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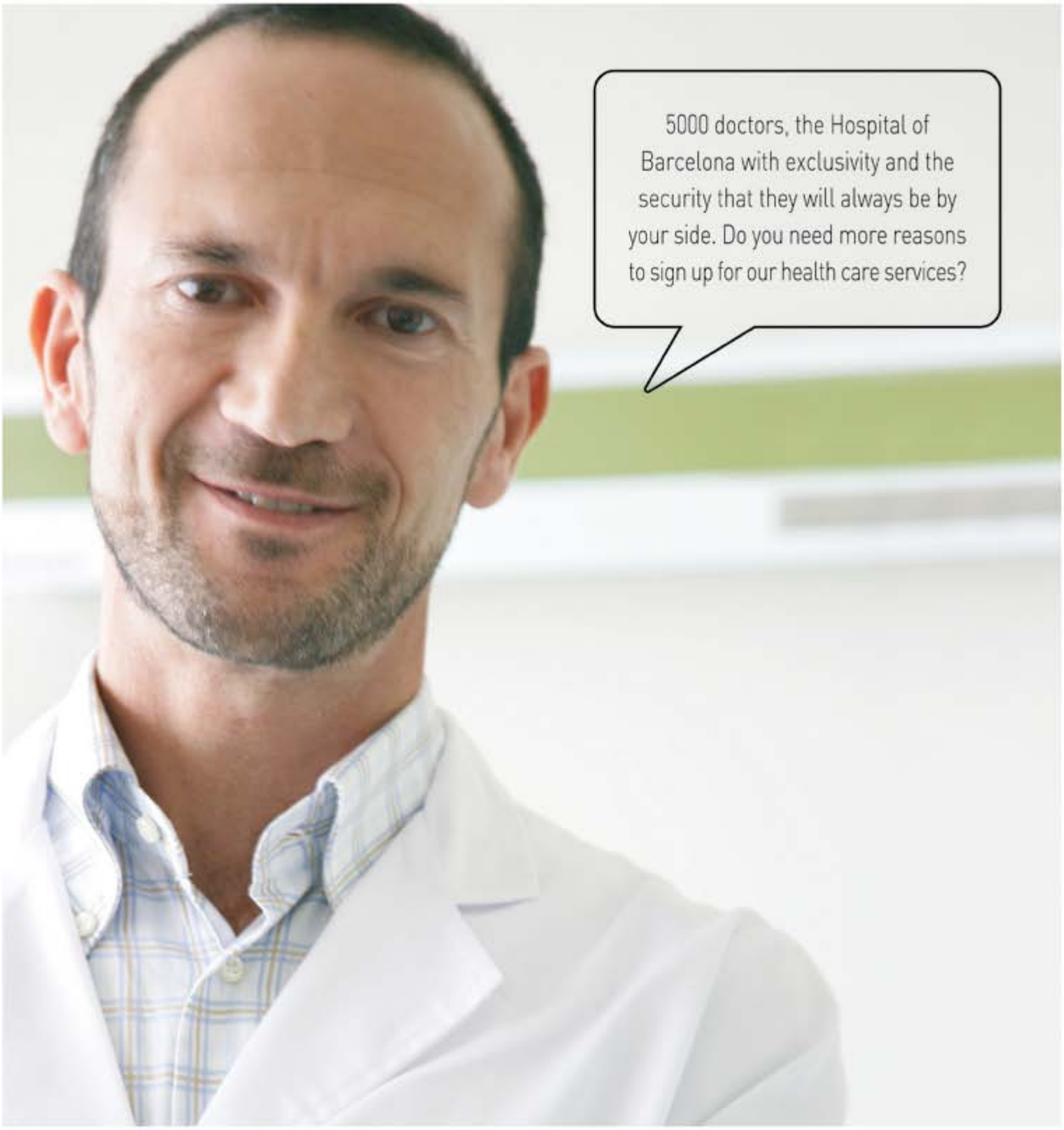
The magazine of healthcare co-operativism

HEALTH
Health and Sport

HEALTH CO-OPERATIVISM
The CO-OP programme and health reform in the US

MONOGRAPH
The era of assisted reproduction

CULTURE
"Ajuda'm a viure" and its work in Burkina Faso



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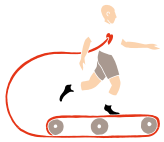
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MONOGRAPH

The era of assisted reproduction

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Advances in biology and medicine have brought about substantial changes in human reproduction. Never before has it been possible to control the reproductive process to such an extent or to extend and even modify it and thereby open up new horizons for many individuals. But these very advances in turn give rise to new ethical dilemmas.

| compartir |

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EDITORIAL

Over the years since the birth if Louise Brown in 1978, the first child to be delivered as a result of assisted reproduction, in vitro fertilisation has brought with it technical and ethical advances, providing many couples with a solution to their fertility problems. The 2010 Nobel Prize in Medicine went to biologist Robert Edwards who, together with the gynaecologist Patrick Steptoe, performed the research and treatment which led to the birth of that first test tube baby, prompting | compartir | to reflect on the current importance of assisted reproduction and the dedication of Assistència Sanitària Col·legial and ASISA in offering first-rate centres at the service of families.

In operation for one year now, Gravida is a centre specialising in human fertility treatment, and has fully met its goal of establishing itself as one of Europe's flagship institutions. Based at Barcelona Hospital, Gravida has made optimum progress in terms both of the number of initial visits and the in vitro fertilisation and artificial insemination cycles performed. There are many reasons why a couple may prove infertile, hence the need for a highly detailed study in each particular case in order to establish a diagnosis and ascertain the best treatment. Gravida stands out thanks to the acknowledged quality of its laboratory facilities and its eminently professional team, who provide a comprehensive and multidisciplinary approach to each individual case.

The monograph section on assisted reproduction in the middle pages of the magazine also explores the full range of ethical issues raised by this undeniable medical advance, both individually and in terms of collective responsibility. The perspective parents must consider: how they are going to care for the child? How to place the right of children before that of parents in their wish to have offspring? The questions which all parents must ask before having children lead, in all cases involving assisted reproduction, given the effort of will involved, to considerable ethical reflection.

Professor Begoña Roman places the emphasis on the legal issues associated with the relationship between public policy and assisted reproduction. Among the many searching questions she raises is the following: "To what extent is the image of assisted reproduction techniques as good being "sold", when what cannot be guaranteed is the option on the part of individuals to choose when they will become parents. We instead condemn young people to delay their decision, leading to the need to turn to an assisted approach. What is undeniable is that we are biological beings and we go through stages which are more suited to some functions than to others. Although we can extend our longevity and quality of life, we must nonetheless consider the reasons leading us to choose when would be the most suitable time for parenthood".

Moles

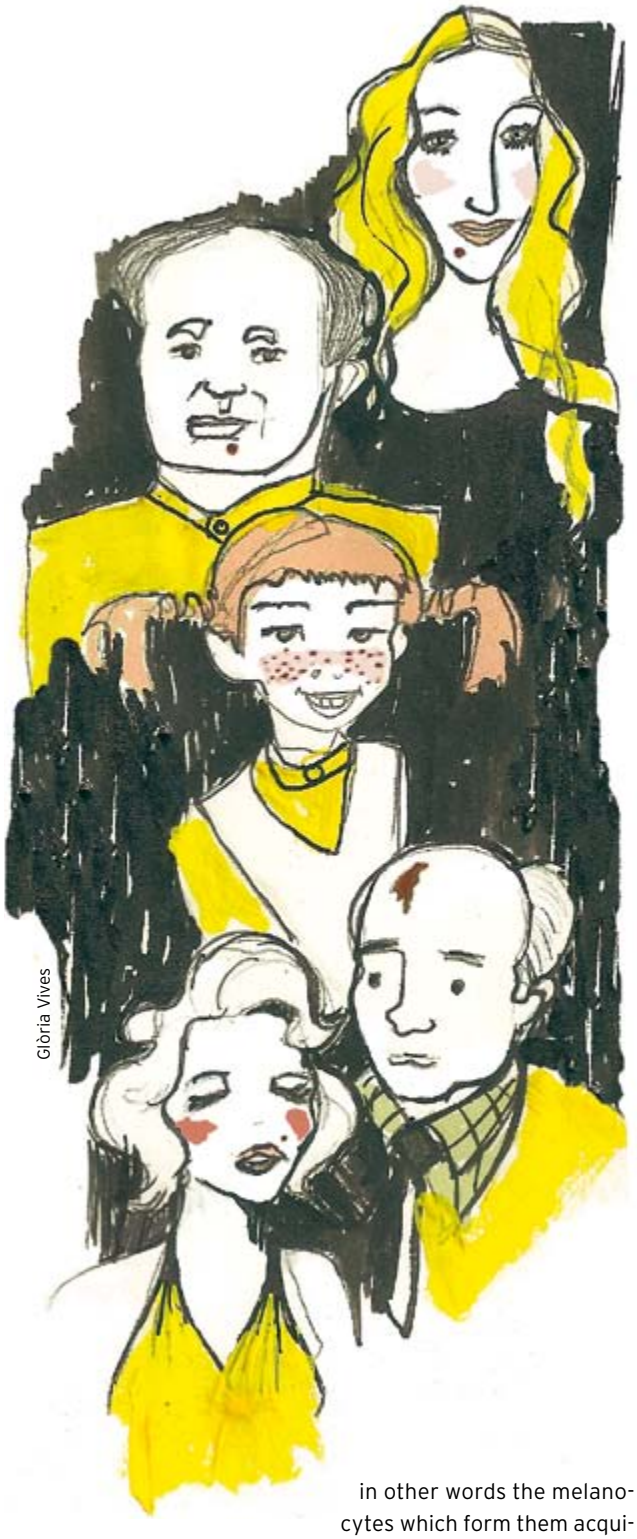
Dr. Adolf Cassan

Moles are the small marks which to a greater or lesser extent we all have, whether on the face or elsewhere on the body. The scientific term is 'lentigo', and they are the most common type of what are known as pigmentary naevi, benign cutaneous tumours characterised by having a darker colouring than the rest of the skin. In specific terms moles are the result of an excess accumulation of melanocytes, the skin cells responsible for skin colouring, their task being to produce a dark pigment, melanin, which absorbs solar radiation preventing it from penetrating inside the body. These pigment cells are uniformly distributed throughout the skin's basal layer, which separates the epidermis from the dermis. In the event of a build-up of melanocytes, the colour in that area will darken, giving rise to a naevus. The most common, moles, are the result of a group of melanocytes within the basal layer of the skin itself, in other words in their normal position. However, pigmentary cells may also build up in other layers, giving rise to a wide variety of naevi which differ greatly in their form and colouration.

Some people have just a few moles while others have numerous naevi, although there is practically no one who has none at all. It is estimated that we all have at least from five to ten moles, although this may not be readily apparent as there are many shapes and colours, and also because those which we first notice will only be on the more visible parts of the body, such as the face, arms, legs and back. Naevi emerge during childhood, although some may be present at the time of birth itself. One characteristic feature is that they remain constant throughout adult life, although over time their colouring or size may reduce to the extent that they may almost have disappeared by old age, at which stage other forms of skin marking will have appeared.

The most typica naevi, moles, are more or less dark formations, ranging from brown to black in colour, are flat or slightly elevated, and generally 2-5 mm in diameter. There are, though, many forms of naevus with a range of colours (yellowish, brown, reddish, bluish or blackish) and shapes, some covered with down, and they may be larger than mentioned above, or at times protrude, with the appearance of a warty growth. They are, though, in all cases build-ups of melanocytes, completely normal cells, albeit grouped together in an abnormal manner, and are thus viewed as benign growths. In general terms, then, it is fair to say that the presence of moles or other pigmentary naevi should give no cause for concern.

It is nonetheless possible that, over time, and in particular if they are in an area of the body heavily exposed to solar radiation, some naevi may become malignant,



Glòria Vives

in other words the melanocytes which form them acquire abnormal characteristics, with the lesion becoming a melanoma, a very serious type of skin cancer which, unless treated properly, generally has a highly unfavourable prognosis. It should be pointed out that this type of cancer represents a small percentage of malignant skin cancers and only a small proportion of them are the result of the transformation of a naevus, since they generally emerge in previously healthy areas of skin. And since both moles and other types of naevus are so common, there is no need to live in fear of a possible malignant transformation, nor to have them removed in all cases. It is enough to bear in mind that the possibility exists, and from time to time to cast a critical eye over our moles in order to establish whether they have undergone any suspicious transformation, in which case one should make sure to consult a doctor.

The fact is that in the vast majority of cases moles remain stable throughout life, and will in any event reduce in size or colouring, and typically do not cause any form of discomfort. Any naevus which does not evolve in this way should therefore be considered to be suspicious. You should immediately contact your doctor if you uncover any of the following anomalies: if the lesion grows (in particular if the edges become irregular), if the surface changes form (for example if more prominent areas enlarge), if it becomes darker or undergoes any change in colouring, if darker marks or spots appear within the lesion or the surrounding skin, if the mole undergoes a change in its normal consistency, if it itches or hurts, whether spontaneously or when touched, if it becomes inflamed, ulcerous or if it bleeds.

