

Parenting from the Grave: Post-Mortem Fertilization and the Medicalization of Grief

Introduction

With the rapid advances in technology, especially in the area of human reproduction, one is often faced with the following ethical dilemma: Just because you can, does that mean you should.

In this paper, we will examine that very question as we explore two separate but inextricably related phenomena, namely post-mortem fertilization and the medicalization of grief, both products of 21st Century western societies. Let us turn now to the extant case of post mortem fertilization, the case of Peter Zhu.

The Case of Peter Zhu

In February 2019, Peter Zhu, a 21-year-old Cadet at the U.S. Military Academy at West Point suffered irreversible brain damage as the result of a skiing accident during a school sponsored outing. After approximately one week on life support, Peter was declared dead by neurological criteria. In advance of surgeons removing Peter's organs for transplantation, his parents requested that doctors retrieve their dead son's sperm, a procedure whose success depends on a very limited time frame (Joseph).

Although Peter left no instructions while he was alive requesting postmortem fertilization (e.g., a document of informed consent), the Zhus claimed that Peter always wanted to have a large family. In addition, in keeping with the Chinese culture, Peter's parents argued that without an heir from the family's only male child, 'the family name will die' (Chiu). They pleaded that

they were ‘desperate to have a small piece of Peter that might live on and continue to spread the joy and happiness that Peter brought to all our lives’ (Chiu).

In response to the Zhus’ request, New York Supreme Court Justice John Colangelo ordered the Westchester Medical Center, where Peter was being treated following the accident, to collect Peter’s sperm and place it in storage. This was the first step in what, potentially, would result in postmortem fertilization for Peter Zhu.

Let us look now at a broader context in which these events occurred, namely the idea that grief is no longer a normal event which most humans experience at some time in their lives. Rather, grief is now considered a medical condition for which some “treatment,” or even better “cure,” must be provided.

Medicalization and the Practice of Postmortem Fertilization

Medicalization, i.e., “to make medical’...refers to the process by which an increasing array of issues come to be described and understood in medical terms” (Frawley 1044). This practice has been applied to many phenomena which heretofore were considered not medical problems but rather common aspects of human life, experiences such as pregnancy, birth, and death. In addition, rightly or wrongly, we have come to see many psychosocial problems as medical problems, e.g., addiction, obesity, anxiety and grief, to name just a few.

It is this *medicalization* of grief which is most relevant to our discussion of the practice of postmortem fertilization. It is, we might argue, the driving force behind the decision to create a child from a dead person’s genetic material. Rather than understanding grief as a natural, expected, temporary and self-limiting response to the profound loss of a loved one, the *medicalization* of this condition turns it into an illness, a sort of disease. And this is the result:

The concept of disease acts not only to describe and explain, but also to *enjoin to action*. It indicates a state of affairs as undesirable and to be overcome (Reiss and Ankey 3). (Emphasis added).

The main problem with this tendency towards *medicalization*, according to Frawley, is that it results in a "... disempowerment of ordinary people to deal with their problems" (1054).

Let us now focus on the way in which the *medicalization* of grief, and its corollary, the unwillingness to accept death, directly feeds into the demand for postmortem fertilization. First, we will examine the practice of postmortem fertilization in general and then apply these insights to the specific case of Peter Zhu and his parents.

The Practice of Postmortem Fertilization: The Promise and the Peril

The practice of postmortem fertilization is rife with complexities and devoid of clarity. At the outset, there is the issue of one's constitutional right to procreate, juxtaposed to one's right over one's own body, i.e., autonomy (Gilbert). There is the question of prior informed consent for gamete retrieval, or the assertion that one can have no "interest" in his/her genetic material after death.

While surely legal and ethical issues abound, this essay will be restricted to two considerations of the practice of postmortem fertilization: 1) the psychosocial effects of the practice of postmortem fertilization on the family of the deceased person and 2) the psychosocial effects of the practice of postmortem fertilization on the child conceived in this manner. Here, our discussion will be limited to sperm retrieval, since that is the most common practice at the present time and is also specific to the case of Peter Zhu.

The Practice of Postmortem Fertilization and its Effects on Bereaved Families

The possibility of postmortem fertilization has also raised many concerns for the well-being of the deceased person's spouse/partner. "People experiencing the loss of a loved one

need time to disengage from the image of the person to whom they were emotionally attached...They need time to reorganize their lives... (Lavi 187). It is through this process that of grief that one comes “to accept the finality of death” and find a way to move on with one’s life.

