

Scarce Medical Resources – Parenthood at Every Age, In Every Case, and Subsidized By the State?

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Abstract

The dilemma of scarce medical resources is deeply rooted in ancient human history, but it has accelerated in the modern era with the appearance of the bio-medical innovations. This acute dilemma is relevant to all the western developed states, including Israel. Nevertheless, in one field there is the notion that Israel has unlimited medical resources – the fulfillment of its citizens' procreation and parenthood rights. Thus, for sociological, demographical, religious and security reasons, the State of Israel invests a vast amount of money to develop and implement various fertility treatments. Israel, today, has the highest per capita consumption rate of infertility therapy, with In Vitro Fertilization (IVF) the most prevalent. This situation is sustained by a uniquely generous public health policy that poses hardly any restrictions on the eligibility of Israel's citizens for infertility treatments within the National Health Insurance (NHI) system. The situation recently deteriorated when the Israeli Knesset passed the 2010 Eggs Donation Law that extends the eligibility limitation on the age of the mother from 51 to 54, and the State of Israel even covers all the expenses in some incidents of egg donation.

In this research, I examine the basic theme, whether there is any governmental obligation to subsidize the fulfillment of Israeli citizens' procreation and parenthood rights at the expense of subsidizing other life saving treatments and medications. I explore the limits of this governmental obligation as far as it exists at all. Further, I examine the legal regulation of the government's subsidizing fertility treatments, I enumerate its pitfalls, *inter alia*, inherent health hazards due to those procedures, and following various ethical and legal justifications. Finally, I suggest ethical-legal criteria for restricting the eligibility age of women who wish to use IVF and to receive, in addition, the state's monetary assistance. In the conclusion of my research, I suggest a new proposal: establishing a national procreation authority, which will determine coherently and more narrowly that it is no more reasonable to invest huge amounts of money in an almost futile effort to encourage giving birth at any age and at any price, especially when it is subsidized by the state.