In truth, although these are the most common suspicious transformations, any change in colour, form or consistency should be viewed as a potential hazard. And in the event of doubt, it is better to make an appointment with the doctor straight away in order for it to be examined. On occasion the specialist will simply need to perform a brief inspection in order to rule out any danger, although often a more detailed study is preferred. If the neavus is large then a biopsy will be performed, involving a sample being removed for histological analysis; or otherwise if the naevus is small, which is more often the case, it will be removed and then examined to establish whether it has undergone any malignant transformation. The result generally reveals a false alarm, that the growth is entirely benign, although the process will nonetheless have avoided any possible hazardous development. It is important to remember that skin cancer is one of the most frequent forms of cancer, but that its initial development is luckily much easier to detect than tumours affecting the internal organs. It is important to take advantage of this, without becoming obsessive, to remain watchful in order to rule out any possible development should a mole undergo any form of transformation.

Health and Sport

Dolors Borau

Would anyone try to suggest that physical activity is not good for the body? The truth is that a lack of activity is not good for us and this is made quite clear by the fact that although we are rational animals, we are indeed animals and our evolution as a species is not geared towards inactivity. Quite the contrary: we human beings have undergone a long evolutionary pathway to develop a skeleton, musculature and bipedal gait allowing us to engage in manual activities without giving up strong mobility in our lower limbs. All this evolution over so many thousands of years has not come about for us to end up sitting for eight hours a day in an office staring at a computer screen, in a car or slumped on a sofa in front of the TV.

What, then, does it mean to take physical exercise? It is all about planned, structured activity which should be repeated several times, with the aim of improving or maintaining the physical fitness we need in order to perform our daily tasks without becoming overly fatigued. Sport is itself regulated, competitive physical activity demanding planning, constant training and discipline.

In the case of professional athletes, each one will select the sporting practice for which they are anatomically best suited and which they most enjoy. In the case of those who do not make sport their livelihood, it should be remembered that we have never before in our history had access to so many means of transport, nor so many household devices which help us in our manual chores. Until recently people would travel on foot, with much less use being made of public transport and private vehicles. Kids would play ball in the street and race up and down on their bicycles, whereas now they spend long periods sitting down playing with electronic devices. Our daily physical activity has changed, and hence the bodily movements of our muscles have declined, along with a consequent reduction in the energy which we expend in order to move. What can we do? There are plenty of options: join a gym, some of which offer very flexible opening hours and the option of monitors and monitored activities, or otherwise you could take up an individual or team sport. Sometimes it is enough just to make a few changes to your daily routine, such as leaving the car at home and heading out half an hour earlier to walk into work; in town, getting off the metro or bus one stop before your destination and walking the rest of the way; family outings at weekends; giving up lifts and walking up and down stairs instead; walking to the shops taking the longest route... All it takes is 20 minutes walking a day at a moderate pace to activate muscles and gain beneficial cardiovascular and metabolic results.

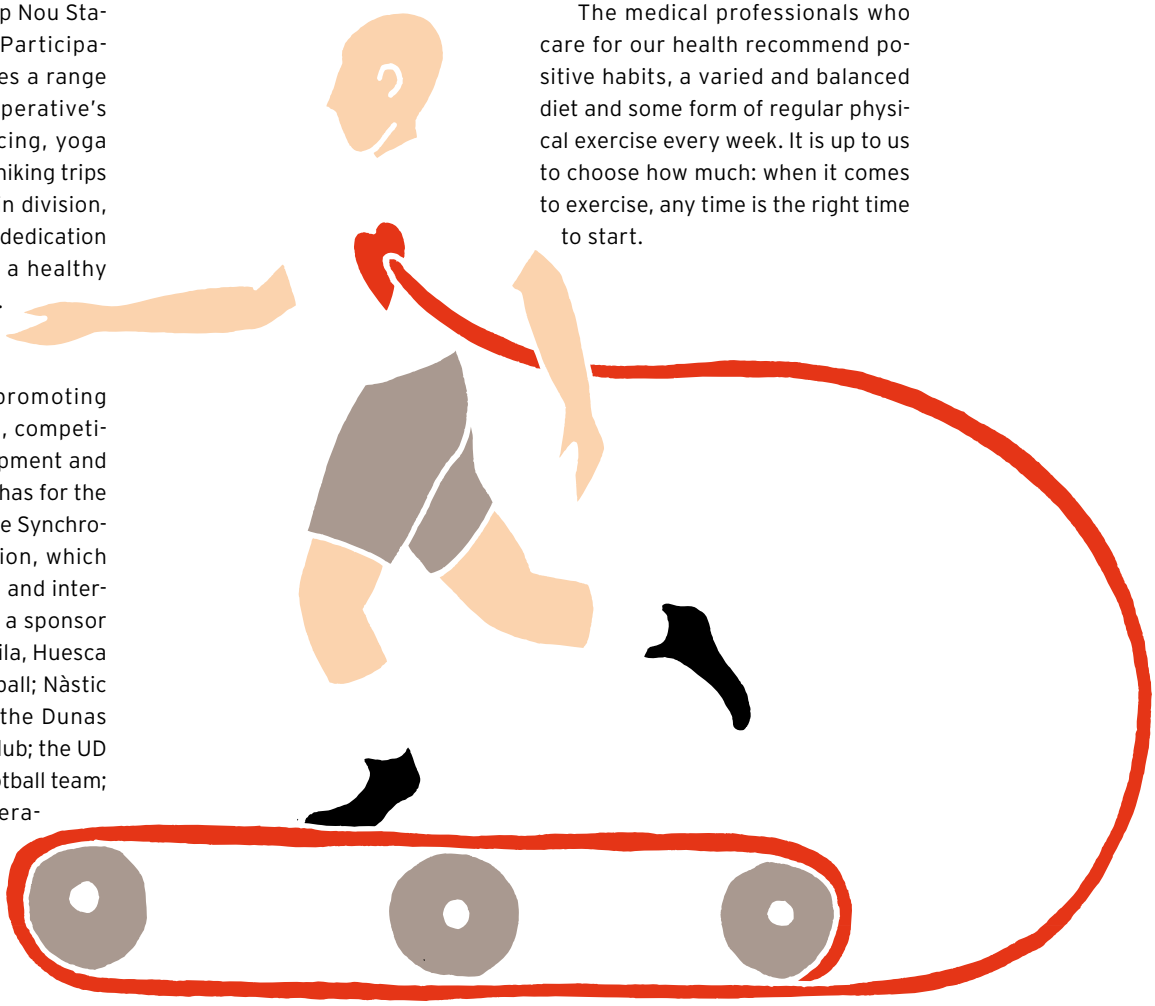
Studies, research and publications all vouch for the positive effects of physical exercise. A sedentary lifestyle, meanwhile, increases the risk of suffering cardiovascular disease, arterial hypertension, diabetes, osteoporosis, obesity, mental illness and cancer, whereas there is evidence that regular physical exercise reduces the risk of suffering such illnesses, along with the risk of certain cancers (colon, breast and

prostate) and increases levels of HDL, or "good", cholesterol. Those who engage in exercise live longer, and live better.

ASISA and Assistència Sanitària are aware of the importance of promoting sporting activities among the population at all ages, and believe they have a commitment to society, which is why they sponsor cultural and sporting activities to encourage people's physical and emotional development. Assistència Sanitària has been the medical provider of FC Barcelona since 2004, and has a medical centre at its Camp Nou Stadium. The SCIAS Social Participation Department organises a range of activities for the co-operative's members. Ballroom dancing, yoga and tai chi classes, or the hiking trips organised by the mountain division, provide an example of its dedication to promote exercise and a healthy lifestyle among its users. ASISA sponsors grassroots sport for young people with the aim of promoting values such as teamwork, competitiveness, personal development and dedication. Since 2005, it has for the same reason sponsored the Synchronised Swimming Federation, which has won so many national and international medals. It is also a sponsor of teams which include Avila, Huesca and Gades ASISA in handball; Nàstic Tarragona football club; the Dunas de las Palmas basketball club; the UD Guadalajara five-a-side football team; the Catalan Football Federation; and it recently signed a sponsorship agreement with Cadiz FC as an official partner in the club's centenary. What is more, it gives its support to three federations for mentally disabled athletes: FECAM, FEDDI and FEGADI, which represent better than any others those values of effort, personal development and dedication.

A SEDENTARY LIFESTYLE INCREASES THE RISK OF SUFFERING CARDIOVASCULAR DISEASE, HYPERTENSION, DIABETES, OSTEOPOROSIS, OBESITY, MENTAL ILLNESS AND CANCER. THERE IS EVIDENCE THAT REGULAR PHYSICAL EXERCISE REDUCES THE RISK OF SUFFERING SUCH ILLNESSES

The medical professionals who care for our health recommend positive habits, a varied and balanced diet and some form of regular physical exercise every week. It is up to us to choose how much: when it comes to exercise, any time is the right time to start.



Jordi Negret

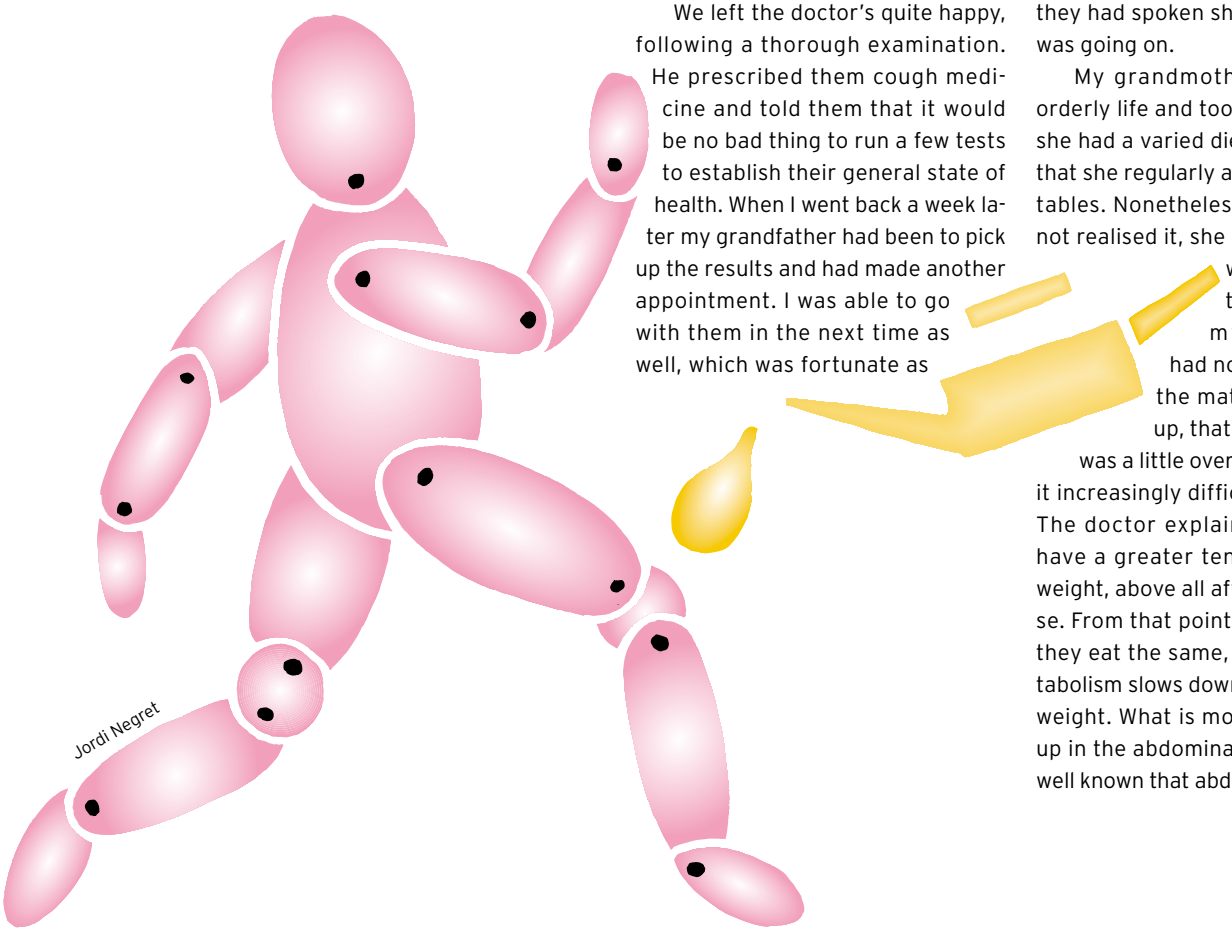
We must keep moving, to keep from seizing up

Dolors Borau

I am lucky enough to have grandpa-rents, grandparents true to their role who, when I was little, indulged me and gave me greater licence than I am sure they did with their own children. I have always loved them dearly, and for me they existed outside of time: they always seemed the same to me, as if they never aged. This week, though, I went for lunch with them, as I do every Tuesday, and something had changed. Although they are given the flu vaccine every winter, both of them had stinking colds and terrible coughs which struck me as quite serious. I don't know why, but I felt I should phone their doctor, and went with them to the surgery.

