to a certain extent on the actual delivery process, whether a natural birth or caesarean.
- This discussion was rated to have had a high value on the long-term by **70.59%** of the respondents in Figure 2.

* **Parenthood** is an important issue to be discussed:
- The adaptations to be made must be discussed as well as the responsibilities of being a parent.
- The experience of social parenthood should be discussed, and some results of studies performed in this regard can be shared with these couples.
- Biological versus social parenthood should be discussed, as well as the importance of a combined approach, mutual support and a stable marital relationship needed to make this parenthood succeed.
- Parental guidance can also be provided in terms of dealing with this child. The chances of being over-protective or having difficulty enforcing discipline, because of the gratefulness for and uniqueness of this child, should be discussed and discouraged.

* **The child** who is donor-created needs to be discussed in-depth:
- The child who is conceived by means of artificial fertilization with donor gametes is a very special, planned and wanted child. The only difference is, that this child is not a biologically-linked child of both spouses.

The paradigm shift from a biologically-linked child to a donor- created child must be discussed with these couples.
- The resemblance of the child is an issue with which many couples are preoccupied and must be discussed.
- The results of findings from various studies concerning the physical, psycho-motor, psycho-social and intellectual development of the child and the incidence of abnormalities should also be shared with them, as these are issues which usually cause unnecessary concern in most couples.
- The disclosure of the secret to the child should be discussed in-depth during this session, including the reasons in favour of telling the child and reasons against telling the child. Some results of studies performed in this regard can be shared, specifically the reactions of children who were told. The aspects to be taken into consideration when deciding to tell the child should be discussed with the couple and how to tell the child. It can even be enacted in a role-play situation.
- Furthermore, it is important that these couples are made aware of the fact that this child is as normal as any other child in terms of development and should be raised as such.
- This discussion was rated to have had a high value on the long-term by **88.24%** of the respondents in Figure 2.

* **The artificial family** compared to a traditional biologically- linked family should be discussed and the couple should be encouraged to make the paradigm shift in this regard.

- Non-disclosure to other family members should be discussed and the whole issue of deceiving the family in terms of kinship and bloodline and creating dishonesty and distrust.

- The couple's own family situation can be assessed and to whom they would disclose or not and why?

- Reactions of family members who were told from findings of studies, can be shared and when and how they were told.

- How to go about telling family members who can be trusted should be explored.

- The situation of telling family members, but not the child, is another important aspect and the danger of the child finding out accidentally.

- The ability of creating a normal and harmonious family relationship and providing the child with sufficient love, warmth and security can be discussed and how this couple has the right to have a child and become a family by means of artificial fertilization with donor gametes.

- This discussion was rated to have had a high value on the long-term by **55.56%** of the respondents in Figure 2.

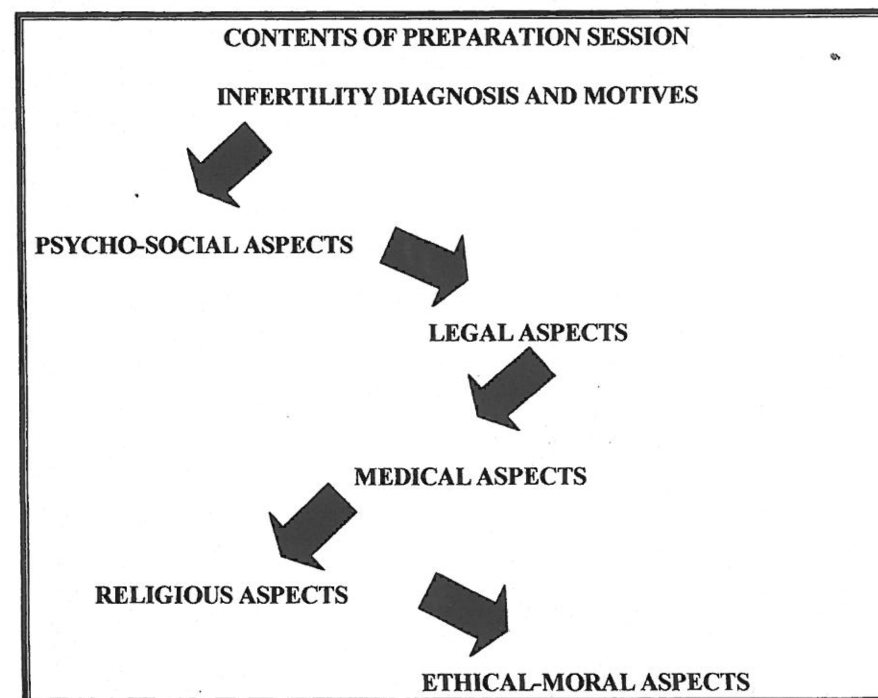
Thus the part of the preparation session on the psycho-social aspects of artificial fertilization with donor gametes is more comprehensive and very important to help prepare these couples on all the possible experiences and implications regarding this alternative. This information will ensure that they gain sufficient knowledge and are more realistic in terms of what they could experience. This will also help them in their final decision-making process.

This guideline for the preparation of couples for artificial fertilization with donor gametes has been described according to the medical, legal, ethical-moral, religious and psycho-social aspects which must be discussed with these couples. The preparation session should help the couples to gain sufficient knowledge regarding artificial fertilization with donor gametes and all the related aspects, so as to enable them to be more realistic and to assist them in their decision-making process which follows the preparation stage. The preparation of couples for artificial fertilization with donor gametes should be a prerequisite to treatment and should be available at all hospitals, clinics and private practices where this treatment is performed. If it is not available, as no social worker is employed at such a clinic, these couples should be referred to a social worker in private practice, who is skilled at performing such a preparation session and providing all the necessary information.

This guideline and the detailed information in Carbonatto (1996), should act as a guideline, resource and knowledge base for social workers planning to become specialized in this field of treatment and offering this preparation to prospective couples for artificial fertilization with donor gametes.

Subsequently a schematic representation of the guideline for the preparation of couples for artificial fertilization with donor gametes will be provided in Figure 3:

FIGURE 3: A SOCIAL WORK GUIDELINE FOR THE HOLISTIC PREPARATION OF COUPLES FOR ARTIFICIAL FERTILIZATION WITH DONOR GAMETES



CONCLUSIVE REMARKS

The thorough preparation of couples contemplating artificial fertilization with donor gametes, is essential and should be a prerequisite. This will not only enlighten these couples, but help them to eventually make an informed decision and give informed consent for this procedure to be performed. This article serves as a guideline for counsellors to provide this thorough preparation.

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