

ESHRE 2021 Virtual (26 June – 1 July 2021)

Questions for the speakers

PCC09: “Fertility of hope”: A delicate balance for patients and providers

What we know about sharing bad news in assisted reproduction - Daniela Leone (Italy)

Q: Do you agree the end-of-treatment decision should remain the clinician's despite shared-decision making?

A: Shared decision making is fundamental in doctor-patient communication, but we wonder if, in difficult conversations, such as the end of treatment consultations, in which the burden of the decision is too overwhelming for the couple, the clinicians should be more directive in helping the couple to make a choice, basing on clinical data and the assessment of the coping resources of patients. As Roeland et al. (2014) suggested in the oncology field, sometimes clinicians tend to avoid making difficult medical decisions by hiding behind a shield of patient autonomy. In this sense, these authors reconsidered the role of “palliative paternalism”.

Q: In testing the SPIKES model what do you think should be the best patient outcomes to examine?

A: First of all, it could be useful to assess patient satisfaction related to a communication based on the SPIKES model. This could confirm that this model fits with the patients’ preferences, such as in the oncology field (Parker et al., 2001). In addition, it could be interesting to correlate the type of communication with outcomes such as the drop out indexes, or on the contrary the persistence to treatment. Moreover, an interesting view regarding the outcomes of the SPIKES model could be also testing the physicians' perspective: are they more comfortable? do they perceive to be more empathetic, supportive or at ease in difficult conversations if they can refer to a well-known protocol? We know how important is the personal wellbeing and positive attitudes of the medical doctor in every conversation in order to make it as effective as possible, so caring about the subjective experience of the clinicians could be an important point to measure also in breaking bad news in ART.

What happens when we did it all and hope fails - Jessica Hepburn (United Kingdom)

Q: Would your advice be to start trying to conceive earlier or more learning to accept how life is going?

A: I don't think we should tell anyone when to start trying to conceive - it has to be an individual choice. But I do think we have a duty to provide people with better fertility education at a young age so that they have all the facts when they're making their own life-decisions. Clearly the facts show that it is biologically optimum for women to start trying to conceive earlier than many currently are. But even if given these facts, it's highly possible that many people will not be in a position or want to start trying to conceive in their twenties or even early thirties. However, we need to ensure people are better educated about how this will affect their chances as well as the options available to them for later parenthood. It's much easier to accept anything in life if you feel like you've had all the right information to make decisions that affect your own future.

Q: Research seems to show that people better move on/accept if they feel they have done best to achieve their parenthood goal. What is way to achieve this state?

A: It has to be acknowledged that everyone is different so there is no single way to achieve this. Some people know from the outset they don't want to go through IVF at all, other people (myself included) are prepared to go through it multiple times. I think it's important that people understand that IVF is rarely a 'one cycle treatment' but also that after three to five rounds success rates start to diminish. My feeling is that this is still not effectively communicated or understood, nor are people fully informed about the various alternative routes to parenthood open to them (donation, adoption etc). With better education both at a younger age and in the early stages of treatment, people would be in a stronger position to either achieve their goal of parenthood through one route or another, or to move on when the time is right for them. www.jessicahepburn.com