We left the doctor's quite happy, following a thorough examination. He prescribed them cough medicine and told them that it would be no bad thing to run a few tests to establish their general state of health. When I went back a week later my grandfather had been to pick up the results and had made another appointment. I was able to go with them in the next time as well, which was fortunate as the doctor had a surprise for them. My grandmother had high levels of blood sugar and cholesterol. How could that be, if she had never had any problems? What health problems could this increase in blood sugar and cholesterol lead to? The doctor asked her a few questions about her daily routine, her diet and activities. After they had spoken she explained what was going on.

My grandmother, Lola, led an orderly life and took care of herself: she had a varied diet and made sure that she regularly ate fruit and vegetables. Nonetheless, although I had not realised it, she had been putting weight on over the years, while my grandfather had not. It may be, now the matter had cropped up, that my grandmother was a little overweight and found it increasingly difficult to get about. The doctor explained that women have a greater tendency to put on weight, above all after the menopause. From that point onwards, even if they eat the same, because the metabolism slows down women will gain weight. What is more, the fat builds up in the abdominal region, and it is well known that abdominal fat around



Jordi Negret

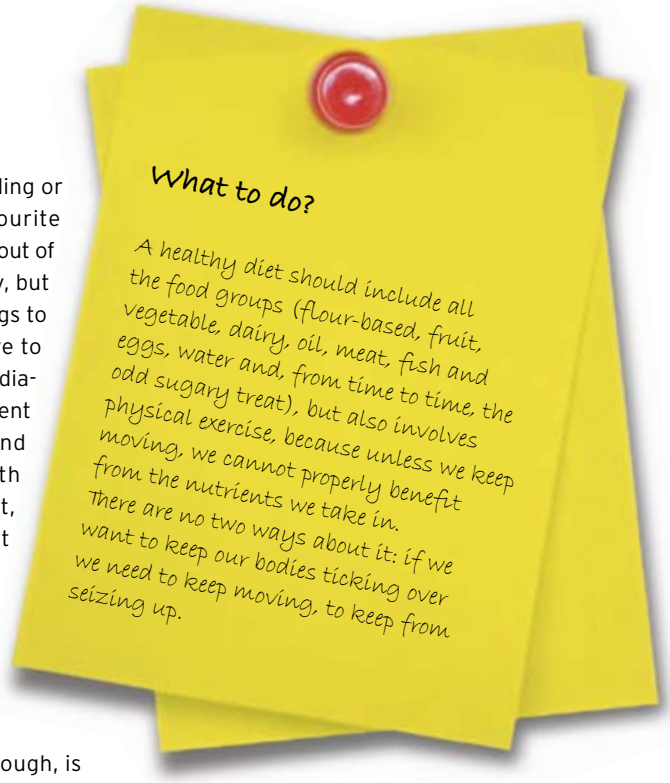
the gut leads to an increase in the risk of suffering cardiovascular disease. When my grandmother heard this she got quite a shock. What could she do? First of all she could, take a look at her diet: her mealtimes, the variety of foods she ate and the size of her portions. None of that bothered her. If it was a question of eating a big breakfast and lunch to give her energy during the day, and then a small snack in the afternoon and a light dinner to avoid going to bed on a full stomach, that would be easy to do. It may be that she had recently found it too much of an effort to prepare what had been her typical dinner: a bowl of soup, a dish of vegetables and potatoes, an omelette or grilled fish. She would go back to her good old habits and avoid snacking. She would also need to make an additional effort, though: it would be better not to have the kitchen cupboards full of the cakes and chocolate biscuits which she so loved, and which she bought to give to her grandchildren. From now on it would be best to stick to bread (without the added fats used in shop-bought pastries), and if she was to buy biscuits she should take a look at the ingredients and avoid unspecified vegetable oils (only olive or sunflower oil) and hydrogenated fats which tend to raise cholesterol levels.

My grandparents are not that old, having just turned seventy, and still have plenty of years ahead of them, but would be well advised to take care of themselves and so enjoy the greatest quality of life possible. And to do that, my grandmother was prepared to follow the part of the doctor's advice which would cause her the greatest effort: to take exercise. For her then this would mean a change in lifestyle: she had always been such a stay-at-home! Since he had retired, my grandfather would go out for a walk every day while she stayed at home sewing, reading or listening to one of her favourite operas. She would only head out of doors when really necessary, but otherwise had plenty of things to do at home. That would have to change now, because type II diabetes, which arises in the event of notable excess weight and is generally connected with an increase in abdominal fat, does not require treatment with insulin. This type of diabetes, with a healthy, balanced diet helping to lose weight, will get better on its own. What is essential in order to improve blood sugar levels, though, is to do exercise: walking at a decent pace for one hour a day. The idea would be to start off with twenty minutes and gradually increase the time as the body adapts. Meanwhile, in order to improve your cholesterol figures exercise is one of the best treatments there is, as it will increase the levels of what is known as a good cholesterol.

A healthy diet should include all the food groups (flour-based, fruit, vegetable, dairy, oil, meat, fish and eggs, water and, from time to time, the odd sugary treat), but also involves physical exercise, because unless we keep moving, we cannot properly benefit from the nutrients we take in.

Lola has now been going out for walks for a few weeks. To begin with she was far from keen on it, but as my grandfather has decided that she must follow her treatment to the letter, the two of them head out every day.

There are no two ways about it: if we want to keep our bodies ticking over we need to keep moving, to keep from seizing up.



TYPE II DIABETES, WHICH ARISES IN THE EVENT OF NOTABLE EXCESS WEIGHT, IS GENERALLY CONNECTED WITH AN INCREASE IN ABDOMINAL FAT, AND DOES NOT REQUIRE TREATMENT WITH INSULIN. THIS TYPE OF DIABETES, WITH A HEALTHY, BALANCED DIET HELPING TO LOSE WEIGHT, WILL GET BETTER ON ITS OWN. WHAT IS ESSENTIAL IS TO TAKE EXERCISE: WALKING AT A DECENT PACE FOR ONE HOUR A DAY

Fertility and nutrition

Dra. Perla Luzondo

Chicken livers with green asparagus

Ingredients to serve 4

- 12 chicken livers
- 2 packs of green asparagus
- Extra-virgin olive oil, salt and pepper
- Flour or breadcrumbs (optional)

Edmon Amill

Fry the livers in a spoonful of oil until golden brown, using a non-stick frying pan. Meanwhile, in a separate frying or griddle pan, cook the asparagus for about 7 minutes; it should still be crunchy. Serve straight away, seasoned with salt and pepper and dressed with extra virgin olive oil, together with the chicken livers.

Nutritional requirements are set at certain levels necessary to maintain good health and prevent diseases which could occur if these levels are either not reached or are exceeded. Male and female fertility can be assisted by dietary measures which can have an effect on the quality of the egg and sperm, and by helping the development of the embryo and foetus. The guidelines issued by the Spanish Agency for Dietary Safety (the AESA) can prove extremely helpful in avoiding toxicity and infection. During the 3, or even better 6 months prior to conception, the couple, particularly the man, should avoid tobacco, alcohol and caffeine and take 1g of vitamen C, vitamen E and zinc supplements. During pregnancy folic acid, a water-soluble B complex vitamen, helps the foetus to develop and prevents spina bifida in the baby. A lack of folic acid is associated with repeat miscarriages. It is light-sensitive and is easily destroyed in the cooking and preparation of foods.

Characteristics of folic acid:

- Essential for cell division.
- Essential for sugar absorption.
- Essential for the absorption of the amino acids glycine and methionine.
- Needed for the production of nucleic acids.
- Needed for the formation of red blood cells.

Foods containing folic acid include:

- Green, leafy vegetables, spinach, fresh asparagus, watercress and broccoli.
- Carrots, avocados, green beans.
- Chicken liver, cow's liver, egg yolks.
- Apricots, melons and oranges.
- Wholegrain cereals.
- Dried broad beans and haricot beans.
- Brewers' yeast contains a high concentration.

AESA's advice to avoid infections caused by animals and food:

- Listeria: this may be present in the rind of cheeses of the Brie or Camembert type, blue cheeses, unpackaged pâtés and raw poultry.
- Toxoplasmosis: connected with cat excrement. Vegetables should be thoroughly washed.
- Salmonella: caused by raw eggs, uncooked or rare meat. Avoid unpasteurised milk or yoghurt.
- Take care with machine ice creams.
- Wash your hands after touching domestic animals, such as cats or sheep.

As for fish and levels of mercury, it is recommended that pregnant women should avoid larger fish, such as swordfish, tuna and shark.

On this page is a simple, inexpensive recipe which I recommend since it is rich in folic acid and iron.

ASISA, committed to sport

Elvira Palencia

ASISA is, as of 28 October last year, the new official health Provider of Hércules Football Club, under the terms of an agreement signed by the provincial representative for Alicante, Dr. Federico Ballenilla, and the chairman of Hèrcules, Valentín Botella.

From left to right: Enrique Carratalá, head of the club's medical department; Valentín Botella, chairman of Hércules, and Dr. Federico Ballenilla, ASISA representative in Alicante

The agreement involves a sponsorship arrangement for the 2010-2011 season, with the company providing the senior squad players and backroom staff with medical insurance, medical examinations and analytical tests at its Vistahermosa Clinic in Alicante. The agreement also covers the involvement of players in a number of the company's promotional events.

ASISA was already sponsor of the Spanish Synchronised Swimming team and Cordoba Football Club, along with other sporting organisations, so this agreement with Hèrcules confirms its commitment to sport and society.

As well as taking care of the players' health, ASISA also looks after the health of spectators, having equipped the stadium with the very latest emergency health care technology.

On 28 January Dr. Ballenilla presented club chairman Valentín Botella with two automated external defibrillator (AED) devices which will be installed in the stands of the José Rico Pérez Stadium. The company has already provided the club's medical team with a stretcher to be used to carry injured players away from the pitch.

ASISA buses and Bluetooth messages travel the streets to present its new campaign

E.P.

ASISA bus with images from the new campaign

In January the streets of a number of Spanish cities, including Madrid, Seville and Zaragoza, witnessed the arrival of a large bus promoting the new ASISA image. Asisa wanted to inform citizens via a Bluetooth message on their mobiles that "We want to be your company for life", inviting them to take a look at what ASISA has to offer.

The images employed in this new campaign illustrate one of the company's strengths: that it caters for families, given that different generations of the same family choose it as their health provider. The publicity presents the life of a girl as she grows: throughout her youth, into her adult years and including motherhood, with ASISA accompanying her through all these phases.

The new campaign slogan ("We do it all for you") reflects another of the organisation's key values: its customer focus. Using this concept, Asisa aims to summarise the two cornerstones of its quality health care, the renewal and constant updating of its medical infrastructure which keeps it at the cutting-edge of technology, and the importance of having access to leading practitioners drawn from an extensive list of physicians.

ASISA, pioneer in diagnostic methods

First test to detect cancer of the colon using a blood sample

E.P.

Presentation of the Pulmotest at Moncloa Hospital on 18 January 2011 with CGC Genetics

Front view of Montpellier Clinic

Since last July Moncloa Hospital has been offering the first test to detect cancer of the colon using a peripheral blood analysis marketed by the laboratory CGC Genetics (CircaGen) in Spain and Portugal. The aim is to increase the level of early detection through improved accessibility and reliability of the technique. This technique is suitable for use with healthy men and women from the age of 50 and provides a straightforward alternative without the need for uncomfortable examinations.

Meanwhile the Montpellier Clinic is the first health centre in Aragon to introduce the new test, a particularly significant innovation as its laboratory covers more than 10,000 admissions per year, along with all the outpatients using its facilities. It also has three blood sampling locations in the city of Zaragoza where samples are taken on a daily basis. These sites help to make the clinic a flagship insitution in the city and beyond.

Lung cancer

Both hospitals are also carrying out a new technique to assess the risk of smoking-related lung cancer. The Pulmotest is a genetic test provided by CGC Genetics which places patients into risk bands depending on the genetic factors found in each smoker.

The idea of introducing the test at a health centre is that it is very straightforward to perform with just a few drops of blood from a finger, which informs smokers of their individual risk of developing the disease, so they can make the decision to begin the process of giving up smoking.

ASISA with Seville's municipal civil servants

E.P.

