

**Reply: Assisted hatching improves implantation rates on cryopreserved–thawed embryos. A randomized prospective study**

Sir,

We would like to thank Meyer de Moraes and de Miranda Cota for their comments on our recent paper (Gabrielsen et al., 2004). We found a significantly increased implantation rate after assisted hatching of cryopreserved–thawed embryos compared to a control group. However, the pregnancy rate, determined by positive β-hCG, was not increased in the group receiving assisted hatching. Therefore, we agree with Meyer de Moraes and de Miranda Cota that this study may not be sufficient to convince fertility clinics that assisted hatching should be recommended on cryopreserved–thawed embryos.

One possible explanation for the discrepancy between pregnancy and implantation rates might be that the embryos not undergoing assisted hatching do not hatch sufficiently. That might mean that only small fragments of the inner cell mass are expelled through a small gap in the zona pellucida, giving rise to a positive β-hCG. However, due to the incomplete hatching process, implantation may not be obtained (Cohen et al., 1990). An additional explanation may be a higher frequency of multiple pregnancies in the assisted hatching group in the present study.

**References**


Submitted on November 25, 2004; accepted on December 10, 2004

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doi:10.1093/humrep/deh731

**Ethics of assisted reproduction for HIV concordant couples**

Sir,

In the recent article on ethics of medically assisted fertility treatment for HIV-positive men and women (ESHRE Ethics and Law Taskforce, 2004), the authors conclude that ‘...medical assistance to reproduction of HIV-positive people is ethically acceptable. For the time being, only cases of sero-discordant couples should be considered’.

If this statement were to be generally accepted, this would undoubtedly cause considerable distress to, and reduce the quality of life of, many HIV concordantly positive couples at a time of renewed hope and expectation. The statement is lacking in substantial support for this conclusion and is far too broad, in that it considers the prognosis of all patients with HIV to be equal, and makes sweeping comparisons of HIV with ‘cancer’ (which covers a broad range of conditions and prognoses) and cystic fibrosis. The authors consider that it is unethical to assist a couple infected with HIV to conceive at this time because it is possible that neither parent will survive to parent the child to adulthood. The dramatic increase in conceptions in HIV-positive women in the UK would indicate that the authors’ view is not shared by these HIV-positive women, many of whom conceive on anti-retroviral therapy. Parenthood is important to these women.

The authors argue that the survival of these women, and their HIV concordant partners, is uncertain and therefore none should be considered for medically assisted reproduction. Is it ethical to paint with so broad a brush?

**References**


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doi:10.1093/humrep/deh752

**Reply to ‘Ethics of assisted reproduction for HIV concordant couples’**

Sir,

Statements regarding parental capacities and access to assisted reproduction are always open for discussion as these evaluations are a matter of degree. This also applies to the complex question of HIV-positive patients requesting assisted reproduction treatment (ART). At present, these patients are still suffering from unjustified discrimination based on the general image of the disease. For this reason, the comparison was made with diseases such as cancer and cystic fibrosis. The criteria that are used at present to deny access to HIV-positive persons should, if applied consistently, also exclude other categories of patients. The ‘sweeping’ comparisons are used to bring out these inconsistencies.

Although AIDS is more and more considered as a chronic disease, this does not imply that it can be considered as fully under control. The statements of the ESHRE Task Force are...