Another concern is that the parents of the deceased son “...may pressure the spouse to give birth to a child in order to alleviate their own sense of loss” (Lavi 43). Thus, some organizations have called for a “waiting period” of six months to one year, before the collected genetic material can actually be used.

Providing genetic material to other family members, e.g., parents, poses even more psychosocial problems. One Israeli doctor posits the following concerns:

“Parents try to bring time to a halt from the moment their child dies to prevent anything from changing. Sometimes they leave the room as it was for years, wear the clothes, listen to the same songs, try to do everything to keep the world from turning, so as not to bid farewell, so that death will be as naught.... The commemoration of a lost son is an almost obsessive act for parents. It does not resemble anything logical, rational that a person would do (Lavi 47).

However, others see posthumous conception when one has died childless as “...repairing the broken cycle of life and death.” Seen from this perspective,

With the death of a childless person, the cycle of life and death is tragically interrupted. It is almost as if the dead cannot rest in peace without having progeny. It is the duty of the living toward the dead to complete the cycle. This means more than expressing grief. There is an unfinished matter that must be attended to, and it is the responsibility of the kin to accommodate it. (Lavi 52).

The Practice of Postmortem Fertilization and its Effects on the Conceived Child

Of course, the most obvious and perhaps the most significant consequence of posthumous conception, is that the child, *ipso facto*, is missing one parent from the very beginning of life, often referred to as “planned orphanage” (Landau 188). Numerous studies, in the US and Europe, strongly suggest that “...the risk of emotional or behavioral problems among children of

single parents is two to three times as high as that of children who grow up with their two biological parents” (Landau 187). In addition, one might expect there to be more economic resources available in a two-parent family which may add to a child’s overall feelings of security and well-being.

The consequences of posthumous conception, when it is the parents of the deceased person (rather than the spouse/partner) who are requesting the procedure become even more problematic.

In one way or another, orphans are expected to take the place of the deceased and assume his or her identity. The bereaved family sees the new-born child as a replacement for the deceased person (Landau 187).

Surely, this is an undue burden for any child to assume. Often a child born under such circumstances is likely to “...internalize the features of the illness from which the parent died” or idealize the missing parent and attempt to develop a fantasized relationship with that parent (Landau 187). Overall, one might see this child as being at significant risk for mental health problems.

The Practice of Postmortem Fertilization, Medicalization of Grief, the Parents of Peter Zhu

The untimely death of young Peter Zhu, the only male child whose future male progeny could carry on the “family name,” according to Chinese custom, is indeed a tragic occurrence for his parents, as it would be for any parents. One would expect parental grief to be profound and initially unabating and the period of bereavement to be filled with overwhelming despair. “Grief is an inescapable part of the mammalian experience and a necessary correlate of our ability to attach so strongly to other people” (Frances et al 1).

Although it is the opinion of this writer that grief is not a medical condition, not an illness or a disease (albeit the presence of marked somatic responses), some physicians would

adamantly disagree. As long as 20 years ago, Cappy Rothman, MD, promoting the medical appropriateness of postmortem fertilization, wrote,

Preserving part of the deceased let them identify with their lost son and allowed the theoretical possibility of continuation of the patrilineal heritage. To bestow such consolation at a time of grief and tragedy is clearly part of my role as a healer (456).

More recently, there has been a movement within the psychiatric community to frame the grief experience following the death of a loved one as a Major Depressive Disorder (Frances et al 1). It is this *medicalization* of grief, then, which makes a *prima facie* case for some medical intervention to ameliorate one's grief. Thanks to modern technology, in some cases anyway, it is thought to be possible "cure" the grief of the dead person's family by denying and defying his death. This can be accomplished through the practice of postmortem fertilization, creating a new being where one-half of its genetic material comes from the dead person.

And the legal establishment, apparently, does not disagree, at least in the case of Peter Zhu. Judge John Colangelo wrote, "At this time, the court will place no restrictions on the use to which Peter's parents may ultimately put their son's sperm, including its potential use for procreative purposes" (Associated Press).

Conclusion

When Louise Joy Brown, the so-called "test-tube baby," was born in England in 1978, the world reacted to her conception through in vitro insemination not only as an aberration but as something of an abomination, never expecting a normal child to emerge. Today, so many normal babies are conceived through in vitro fertilization that the world barely notices, let alone sounding the alarm it once did. As Dupré points out, "...normality in behavior depends mainly on what we, as a society, decide to accept as normal" (p.243). It would seem, then, that in vitro fertilization has now acquired *normality* by social convention. Might this be the future, with regard to socially conventional normality, for postmortem fertilization?