The Mayor of Seville, Alfredo Sánchez Monteseirín, and ASISA's Provincial Representative, Gregorio Medina, signed an agreement at the end of last year whereby the insurer would provide municipal civil servants with health care and medical and surgical services. They were accompanied by the Representative for Human Resources, Coexistence and Security, Alfonso Mir, and ASISA's Medical Director for Seville, Jorge Cayrasso.

The agreement benefits all Seville City Council employees, including pensioners and their relatives, giving a grand total of 11,200 users including departments and organisations such as the Tax Office, the Urban Development Department, the Tourism Board, the Jiménez Becerril Foundation and EMVISESA. Medical cover includes both primary and specialist care, with a free choice of physician and no waiting lists for treatment.

Meanwhile, with the aim of expanding the services it offers, ASISA has signed separate agreements with the new Viamed Santa Ángela de la Cruz Hospital in Seville and the Nisa Sevilla-Aljarafe Hospital. By including these two hospitals within its portfolio, the company has consolidated its commitment to health care in the province, where it already operates its own centre (the Santa Isabel Clinic), along with others with which it has partnership arrangements (the Capuchinos Red Cross Clinic, the Fátima Clinic, the Infanta Luisa and the San Agustín Clinic in Dos Hermanas). Following the signing of the agreement, ASISA can offer its policyholders one of the very best gynaecology services, headed by Dr. Lorenzo Chacón and his team, with the expertise to treat women at every stage of their lives.

Dr. Gregorio Medina and the Mayor of Seville following the signing of the agreement

ASISA announces prizewinners in 2nd ASISA International Photography Competition

E.P.

Left to right: José Julián Ochoa Martínez (overall winner in the free category); Francisco Ivorra (Chairman of ASISA); Pilar García Merino (overall winner in the motherhood and infancy category); Manuel Viola (Medical Director of the El Ángel Clinic).

The Chairman of ASISA, Dr Fran-cisco Ivorra, was on hand on 12 January to give out the prizes in the 2nd ASISA International Photography Competition, at an event staged at the Casa de Vacas in Madrid's Buen Retiro Park. He was accompanied by the Medical Director of ASISA's El Ángel Clinic in Malaga, Dr. Manuel Viola, and the Executive Councillor and Chairman for the Retiro district, Luis Asúa, who compered the event.

Overall honours went to José Julián Ochoa Martínez and Pilar García Merino, winners of the free and motherhood and infancy categories respectively. The jury was made up of José María Ribas, Juan Manuel Castro Prieto and Juan Manuel Díaz Burgos, all of them well-known names in the world of photography.

The main change in this second year of the competition, apart from an increase in the number and value of the prizes, was the scope of the event. Following the success of the first competition, which received more than 1300 photographs from 160 entrance, the company decided to broaden the rules in order to allow amateur photographers from all around the world take part.

The 2nd ASISA International Photography Competition is one of the largest in Spain, in terms both of the number of entrants and the value of the prizes. It was established with the aim of promoting culture and art through photographic expertise, and to build up an image archive of ASISA patients through travelling exhibitions at the various clinics.

Tema Maternidad e infáncia
PREMIO DE HONOR

Pilar García Merino - Madrid -
El crepúsclo

Tema Maternidad e infáncia
PREMIO DE HONOR

Pilar García Merino - Madrid -
El abismo

Tema libre
PREMIO DE HONOR

José Julián Ochoa Martínez
San Fernando - Cádiz -
Sin Título

Tema libre
PREMIO DE HONOR

José Julián Ochoa Martínez
San Fernando - Cádiz -
Sin Título

Key initiatives at Barcelona Hospital for 2011

Oriol Conesa

Barcelona Hospital, which opened in 1989 and is one of the flagships of the health care model based on co-management by users and professionals conceived by Dr. Espriu, is looking forward to 2011 with numerous plans for the future already in progress, and clear dedication to constant improvement. The hospital is both owned and managed by the SCIAS user cooperative, and has recently embarked on a plan to modernise structures and technology there in order to offer patients an improved service. These measures include work on a number of major departments, such as the surgical wing and the diagnostic service, along with new light fixtures (to improve energy efficiency) and the renovation of rooms and bathrooms on all floors. The main initiatives in progress at Barcelona Hospital for 2011 focus on three major areas.

First of all is the continued commitment to the hospital's Maternity and Infants Department, in accordance with the trend seen over recent years. The new Paediatric Emergency Room, which is separate from the ER facility for adults, has now been open for twelve months. Thanks to this new organisational structure, registration and waiting times on arrival in ER have been considerably reduced, along with an increase in Barcelona Hospital's ability to deal with medical emergencies, with more individual observation and immediate treatment bays. A new waiting room has also been set up, equipped with toys to offer children a more pleasant environment. Over the coming months new measures will be introduced in order to guarantee an even more effective and approachable service for infant patients.

Secondly, in accordance with the hospital's cooperative operational structure and philosophy, and with a view to guaranteeing optimum health care, Barcelona Hospital views the expansion of its Outpatient Surgery Department as a priority. Advances in medicine have made it easier to perform operations so that patients can return home on the same day, to recover in familiar surroundings. The trend will be for an increase in such treatments over the coming years. In 2011, before saturation point is reached, the centre will in 2011 be expanding the area dedicated to pre-operative and post-operative procedures. The surgical wing was renovated.

Thirdly, vascular radiology will be expanded. In late 2010 a substantial investment was made to replace equipment, with the purchase of new vascular haemodynamic apparatus featuring the latest advances, to provide greater reliability and safety in patient treatment, for both diagnosis and therapy. This major leap forward has served to place Barcelona Hospital at the cutting edge of medical technology. In 2011 vascular radiology examinations and operations will undergo substantial improvements. This marks a further advance in the provision of up-to-date equipment.

SCIAS Social Affairs Department celebrates Christmas and begins 2011 with a full programme

| o. c.

As in previous years and according to tradition, the Christmas period was marked by gatherings of SCIAS members, with the Social Affairs Department once again organising a large number of Christmas activities for family enjoyment.

On 16 December the SCIAS Social Affairs Department held its traditional Christmas celebration with a wonderful concert given by the SCIAS choirs and a reading of Christmas poems by the drama group. The concert was attended by more than 400 members, who enjoyed a highly entertaining evening in the incomparable setting of Barcelona's La Concepció church. Two days earlier, the Three Kings' pageboy had welcomed children between the ages of 4 and 10 at the organisation's social headquarters where they handed him the letters listing the Christmas presents they were hoping to receive. These were all entered in a competition, with the winners announced on 10 January at the prize-giving ceremony. First prize in the Drawing category for those aged between 4 and 6 was won by Pau Borrell Prats.

FIRST PRIZE
Text: 7 – 10 years old

FIRST PRIZE
Drawing: 4 – 6 years old

FIRST PRIZE
Drawing: 7 – 10 years old

For those aged from 7 to 10, the first prize for Drawing was won by Nora Rojas Balletbó, while the winner in the Text category was Roger Pozo Casanovas.

For the second year running the Social Affairs Department also displayed a miniature model of the nativity, courtesy of Mr Rodà and Mr Reygosa, which received a runners-up award in the La Concepció parish model of the nativity competition. The Barcelona Association of Models of the Nativity also honoured the two SCIAS members for their efforts. These two prizes recognise the hard work and creativity of these two amateur craftsmen specialising in the recreation in miniature of the traditional setting of the nativity.

The activities recently undertaken by the Social Affairs Department include in particular the seminar "Velazquez and Goya: two approaches to

royal family portraiture", given by Ms. Imma Fontanals, and the health seminar "Urinary Incontinence", courtesy of the urologist Dr. José Miguel Puyol Pallas. As usual, the medical seminars are held at the Social Affairs premises on the first working Monday of each month. Guided tours were also organised of the Sagrada Familia in Barcelona, recently consecrated by Pope Benedict XVI, the historic building of Barcelona University and the old Damm brewery.

Also, the cooperative teams who oversee the activities of the Social Affairs Department held their second annual meeting in November. This was lead by the teams' leaders who were given information about the functioning of Barcelona Hospital and the SCIAS cooperative. A training and information meeting was also held in late January dealing with issues of general interest and specific aspects of the cooperative's bylaws.

Barça visit Barcelona Hospital

| o. c.

As they do each year, the directors and first team players of FC Barcelona made their traditional Three Kings visit to patients at Barcelona Hospital in January, focusing in particular on the children, offering gifts and, above all, encouragement. On this particular occasion the club delegation was made up of by the chairman, Sandro Rossell, and the star players Leo Messi and Gaby Milito, who aroused huge excitement, joy and anticipation. Some of the children welcomed their idols dressed in their own Barça shirts which were signed by the footballers.

The CO-OP programme and health reform in the US

Jose Pérez

The health reform being under-taken in the USA by President Obama is an issue which has recently taken up a fair number of pages in this publication. The reason is obvious: health co-operatives could play a key role in the refurbished North American health system, and so **| compartir |** cannot overlook this historic opportunity to reassert the value of the health co-operative movement.

Photo by Alex Brandon / AP

That was the idea which inspired the International Health Co-operatives Organisation (IHCO) and the Espriu Foundation to hold a seminar in Washington DC on 21 July. The title for the event, *Co-operative Opportunities for Health Care in the USA*, was in itself a statement of intent. Co-operatives represent a feasible and valid alternative for the health system in any country, even in the world's leading power.

The presentations given by representatives from North American co-operatives at the seminar confirmed that the USA has a broad co-operative base, with a presence in practically every sector of the economy. According to a 2009 study by the University of Wisconsin, more than 29,000 co-operative enterprises exist in the USA and these contribute 1% of its Gross Domestic Product, more than 2,000,000 jobs and have close on 120 million members. They have a turnover of 650 billion dollars, and overall hold assets amounting to close on 3 trillion dollars.

Nonetheless, although these figures demonstrate the viability of co-operative enterprise, and demonstrate that there are wonderful examples of fully states health co-operatives achieving excellent results in the USA, the connection between the co-operative movement and health reform has proved difficult to pin down.

One of the cornerstones of the reform is the Patient Protection and Affordable Care Act, passed in March 2010. Section 1322 of the Act establishes federal support for the creation of non-profit health insurance schemes intended for the end users of health services and directly managed by them. The same Act establishes that the name of this program is to be the Consumer Operated and Oriented Plan, or CO-OP for short. However, given that the expression co-op is also typically used to refer to a co-operative, it is not hard to understand the errors and confusions which this section of the Act could generate.

A number of statements have been issued in this regard by the NCBA[1], which represents and brings together US co-operatives and was a participant at and joint organiser of the Washington DC seminar. Since the Act was passed, the NCBA has been working to change the name of the CO-OP programme, in an attempt to avoid spurious associations with co-operative activities, or otherwise have such organisations recognised as the only member-governed structures able to access the plan as medical insurance providers.

On 13 January, the president of the NCBA, Paul Hazen, appeared before the US Government's Department of Health in an attempt to take a further step towards recognition of co-operatives as "the best enterprise model for economic and social progress", in his own words. During his address Mr. Hazen spoke of the value which co-operatives offer their members, and also the challenges they are capable of facing up to. "Co-operatives are enterprises which provide products or services for their members, who are in turn the owners of the enterprise, governing it in a democratic manner. Co-operatives give value to their members and their communities because they respond to their needs, while maintaining a commitment to co-operative principles and values. The co-operative is the most efficient enterprise formula in order to deal with economic and social needs,

[1] National Co-operative Business Association

thanks to the fact that it operates at cost price, with any surplus reverting to the members," said Hazen.

The spokesman for US co-operatives declared that "principles matter", emphasising the fact that co-operatives operate within the marketplace in accordance with the seven principles established by the international co-operative movement, including among others ownership and control of the co-operative by its members and a commitment to the community.

Another of the aspects presented to the Department of Health dealt with the differences between a co-operative and a non-profit organisation, the requirement established by the Act in order to gain access to the 6 billion dollar budget with which the CO-OP programme has been endowed.

"More than 29,000 co-operative enterprises exist in the USA and these contribute 1% of its Gross Domestic Product, more than 2,000,000 jobs and have close on 120 million members"

Mr. Hazen also made reference to health expenditure, indicating that, although the US spends more than most other countries, it does not achieve the best results. In this regard he put forward the co-operative formula as a tool which would help limit expenditure and improve the quality of health care, referring to various examples of co-operatives, some of them members of the IHCO, which are fully established in other countries. As documentary support for his presentation, the president of the NCBA provided the members of the CO-OP Program Committee with the presentations given at the IHCO seminar held in the summer.

Tribute to Dr. Gregorio Marañón

| J. P.

The Espriu Foundation, in collaboration with ASISA, Assistència Sanitària and Scias-Hospital de Barcelona, organized an event on the 24th of January to commemorate the 50th anniversary of Dr. Gregorio Marañón's death. During the tribute, Antonio López Vega, professor of Contemporary History at the Universidad Complutense de Madrid, gave a lecture entitled "Gregorio Marañon: a Catalanist Spaniard". Professor Vega said that he not only remembered Dr Marañón as a person but also remembered his ideas which showed him to be well ahead of his time.

