

“Mottainai” Embryos and the Earthquake

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Abstract

Previously, we had done research on the decision-making process for the fate of surplus frozen embryos for Japanese infertile women and found that the decision is very emotionally difficult, stemming from cultural moral values such as “Mottainai.” Many leave this decision pending until they receive a letter that their embryo storage period is almost over. After the devastating earthquake on March 11, 2011, infertility clinics received numerous phone calls from patients asking whether their embryos were safe. Some medical staff, unaware of the motives behind these calls, was unable to be sympathetic and just responded by offering just information.

The quake must have acted similarly to the letter of notice and initiated the decision-making process for many patients. Ironically, in ST’s (first author) personal life, she too has surplus embryos in storage. Being 36 weeks pregnant from a natural pregnancy and on maternity leave, she had forgotten about these embryos until the quake. Like the study patients, ST was faced with the difficulty of the decision. After having decided to continue storage, ST became naturally pregnant again twice. With the numerous aftershocks happening still, ST was constantly reminded of the final decision whether to transfer the embryos into her uterus or not. Recently her partner’s strong desire to dispose the embryos finally outweighed her desire to store them indefinitely.

Sympathetic psychological support by medical professionals is required for the emotional burdens of patients even before the final decision.

Keywords: Mottainai; Surplus embryos; Earthquake; Decision-making process

Introduction

Following days after the devastating earthquake in Japan with a Magnitude 9.0 on March 11, 2011, many in vitro fertilization (IVF) clinics in Tokyo received numerous phone calls from patients asking whether their frozen embryos in storage were damaged. Thanks to our embryologist who held to the liquid nitrogen tanks tightly while the earthquake occurred, instead of evacuating from the building, the embryos at our clinic seem to have been persevered. Without any previous studies, our medical staff replied honestly that they did not know if there was any influence of the shaking and the embryos appeared the same as before. Not knowing the motives of these patients who called, some medical professionals responded by only offering information, unable to be sympathetic to the patients’ panic and emotional burden. Though less in number, with the following numerous aftershocks (the most recent large one being Magnitude 5), we are still receiving inquiries. From our previous qualitative interview study (2007-2009) on the decision-making process for the fate of frozen embryos by infertile women in Japan, we suspect the shakes remind them of their stored embryos and they feel confronted with a decision [1].

Many infertile women who undergo IVF end up making excess embryos and keep them in storage for their next pregnancy attempts.

We found that many leave the fate of their embryos undecided until they receive a notice letter that their storage period is almost over and must choose from three options: continue storage by paying the additional cost, discard, or donate to research. While there is much discussion on the “embryo’s moral status,” interviewing these women who had just made their decisions, we found the decision involved a significant emotional burden, profoundly affected by various Japanese cultural values and moral standards.

After the arrival of the notice letter, the decision-making occurred in this sequence: considering the “Mottainai” embryo and having another child at the same time then the storage cost reasonability was taken into account; followed by the confirmation of her partner’s opinion to continue storage or not {“Mottainai” is a Japanese word with three meanings: a) sacrilegious; b) more than one is unworthy of; and c) wasteful} [2]. For patients, the first step involved the most burden since patients felt caught between the embryos being “Mottainai,” but hesitant about going under treatment to have another child. They are “Mottainai,” since they are a life so precious almost unworthy to even make a decision about, what came to them by go-en (fate and fortune), and were a symbol of their infertility experience requiring respect. A consistent difficulty throughout this entire process was found, with confronting their infertility due to embryo being of “Mottainai” value. This was since most believe that these embryos were their only means of conception, such that discontinuing storage was directly related to “the loss of lifetime fertility.” The decision was so difficult that amongst those who decided to continue storage, many did

so to postpone the final decision to actually transfer the embryos. If discontinue storage was chosen, patients coped with their grief by employing culturally influenced coping styles such as Kuyo (a Japanese memorial service for the dead or things no longer used, and as a method to pay tribute for their effort during their activity), Mizu-ni-nagasu (a Japanese expression or act of letting-go) and sublimation. Patients feel that their burdens are often unrecognized by many medical professionals.

Perhaps, the quake had a similar effect as the notice letter for many patients. Ironically, in ST's (first author) personal life, a certified OBGYN, she too has embryos in storage and was faced with the decision herself. Until the quake, like our patients, ST had forgotten about her embryos because she became naturally pregnant. ST was 36 weeks pregnant, on maternity leave at the time of the quake and at age 39, she felt that her chances of naturally conceiving the next child felt slim. This was indeed what the patients in our study felt: having embryos was like having "insurance" for their own fertility. The numerous aftershocks pressured her to use those embryos but her uterus was unready for transfer and in the meantime she again became naturally pregnant twice. Several months ago, ST decided to

discontinue storage though they were, "not just embryos" to her and "Mottainai" but her partner's strong wish to not to have another child or to go through another pregnancy. Now, having just delivered her third at age 44, she imagined what the outcome of having actually transferred the embryos. Before the final decision, with every aftershock, ST worried about the consequences of the transfer being pregnant: increased pregnancy risks and strain raising 4 children at mid-forties, and discrimination towards a differently conceived child. She almost wished that the transfer did not end in pregnancy. Similarly, many patients must be constantly reminded of their "Mottainai" embryos and of their final decision. We hope that medical staff become more aware of this psychological burden behind these phone calls and treat them sympathetically.

References

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