The event, held at the Scias Co-operative's Hospital de Barcelona, was attended by the president of Scias-Hospital de Barcelona, Teresa Basurte; the president of Assistència Sanitària, Dr. Ignacio Orce; the ASISA CEO, Dr. Enrique de Porres and the vice-president of Espriu Foundation, Dr. José Carlos Guisado.

During his speech, López Vega considered on the relationship that Dr. Gregorio Marañón had with region of Catalonia. This relationship was strongly influence by his idea of Spain during the Second Republic, which was based on a plural and rich concept of Spain thanks to its cultural diversity. According to López Vega, Marañón perfectly understood that Catalonia and the Catalans were a fundamental and irreplaceable part of that plural Spain and therefore, their uniqueness and specificity would have to be recognized. In his writings, he stressed that to deny the uniqueness of Catalonia within Spain was a serious mistake, and he claimed the Catalonian heritage as Spanish heritage, recognizing Catalonia as contributing to the creation of Spain.

Espriu Foundation Vice-president, José C. Guisado; Scias President Teresa Basurte and lecturer Antonio López during the event held at Hospital de Barcelona

Following the conference, there was a reception where the participants could share opinions and talk about the ideas of Dr. Marañón and his ties with Catalonia.

PROGRAMME OF ACTIVITIES

30 MAY 2011

CONFERENCE ON HEALTH CARE SERVICES IN THE NHS IN THE UNITED KINGDOM

The King's Fund, a charity dedicated to research into health policy in the United Kingdom, in association with NHS Alliance, an organisation representing, supporting and developing Primary Care Trusts and the Department of Health will organise a conference on health services and social enterprises.

The conference will be held on March 30th in **London**. The main objective is to hear worldwide experiences that inspire practical approaches to setting up social enterprises and cooperatives delivering services in the health care sector.

Vice-president of Espriu Foundation, Dr. José Carlos Guisado, has been invited to explain the health cooperative system that Espriu's institutions have developed.

6-8 APRIL 2011

3RD INTERNATIONAL RESEARCH CONFERENCE ON SOCIAL ECONOMY

CIRIEC-España will host this conference in **Valladolid (Spain)** with the theme The Social Economy, mainstay of a new model of sustainable economic development. The objectives of the conference will be to examine the role that the social economy can play in a new model of economic development which is sustainable for both the North and the South. The main thematic areas of the conference will be: the Social Economy as a powerful socio-economic agent and as a vector of social and economic change, the allies of the social economy in a new model of sustainable economic development and the role of the State and of international institutions with regard to the social economy.

15 NOVEMBER 2011

IHCO GENERAL ASSEMBLY

The International Health Co-operatives Organisation will be holding its General Assembly in **Cancun (Mexico)**, under the chairmanship of Dr. José Carlos Guisado, Vice-president of the Espriu Foundation.

16 NOVEMBER 2011

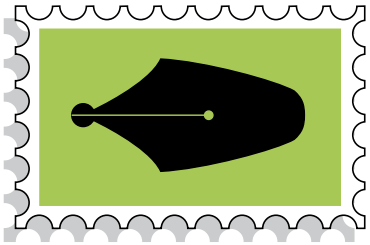
IHCO & CICOPA CONFERENCE

The International Organisation of Industrial, Artisanal and Service Producers' Co-operatives and the International Health Co-operatives Organisation, both ICA Sectoral Organisations, will organise a joint conference in **Cancun (Mexico)** to consider and discuss the potential of cooperatives as a tool for social and economic development.

17-18 NOVEMBER 2011

ICA GENERAL ASSEMBLY

The General Assembly of the International Co-operative Alliance (ICA) will be held in **Cancun (Mexico)**. On this occasion, in addition to addressing statutory issues, the assembly will be the start of events connected with the UN International Year of Co-operatives.



MAILBOX

SUPPORT FOR THE INTEGRATION OF DISABLED PEOPLE

We need to dedicate more time to the disabled, the elderly, immigrants and refugees. To know how to listen, by listening. To set an example of solidarity. If we do not keep alive the source of such people's problems, how can we offer peace and happiness? Let us light the pathways of the Earth with the fire of our hearts... Bringing a smile to those who are sad. Happiness, peace of mind, have much to do with coexistence, education, willingness. The need is for optimism, for enthusiasm. If everyone were more open we could all help each other out a little! What a lack of affection, of support, generosity!

Organisations and associations work together for the integration of the disabled, the elderly, immigrants and refugees, and raise popular awareness of their daily suffering. What are the defects of such people alongside their virtues? The marginalisation which such groups have suffered over the course of history, and which they still suffer. The dark, bitter experiences they endure and the disillusionment society generates, mean that the process of their daily lives contains numerous realities, expectations which build up and emerge in the institutions which assist interesting people. Have we succeeded in respecting and understanding them? There are many places for adventure and pain where they have been kept in check, and where many still find themselves unable to extract themselves.

As Torres Queiruga recently wrote: "Share, because that is how you move beyond what is simply animal and instinctive, and enter into the realm of freedom and the community of those who have discovered that love, justice and brotherhood represent the true future of mankind".

A green light to banish the marginalisation of the disabled; the neglect of the elderly; the rejection of immigrants and refugees. We should aim to resolve the problems which beset the world inhabited by such groups.

Mother Teresa of Calcutta once said: "Solitude and the sense of being abandoned and unwanted are the worst forms of poverty".

Let us engage in dialogue in order to resolve through understanding and willingness all that is rotten around us. If marginalisation exists, we cannot continue to speak of the disabled, the elderly, immigrants and refugees. To understand them is to begin to banish their marginalisation in every sphere of our daily life.

Saint-Pierre wrote: "We achieve our own happiness by working towards the happiness of others".

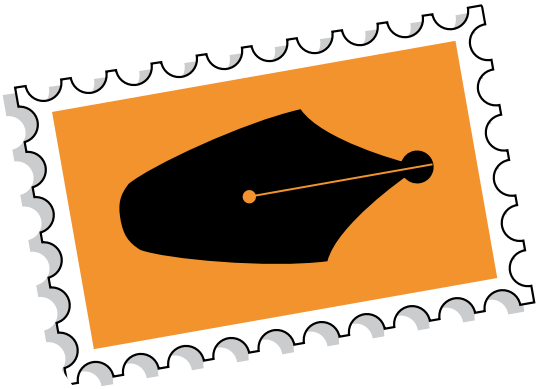
They are waiting for us. Always waiting, their spirit shining through the glowing pores of their skin.

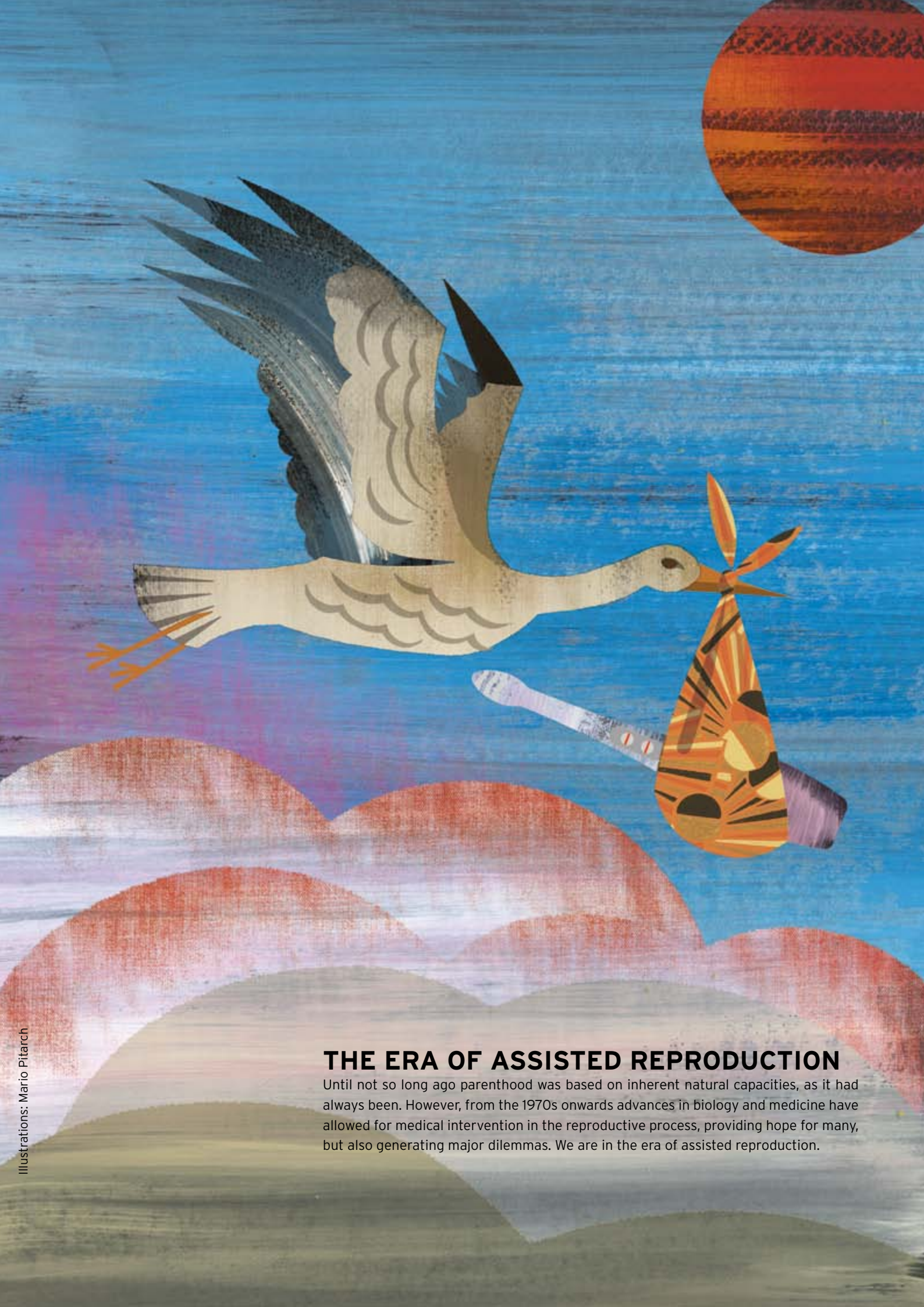
Salvador Jiménez said: "The ship which is left without a fisherman, the rose forgotten by the gardener, does not carry the blame for its abandonment, only the sadness of being unloved..."

Let us open our arms to communal support based on noble sentiments.

Together, we can dispel the sadness of being unloved.

Francisco Ruiz de la Cuesta
ASISA Doctor, Seville
(Member of the Spanish
Association of Author Doctors)





Illustrations: Mario Pitarch

THE ERA OF ASSISTED REPRODUCTION

Until not so long ago parenthood was based on inherent natural capacities, as it had always been. However, from the 1970s onwards advances in biology and medicine have allowed for medical intervention in the reproductive process, providing hope for many, but also generating major dilemmas. We are in the era of assisted reproduction.

EVERYTHING HAS A BEGINNING. ASSISTED REPRODUCTION BECAME A GENUINE ALTERNATIVE TO NATURAL REPRODUCTION IN 1976 WHEN THE BROWN COUPLE TURNED TO A BRITISH PHYSICIAN, DR. ROBERT EDWARDS, DUE TO OF THEIR FERTILITY AND CONCEPTION PROBLEMS. TWO YEARS LATER LOUISE WAS BORN, AND WITH HER BEGAN A NEW ERA IN HUMANITY'S LONG HISTORY...

Robert G. Edwards, 2010 Nobel Medicine Laureate

Javier López Iglesias
Journalist

"Father" of the first test tube baby

It was in Oldham, on the afternoon of 25 July 1978, that the baby in question, weighing just under six and a half pounds, let out her first cry. A cry which announced to the world the culmination of a long process of research and hard work. Through her revolutionary birth at the UK's Oldham General Hospital, Louise Brown became the first case in the history of medicine of an in vitro fertilisation process culminating in a living human being. The event received media coverage worldwide, with pictures of what they called the first test tube baby.

It had all begun a long time before. Couples with fertility problems unable to have children by natural means were first given hope in the mid-20th century by research into the in vitro fertilisation of human ovocytes performed by Rock and rat embryo studies by Hammond, allowing Austin and Chan to discover the process of sperm capacitation using simple culture techniques. These pioneers cleared the way for Chan himself in 1959 to perform the first in vitro fertilisation using doe rabbits.

Once the seed is sown...

The seed had been sown. The unstoppable machinery of research had been set in motion. Biologist Robert Edwards and gynaecologist Patrick Steptoe took their cue from those fascinating discoveries, and over the course of the 1970s made decisive contributions to the field of infertility treatment.

In the autumn of 1976 Lesley and John Brown, a couple who had for close on a decade been unsuccessfully attempting to have children, turned up on the door of their practice at the Bourn Hall Clinic in Cambridge. Edwards and Steptoe began to treat them, and after a series of studies extracted an egg from the woman, who had an lesion obstructing her fallopian tubes, and fertilised it in a test tube with sperm from her husband. It was then transferred into her womb, a process which nine months later culminated with the cry emitted by "miraculous" little Louise.

On 4 October 2010, thirty-two years after that decisive event (which, in terms of its ethical connotations raised considerable debate at the time, and is now universally considered to be one of the greatest achievements in medical science of the past century), the Swedish Academy awarded the British scientist the Nobel Prize in Physiology or Medicine "for the development of in vitro fertilisation".

Only Robert Edwards received and was able to collect the honour, as Patrick Steptoe died of cancer in 1988 and the Nobel Foundation regulations do not allow for posthumous awards.

Shy, easy-going and wry

Robert Geoffrey Edwards was born in Leeds (although for some strange reason information given out after the announcement of his Nobel prize suggested Manchester as his city of birth) on 27 September 1925, into a conventional British middle-class family.

He was a diligent student from a young age, and when he was 17 went to the University of Wales and later Edinburgh, receiving the highest honours in his Biology doctorate with a thesis on embryo development and the reproductive process in mice. "Right from the very beginning, everything that had to do with reproduction and problems derived from an inability to culminate the process occupied my thoughts, and hence my studies. My dedication to this intriguing field of science was one of the best decisions of my life. I do not know if I could really have focused on anything else," he claims at the age of 85, at which, despite his fragile health, he maintains his characteristically wry disposition, along with a shy and easy-going nature.

After receiving his doctorate Edwards moved to the United States, where he worked for a year at the Research Department of the California Institute of Technology. In 1958 he returned to Europe to join the UK's National Institute of Medical Research in Mill Hill (London).

In 1962 he moved to Glasgow University, and from then on to Cambridge. An incessant traveller, convinced that his duty was to be wherever scientific progress required, in 1965 he returned to North America to teach at Johns Hopkins University as a visiting professor, before moving on the following year to the University of North Carolina.

In the autumn of 1976 the couple Lesley and John Brown arrived for an appointment at his Bourn Hall clinic in Cambridge. They had been trying unsuccessfully to have children for close on a decade

He then returned to Cambridge and was given the job of Reader in Physiology at the Ford Foundation, a position which he held until 1985. "Fate works that way," he claims, "and in 1968, by that time in Cambridge, I met Patrick Steptoe, a gynaecologist and an outstanding scientist. It was there that we began our close, lasting and decisive collaboration".

It was not long before their efforts bore fruit. By analysing the conditions required in order to allow an egg and sperm cell to survive outside the womb, Edwards developed

a suitable medium, which he defined as the "magic culture liquid" to achieve fertilisation. In 1971 (working with Steptoe) he performed his first attempt to implant a fertilised egg in a patient. This initial venture proved unsuccessful, with the first fruitful attempt coming, as explained, in July 1978. Their close collaboration also led to the creation of the Bourn Hall Clinic in Cambridge, of which he was scientific director until 1991.

Edwards is a Pensioner Fellow of Churchill College and honorary member of twenty further institutions connected with the field of fertility. Between 1984 and 1986 he was President of the European Society of Human Reproduction and Embryology. Alongside his recent Nobel Prize, he has been honoured with the most prestigious awards in his field of knowledge.

A noted author, his publications include in particular A Question of Life (1980), written together with Steptoe, and Principles of Assisted Human Reproduction, with Stephen A Brody.

Pride and satisfaction

At his age, Robert Edwards smiles when he is reminded of the way in which his early work was the subject of vehement criticism. He smiles because time and evidence have proven that his method, thanks to which some four million people have been born, has served not only to bring into the world healthy human beings, but also to give happiness to a huge number of couples who have been able to realise their dream of parenthood.

What is more, thanks to the advances derived from the work of this indefatigable researcher, reproductive science is now dealing with new challenges in reducing infertility and ensuring that babies born thanks to laboratory procedures can grow up free of illness.

Hence the fact that the experts brought together by the journal Nature to mark the 30th anniversary of the first "test-tube baby" were adamant that over the coming decades reproductive medicine will remain very much in the public eye. They suggest that it will prove possible to create gametes from any cell, to select the embryo which best meets parental wishes, and even to perform gestation in an artificial womb. Such possible scenarios, which are by no means science fiction, are now beginning to be sketched out in laboratories worldwide.

The main problems surrounding new and future reproductive techniques is regulation. The ethical dimension of such issues makes it particularly important to legislate, since otherwise any procedure (such as the selection of an embryo able to cure a sick sibling) could be employed for purposes which, at least today, society is loath to accept, such as for example to the selection of physical appearance, height, weight, IQ, etc.

In Spain, the Biomedical Research Act permits cloning for therapy and the selection of embryos to save the life of a sibling, while specifically prohibiting the creation of zygotes for research and the cloning of human beings.

Ultimately, though, the world is now aware that the probability of an infertile couple conceiving a baby after a cycle of in vitro fertilisation is one in five, practically the same chance as a healthy couple has to achieve a natural pregnancy. "This event and this reality fill us all, and me personally, with heartfelt satisfaction," concludes with pride the 2010 winner of the Nobel Prize in Physiology or Medicine.

ASSISTED REPRODUCTION HAS OPENED UP NEW HORIZONS FOR MANY PHYSICIANS WORLDWIDE, HAS LED TO THE CREATION OF NUMEROUS SPECIALIST MEDICAL CENTRES AND, FAR MORE IMPORTANTLY, HAS GIVEN HOPE TO MILLIONS OF PEOPLE WORLDWIDE. HOWEVER, JUST LIKE ANY SCIENTIFIC AND TECHNOLOGICAL ADVANCE IT ALSO RAISES MORAL DILEMMAS, IN THIS CASE BECAUSE OF THE POSSIBILITIES FOR CONTROLLING GENETIC MATERIAL.

Assisted human reproduction: an ethical view

Begoña Román Maestre
Philosophy Faculty Lecturer.
University of Barcelona

Technical progress and moral progress

Progress means taking a step forward in overcoming an obstacle which prevented us from advancing towards a desired human goal; progress means freeing ourselves of a burden which prevented us from embarking on the future of our choosing. In forging the path of progress, technology, understood as the application of knowledge and construction of tools, instruments and methods, has played a fundamental role. Knowledge makes us free because it helps us overcome the ignorance, superstition and dependence which an inability to control outside causes involves, and allows us to move forward by taming fate (all that does not depend on ourselves). Thanks to technology, we have been freed of such burdens allowing us to establish greater levels of autonomy, for which reason technological progress is also ethical progress. While ethics concerns itself with the reasons for our actions, when those reasons become ours, and in the past they were not, we broach a new domain for ethics, for liberty or autonomy. As Kant pointed out: "Morality is the *ratio cognoscendi* of liberty, and liberty is the *ratio essendi* of plurality".[1]

Assisted human reproduction marks a technical and ethical advance in that it overcomes the problems faced by those with fertility issues in having children; because it allows for new forms of family, as one need no longer have a stable or different-sex partner. Thanks to techniques of assisted reproduction we can also genetically interfere with the embryo, free it of disease or choose the baby's sex.

Nonetheless, our conquest of these new powers involves taking on board new responsibilities, which in turn call for changes to legislation in line with the social changes involved.

For example, the traditional claim that "you only have one mother" has simply become obsolete: the donor of the egg could be one, the womb which houses the foetus for months and the mother who gives birth to the baby be another, while guardianship may lie with a third woman, who in turn may not actually end up performing the role of mother in the traditional sense of being there at the baby's side and accompanying it through its process of development. And so a number of legal judgements[2] have reflected these changes and recognised the same rights on the part of both mothers, the biological and the other ex-partner with whom the former decided and agreed to conceive a child by turning to assisted reproduction. The judgement declares that both are equally mothers, moving beyond the traditional "enshrinement" of biological maternity.

It is hard, though, to legislate as to whether, for example, surrogate maternity ("wombs for rent") should be allowed or not: in Spain the practice is illegal, among other reasons because it is felt that it serves to objectify a person in exchange for money, and because it is not yet clear that the period of gestation involves simply incubation, etc. Whatever the case, new knowledge will

[1] KANT, I *Critique of Practical Reason,* Madrid, Aliança Editorial; Traducció de R. R. Aramayo, pàg. 52-53, 2004.
[2] FARNÓS AMORÓS, E. y GARRIGA GORINA, M: "Mares? Poden ser més d'una. Tres casos recents de la Supreme Court de Califòrnia", *InDret, Revista per a l'Anàlisi del Dret*, issue 4, 2005.

force us to reconsider more and better reasons regarding what can and cannot ethically be done once it has become technically feasible.

Ethics, in its efforts to argue the reasons why or why not, cannot stand aside from new knowledge. In offering reasons we must consider three types of argument: those connected with *principles and values* which we would tend to view as fundamental (autonomy, justice, benevolence and charity; respect, tolerance, etc.); the *actions and processes* which we have it in our power to perform (including techniques involving innovation, etc.) and the *consequences* which will be generated by all this, which will be good or bad depending on whether they assist us in our progress, in other words in achieving independently elected human goals, without subjecting us to other designs or destinations.

New knowledge, new responsibilities

As H. Jonas warned us[3], technology increases our ability to act and to intervene, without proportionally increasing our knowledge regarding the consequences which this power will involve; and so we quite happily begin to make use of it to the point where the practice becomes commonplace, without pausing to reflect or considering the consequences.

And so it may occur that, in the desire to have a child, people may overlook the moral decisions which recourse to assisted reproduction forces us to take: what to do in the case of multiple pregnancies, in the event of having to choose among different embryos for the sake of the viability of one; what to do with the frozen embryos, etc. Thirty years since the first baby girl was born in Barcelona thanks to assisted reproduction, we know that the children born as a result of this technique have a lower birth weight and are more frequently prey to illness. We do not yet know the reason for such incidents: it could be due to the greater age of the parents during pregnancy, often couples who will have spent some considerable time trying to have children; or the fact that they are couples with fertility problems; or laboratory techniques exposed to other "unnatural" contexts, or the need for the techniques to be improved.

We must welcome a technique which allows people who do not meet the "natural" requirements for parenthood to have children; but if the technique involves social changes and ethical decisions, as indeed it does, then we had best set about it on the basis of knowledge: "We only know *what* is at stake once it is already at stake"[4]. And it is not a question of doing so only in the light of unwanted consequences (children with health problems, the orphans of a single mother fertilised at the age of 67 having misled the doctors about her age, etc.), since it is also very important to take into consideration the principles and values which *are at stake* and the actions we will take. Nor, of course, is it a question of simply going straight back to the enshrinement of nature and forsaking all that we can achieve through the technology and science at our disposal, but rather to understand and control the purpose and the persons served by our technology and science.

The right to have children?

The issue of assisted reproduction does not come down simply to deciding whether one wants a child, which child, how that can be achieved, and a knowledge of which countries legally permit certain practices. In fact, in Jordan you can choose the sex of your baby; in some states of the USA you can organise a surrogate pregnancy and sign contracts under which the "biological" mother is debarred from any future applications for maternal rights, etc. Technology allows many things, le-

[3] JONAS, H: *El principi de responsabilitat. Assaig d'una ètica per a la civilització tecnològica*, Barcelona, Herder, 1995.
[4] Ibídem, p. 65.

gislation will permit some and restrict others depending on where you are, but ethics also has a contribution to make.

The first question we need to ask from an ethical perspective is not whether you want to have a biological child or how to achieve it; the first question is whether you will be able to take care of that baby. The question of positive will is not so much to do with what you want, but your reasons for wanting it: it is not about *wanting good*, but *wanting well*. In the case of a child, it is not about wanting something good for me, wanting a child, but wanting what is good for that child.

Secondly, ethics would stress the fact that responsibility and duties exist only on the part of parents towards their children, and the children do have the right to parents. And so we cannot simply invoke with no further ado the "maternal/paternal" instinct or the desire for parenthood: it is an issue which involves total responsibility: will I be able to take care of a child, offer an upbringing, care, pass on the desire and will to live? Because if you are thinking only of yourself ("I want children", "I want to be a mother"), or if you adopt a utilitarian approach ("I want an heir, or someone to look after me") then you are deciding the future of that child on the basis of heteronomy: in the name of my needs, I am planning its life.

Clearly these reflections should be made by all parents, not only those who turn to assisted reproduction. What happens, though, is that the latter so want to be parents, pursue this goal with such perseverance and are prepared to do anything to have a biological child, that they need to dedicate greater thought to this ethical process of reflection, in order to accept whatever child may be born to them, come what may, and not necessarily the child they so wanted.

And so there are many ethical arguments to be raised against liberal eugenics[5]: the desire to conceive children with certain characteristics depending on market demand; Because rather than accepting a new life, we are imposing selection criteria on the basis of cultural, subjective conditioning, about advantages in life (race, gender, height, intelligence). And so the equality of all before the non-availability on the part of arbitrary human desires, or unconditional love for children, run the risk of being lost[6], while also burdening children with the huge responsibility of not disappointing their parents' expectations.

Public policy and assisted reproduction: a question of justice

There are a final two considerations which must not be overlooked:

To begin with, in issues of sexual and reproductive health public policy plays a considerable role; as resources are finite we must select those individuals who can embark upon the programme, those who cannot, and give reasons why. There must be public policy because not only the rich are entitled to be parents; but there must also be ethical and therefore public reflection on the ethical characteristics which we expect of future parents who are "suitable" to be fertilised. Is it better that there be two of them, in order to guarantee that if one were to die the child would not be orphaned? Would it be better if they were young, in order to shoulder the effort involved in pregnancy and childcare? Does the age or health of the mother matter, but not that of the father or partner?

Assisted human reproduction marks a technical and ethical advance in that it overcomes the problems faced by those with fertility issues in having children; because it allows for new forms of family, can free embryos of disease and even allow the baby's gender to be selected

Could one argue that if what is "natural" imposes no ethical criteria, then a technological approach should not do so either? Because the former, the natural way, belongs to the domain of natural catastrophes: if things go wrong it is not through human causes; whereas in the latter, in ethics, as it depends on us to cause or avert damage, we speak of calamities[7] and hence of responsibility, which lies at the very heart of ethics. And so we must try to ensure the efficiency of treatments, the dignity and quality of life of the children, and as such have to tackle both strictly medical considerations and others of an ethical nature: not just questions regarding the age of the pa-

[5] HABERMAS, J: *El futur de la naturalesa humana. Cap a una eugenèsia liberal?* Barcelona, Paidós, 2002.
[6] SANDEL, M: *Contra la perfecció. L'ètica en l'era de l'enginyeria genètica*, Barcelona, Marbot Edicions, 2007.
[7] GARZÓN VALDES, E: *Calamitats. La responsabilitat humana davant l'atrocitat*, Barcelona, Gedisa, 2009.

rents, but also their "background": economic standing, ability to assume responsibilities, ability of care, etc.

Secondly, social dynamics, at least in Catalonia and in Spain, are tending to delay the age of parenthood, thereby increasing the need for recourse to techniques of assisted reproduction. The issue is to what extent is the image of assisted reproduction techniques as good being "sold" to young people, when what cannot be guaranteed is the option on the part of individuals to choose when they will become parents. We are thus condemning young people to delay their decision, leading to the need to turn to an assisted approach.

What is undeniable is that we are biological beings and we go through stages which are more suited to some functions than to others. Although we can extend our longevity and quality of life, we must nonetheless consider the reasons leading us to choose when would be the most suitable time for parenthood. There can be no doubt that this is a personal and subjective question, but it is also a political and social question, if young people are forced to remain for longer in the family home, and are then offered technological fix to remedy what they have been denied.

I do not know what is the best age at which to bring children into the world, to deal with and care for them, but what I do know is that it is less and less an option, that in Catalonia and Spain the decision is being delayed, and that all this impacts on reproductive capacity (quite apart from habits and lifestyles which serve to reduce human fertility).

These are not easy questions to answer, but they are important. The aim of this article is most definitely not to demonise techniques of assisted reproduction, it is instead to stress that technical progress, the generation of new possibilities, should involve an increase in levels of autonomy, help us in our desire for emancipation; rather than freeing us from one oppressor (the designs of nature which, if they exist, we cannot understand), only to subject us to others, placing us at the mercy of the market, the interests of which we know all too well: capital gains, share prices, and not always life.

UNTIL JUST A FEW YEARS AGO SPECIALIST ASSISTED REPRODUCTION CENTRES WERE MAINLY TO BE FOUND BEYOND SPAIN'S BORDERS, MAKING ACCESS TO THIS SPECIALITY THE PRIVILEGE OF A MINORITY. AWARE OF THIS CONCERN AMONG ITS POLICYHOLDERS, ONE YEAR AGO THE ASSISTÈNCIA GROUP SET UP GRAVIDA, AN ADVANCED, CUTTING-EDGE FERTILITY CENTRE.

Gravida, a fertility centre in Barcelona that's a model for the rest of Europe

Oriol Conesa

Born out of the partnership between Assistència Sanitària, Catalan specialists in assisted reproduction and an elite US centre, Barcelona has for one year now had its own specialist human fertility treatment institution: Gravida. The centre is based on the sixteenth floor of Barcelona Hospital and applies a range of artificial insemination techniques, in vitro fertilisation (IVF) and pre-implantation genetic diagnosis (PGD). Gravida also employs the very latest technology and has its own cutting-edge laboratory. Assistència Sanitària is the majority shareholder in the centre, which is entirely privately owned and is open to patients whether or not they are policyholder. The centre aims to become one of Europe's flagship centres.

During its first 12 months in operation, Barcelona's newest advanced fertility initiative has achieved very positive progress in terms of its activity indicators (number of initial appointments and number of cycles of artificial insemination and IVF performed). A commitment to a laboratory built in accordance with the guidelines of the consultant Alpha Environmental (the US leader in the evaluation of leading IVF laboratories' air quality) and the painstaking recruitment of a first-class team of professionals has achieved the desired results, as is seen in the high rate of gestations following the various forms of treatment.

Assisted reproduction is now established as standard practice, and involves treating the problems associated with human fertility, at times requiring the selection and treatment of gametes with the aim of achieving gestation. IVF techniques, and assisted human reproduction in general, have experienced considerable progress over the past 25 years. Medical practices such as egg and

The fact that women now typically study and embark on a professional career is one of the factors which has further delayed the age of motherhood, which has risen from 22 years (in 1970) to 30 (2011)

semen donation, the cryopreservation of embryos and PGD are today commonly used at fertility clinics both in Spain and other comparable countries. It is estimated that the number of babies born today thanks to assisted reproduction techniques is as many as 250,000 per year worldwide. In developed countries one in every four couples of fertile age requires the assistance of any one of the techniques which exist. And so, thanks to this sub-specialisation in the field of gynaecology, the product of progress made in health science research, thousands of people are able to overcome their fertility-related problems.

The progressive reduction in the number of women of fertile age and declining birth rates are behind the 5% downturn in births in 2009, the first time this has occurred in Spain for ten years. More than 30% of births in Spain involve women aged over 30, by which point fertility has begun to decline. In fact, while the average age at which women gave birth in the 1960s was 22, by the Eighties and Nineties it had risen to 25, and is now close to 30. The fact that women now typically study and take up a professional career are among the most significant factors leading to this delay. The concept of reproduction has changed as a result of later pregnancies, a social phenomenon which has driven forward notable advances in physiology, genetics, molecular biology and reproductive science.

Based on its core principles of, professionalism and ethics, Gravida deploys the very latest technology to analyse sterility and perform the most advanced treatments. Recently, in response to the various perspectives which exist within the medical community, the Gra-

vida Bioethics Committee was set up, in order to ensure that all these processes are dealt with in an appropriate manner.

There are many possible reasons why a couple may be infertile (age, quality of semen, social aspects...), and so following a detailed examination of each case a diagnosis is established, after which the physicians will select and apply the most appropriate treatment. Without proper analysis of the couple and a sound diagnosis, it is impossible to make the best choice: each case has a specific treatment, each problem its own solution.

Gravida stands out due to the fact it has one of the finest laboratories in Spain and an eminent, broad-based team offering personal care in adopting a multi-disciplinary approach to the cases they deal with, drawing on their own considerable experience. It is thus able to offer the solution best suited to each individual situation from a range of treatment.

Artificial insemination is an assisted reproduction technique which involves introducing sperm cells, which have first been treated in the laboratory, into the woman's uterus or cervical canal at the time of ovulation, with the aim of achieving pregnancy. The idea is to shorten the distance between the sperm and the egg and so facilitate contact. According to the 2008 records of the SEF (the Spanish Fertility Society), the rate of pregnancy in cases of artificial insemination with the husband's sperm was 13.5% per cycle performed. When the same technique is performed using sperm from an anonymous donor (in cases of male sterility or women without a male partner), the rate of pregnancy stands at 20.8% per cycle performed. In these cases the sample of semen is drawn from a legally registered sperm bank, offering optimum conditions in terms of the quantity and quality of sperm.

In vitro fertilisation (IVF) is an assisted reproduction technique which involves an egg being fertilised by a sperm (from the partner or a donor) in the laboratory under in vitro culture conditions, in other words outside the woman's reproductive apparatus. This involves stimulating ovulation and then performing an ovarian puncture to obtain the ovocytes, obtaining a sperm sample, bringing the ovocytes into contact with the sperm and cultivating the resulting embryos, which are then implanted in the woman's womb with the aim of achieving pregnancy. Since the birth of the first girl resulting from conven-

tional IVF techniques in 1978 a number of variants have been developed, such as intracytoplasmic microinjection and pre-implantation genetic diagnosis (PGD). In such cases the SEF records for IVF treatment in 2008 register levels of pregnancy of 30.9% and 38.6% per cycle commenced.

Pre-implantation genetic diagnosis (PGD) is a technique which involves the genetic analysis of embryos at initial stages of in vitro development, with the ultimate aim of being in a position to transfer those which are diagnosed as being healthy and free from a given illness or serious genetic anomaly, thereby making this a variant of IVF. The practice is permitted in cases of monogenic diseases, chromosomal anomalies or for embryo selection for histocompatibility; the application of PGD techniques for any other purpose, or if the aim is to treat a third person (so-called "medicine babies") would require specific authorisation for each individual case from the corresponding health authority. PGD has gradually increased its success rates over recent years thanks to the development of new diagnostic methods. Knowledge of the human genome will in future allow us to locate the genetic cause for most illnesses, and as a result perform a more comprehensive study of the embryo before it is transferred into the mother's womb. At present the SEF records for 2008 register pregnancy rates of 23.7%.

Knowledge of the human genome will in future allow us to locate the genetic cause for most illnesses, and as a result perform a more comprehensive study of the embryo before it is transferred into the mother's womb

Ovocyte reception is a variant of IVF with two distinctive features: the egg cells are from a donor, or otherwise are from the woman herself, but obtained years earlier, when the mother-to-be was at a more fertile age, having been stored using cryopreservation. This is one of the techniques which has experienced the greatest expansion over recent years because, mainly as a result of of social changes, women are delaying their decision to have children until a later age, which reduces the chance of spontaneously conceiving with their own ovocytes. Spanish legislation, which is more permissive than in other European countries, hence the increase in so-called "medical tourism", establishes that the maximum age at which a woman may undergo ovocyte reception is dictated by "clinical appropriateness". In cases of ovocyte reception, the SEF's 2008 records indicate a figure of 50.3% of pregnancies per cycle.

THE AIM OF MAKING ASSISTED REPRODUCTION AVAILABLE TO ASISA GROUP POLICYHOLDERS LAY BEHIND THE CREATION IN 1983 OF A SPECIALIST UNIT AT THE VISTAHERMOSA CLINIC IN ALICANTE, WHICH TODAY COMBINES MEDICAL CARE, RESEARCH AND TEACHING AT THE HIGHEST LEVEL IN RESPONSE TO NEW SOCIAL DEMANDS.

The assisted reproduction unit at Vistahermosa Clinic

Elvira Palencia

The occasionally breakneck speed of change experienced by today's society influences all fields of knowledge, even if at times we do not make the connections between them. That is the case with assisted reproduction, a relatively young discipline which has undergone huge scientific progress, but has also developed in accordance with social evolution.

For Dr. Jesús López Gálvez, Director of the Vistahermosa Clinic Assisted Reproduction Unit, "the increase in the demand for assisted reproduction services is a consequence of the changes being seen in society, above all among women, who are delaying the age of motherhood, which now stands at around 30 in Spain, prioritising education, their professional career... and that delay leads to an increase in fertility problems. "It must also be remembered that new social scenarios have emerged, such as changes in partner relationships, late marriages, homosexual couples and even single women. In all such cases people turn to assisted reproduction clinics

The Vistahermosa Clinic's Assistant Reproduction Unit, established in 1983, is a multidisciplinary unit made up of a range of specialities, including Gynaecology, Embryology, Anaesthesiology, Andrology and other more generic fields

for pregnancy, and all such circumstances are fully covered by Spanish law".

The response to this demand is offered by the Vistahermosa Clinic Assisted Reproduction Unit, a pioneering department which was established with the aim of adopting a three-fold approach to assisted reproduction: as a clinical, educational and research institution, in order to optimise the care offered to patients and achieve the greatest possible success rate.

"The Assisted Reproduction Unit began life in 1983 with a programme of insemination treatments," recalls its founder, Dr. López Gálvez, "because at that time in vitro fertilisation was not performed, although this was an advanced service offered from the outset to ASISA policyholders. And then in 1995 the Unit became part of the Vistahermosa Clinic, as an additional hospital service".

In clinical terms, it stands out for being a multidisciplinary unit made up of a range of specialties, including Gynaecology, Embryology, Anaesthesiology, Andrology... along with the Nursing, Ancillary, Administrative departments, etc.

The fact that it is based at a hospital makes it easier to achieve a sound diagnosis, as it has access to all the hospital's own services, such as the central laboratories, hormonal, bacteriology, radiology and magnetic resonance facilities, etc.

Together with the Reproduction Unit a separate Genetics Unit was set up, staffed by highly qualified professionals capable of developing all the assisted reproduction techniques which currently exist.

For the Unit's director, this circumstance has allowed them to specialise in more difficult processes, such as genetic diagnosis, preimplementations, cultures...

"The Unit's success rates have increased as assisted reproduction techniques have themselves evolved over the years," remarks Dr. López Gálvez, citing the emergence of sperm microinjection as having been the step forward. This was later followed by embryo

culture techniques and advances in means of using cultures, along with the refinement of the treatments used ovulation.

Another milestone was the improvement in all embryo and egg freezing processes in order to maintain the fertility of women who wish to postpone the process or undergo cancer treatment, along with the freezing of male gametes. All these reproduction developments have served to increase pregnancy rates.

Meanwhile, the social changes seen in the emergence of new patterns of relationship and the moves made by Spanish legislation in this field have led to an increase in the demand for donations of both eggs and semen in order to achieve new pregnancies. All these circumstances have opened up a new landscape in terms of reproduction treatment.

"There has also been a change in the profile of donors, above all in the case of women," indicates the head of the Unit. "A decade ago most of them were students, while now women donors come from all social spheres".

Teaching and research

The Reproduction Unit has a long tradition in the teaching field. This resulted in an agreement signed more than 10 years ago with Miguel Hernández University, which led to the development of a training programme and the creation of a specific qualification for Assisted Reproduction Specialists, now held by more than 100 specialists currently working in Spain and beyond.

The Vistahermosa Clinic has also for the past 10 years been the host of a series of internationally recognised conferences entitled

The Reproduction Unit has a long tradition in the teaching field. Its Research Division also has in place a development programme with the University of Alicante and Miguel Hernández University

"Assisted Reproduction Controversies", delivered by renowned national and international specialists.

As part of the teaching programme, the professionals at the Unit undergo continuous training and attend seminars and conventions both across Spain and abroad.

The Reproduction Unit's Research Department also has a research and development programme in place with Alicante University and Miguel Hernández University. Meanwhile, Dr. López Gálvez has just exclusively revealed that they have secured a worldwide patent for an invention: "It is a virtual embryologist, a simulator to train embryologists with the aim of developing the qualifications of reproduction laboratory professionals. It involves performing laboratory tasks in a virtual environment".

He then explains that "it is currently at the production stage, but has aroused considerable interest not only here in Spain but also abroad".

Expansion plans

The Unit has for four years now been immersed in its Expansion Plan, and currently has an International Department which is developing an international programme of assisted reproduction techniques.

Given the Unit's standing internationally, many patients from all round the world (United States, Australia, Germany, Ireland, France, Switzerland, Egypt and

others) choose Vistahermosa Clinic for their treatment.

Likewise, over the past year, given the interest of ASISA and its group of clinics in assisted reproduction, the Vistahermosa Clinic has set up a Management Unit with the aim of integrating all the ASISA Group's reproduction services in accordance with standardised operational protocols (in the medical and administrative fields), which are based on those of the Vistahermosa Unit with its national and international reputation, backed up by a track record of more than 23 years, and its status as one of the first Reproduction Units to achieve all available quality accreditations.

It is currently responsible for medical and administrative management of the Reproduction Units at the Virgen de la Vega Clinic in Murcia and the Inmaculada Clinic, and will soon be opening up new units at the Ángel de Màlaga Clinic and the Mediterráneo Clinic in Almeria.

"The immediate plans," announces its director, "are to set up an association of reproduction centres offering medical synergies for improvement which will allow us to exchange operational protocols at shared reproduction laboratories and for use in the medical treatments performed at all the centres".

"All that will serve to improve the quality of care we offer ASISA Group and other patients," concludes Dr. López Gálvez.

PERSONAL AND HUMANE CARE

We asked the founder and director of the Reproduction Unit, Dr. Jesús López Gálvez, as a gynaecology specialist who has always focused on assisted reproduction, to give us his personal perspective.

"It gives me huge personal satisfaction to be able to offer people all the assistance they require in order to fulfil their dream of parenthood. There is one thing which must be remembered, though: the figures are devoid of emotion, but not everyone who turns to an Assisted Reproduction Unit will achieve pregnancy, and so I always stress to my colleagues that we need to focus on the percentage who do not fulfil their aim. We are realistic when it comes to informing our patients, and offer them all personal care, to which in the cases I refer to we add extra dedication, to ensure that those who do not fulfil their aim leave with the peace of mind that we have done everything possible in our attempts. And so I always recommend that people contact an Assisted Reproduction Centre as early as possible, because age is a decisive factor".

Infertility: a challenge facing modern couples

Àngela Lladó

Prior to the 1970s, couples would have as many children as nature gave them, as there were no methods of birth control. If no children came along, that suggested that something was wrong, which at that time meant someone was to blame, and this was generally the woman. Yet can anyone, whether man or woman, be held responsible for their own fertility? Is it down to each of us as individuals to be fertile? And is it in any case a factor which can be voluntarily chosen? Does it make any sense to apportion blame when a couple wants to but cannot have children? All these questions, listed one after another, seem so obvious, but are not so simple to answer: couples who cannot conceive a child by the traditional method have to ask themselves many questions, and to find the answers. There are two particularly key moments in a person's life: the arrival of a new member of the family, and the death of a loved one. And so, when it comes to conceiving a new life, the doubts, the question marks, the fears and joys arrive helter-skelter. Our aim here is to reflect on the experiences of a number of users who have turned to assisted reproduction techniques, and allow their stories to help us understand the experience of couples with fertility problems.

There are stories which over time, can be told with a smile, such as the young couple who, after two years of married life, went to the doctor as they were keen to start a family but she had been unable to conceive: "Doctor, we feel we are doing something wrong," they said to the gynaecologist, with a degree of guilt and embarrassment. Years later, telling the story, they themselves laugh as they recall

Couples who cannot conceive a child by the traditional method have to ask themselves many questions, and to find the answers. And so, when it comes to conceiving a new life, the doubts, the question marks, the fears and joys arrive helter-skelter

the specialist's reaction: "Listen, I have no doubt that what you are doing you are doing perfectly well, but I think we had better do a full examination". The tests revealed a hormonal alteration in the woman, who was prescribed the appropriate treatment. They tried again, their fears having been dispelled, but she still did not become pregnant. Their story does have a very happy ending: they had two little babies. They now recall that although during the first year they were not overly anxious about a pregnancy, in the second year their increasing frustration had a growing impact on their character and their relationship as a couple. That is why they decided to go to the doctor, although with a sense of some guilt: if they were young, healthy, wanted to have children, what were they doing wrong? And what treatments would they need or what decisions should they take? They followed the hormonal treatment, and with their first artificial insemination their son was born. The second pregnancy came about spontaneously, in the traditional way. There is just a 15 month age difference between the two.

A different story is told by a couple who after a long courtship (of ten years), married after they had both turned thirty. They were quite clear on their desire to have children, and could wait no longer. When they decided to try to get pregnant, it happened straight away. They were delighted at the birth of their baby daughter, and wanted her to have a brother or sister. The second pregnancy did not go to term: a miscarriage. There was no need to be downcast, though, as many women have lost a child during the first trimester. The months went by and no further pregnancy ensued. The fertility studies revealed that the man's semen contained a number of sperm cells within the normal bounds (towards the lower end), but that they had very low mobility, making it more difficult for them to fertilise the egg. "If we already have a healthy daughter, what should we do, accept it or seek out other options to have another child?" In the end, their enthusiasm outweighed all the doubts: they decided to have a try at artificial insemination. The woman was given hormonal treatment to guarantee ovulation (and more than one egg, if possible), to increase the chance of pregnancy. On the day best suited for fertilisation, they went to the clinic. The semen was processed in the laboratory to ensure that the sample would have the greatest possible chance of fertilisation. And then this sample was inserted deep inside the womb. The procedure was not painful, and less uncomfortable than they had thought. The only thing was the unpleasant sensation caused by her hormonal stimulation: she felt swollen, and had pains in her abdomen. The first attempt proved fruitless. And the second, and the third. She felt increasingly swollen and her abdominal pain grew worse. She put on weight. Prior to their fourth attempt, the medical team suggested that instead of artificial insemination they should try in vitro fertilisation: insemination of the eggs outside the mother, with the embryos then being implanted in the maternal womb. They were tired, and she felt herself under physical strain. They gave up the treatment, deciding to take it no further: they had one daughter and would be more than happy at that. Surprisingly, a few months later she became pregnant, but

once again miscarried. It is very hard living on an emotional rollercoaster: hope, disappointment, resignation and hope all over again... they had what they had and were content: they would make no further attempts.

The next case was the longest and exacted the greatest cost. Over time this couple even questioned why they so wanted to have a baby. Or if a professional career was really so important as to keep on delaying plans for family life. The fact of the matter is that once they decided to have children, they came up against a brick wall. The first three artificial inseminations were performed with the husband's semen, but without success. They decided to keep trying, the next three attempts being with donor semen. It is far from easy to explain all the feelings which come into play when taking such a decision: both of them wanted to have a child, and artificial insemination could guarantee them parenthood. But then they had to decide whether to use semen from a donor. She would be the child's mother, but would he be the father? They thought about adoption, that they could offer a home to a child as adoptive father and mother, with no blood ties, on an equal basis. But they decided to put that option off: they would first of all try with donated semen. Still she did not become pregnant. They made no further attempts, because along the journey of trying for a family, their marriage fell apart. It had been a particularly difficult voyage.

Technology and science now offer new possibilities which can offer wonderful solutions, but which also represent an emotional, ethical and personal challenge. People who have been forced to struggle with infertility agree that the desire to have children is a very deeply rooted and highly instinctive urge. The difficulties arise when, depending on the circumstances, the fulfilment of that urge forces us to take decisions which are far from instinctive and overly rational. That is the challenge.

Assisted reproduction has succeeded in overcoming infertility problems, extending the age for having children, increasing the number of babies born and controlling certain properties of the embryos. A new speciality has emerged, new specialists and numerous institutions have come into being, but there still remains one challenge ahead: agreement on a code of ethics to govern biomedical practice in the field of assisted reproduction.

P A U S A

Fernando Beltrán

My mother taught me how to cheat.

Cheating to lose.

Winning was so easy she cried every night
and couldn't get to sleep.

Holding hands she comforted me
by telling stories that happened later.

It was my fault.

Mother asked me
if I wanted real or made-up stories,
and I always preferred the ones that had
really happened to her.

And almost without wanting to
one night my mother made up reality.

From "Where no one calls me" Collected poems, 1980-2010
Translation from catalan to english by Sam Abrams

Mar Aguilera

AJUDA'M A VIURE
and its work in Burkina Faso

Text and photography: Dr. Josep Mª Llobet

For more than two years now the charity Ajuda'm a Viure has been undertaking humanitarian work in the region of Guiba in the African country of Burkina Faso, one of the most impoverished countries in the world with some of the highest child mortality rates anywhere on the planet.

Ajuda'm a Viure, founded and lead by Dr. Josep Maria Llobet and Pilar Rebull, and aided by other doctors and aid workers, is a grassroots NGO focusing its efforts on three major fronts: running an orphanage for children aged up to 12 years old, currently with 22 residents; the creation and implementation of a health care plan for the region (infant population census, vaccination, prevention of endemic disease) and improvements to the living conditions of the community through projects to install electricity, drinking water, training and agricultural education workshops.

Burkina Faso, and specifically the province of Guida, suffers extremely high rates of malaria, trachoma, HIV and numerous parasitic diseases. Ajuda'm a Viure carries out its work in partnership with the community and local authorities. In order to perform its work the organisation relies on funds raised through charity golf tournaments held at clubs in Catalonia and Malaga which lend their support to its efforts. It also, and above all, draws on the contributions of its members, which have allowed it to achieve what can be seen so far.

Ajuda'm a Viure is currently hoping to maintain its plans to support the children at the orphanage and is working on plans for a centre to provide health care in the province and further research the local situation. The organisation's website is: www.ajudamaviure.org

AUX ENFANTS
VULNERABLES

The fear of death

Josep M. Fonalleras

Espriu himself, in a letter to Maria Àngels Anglada dated 26 January 1974, acknowledges that he makes use of this striking and disturbing Latin phrase (*timor mortis conturbat me*) "in an roundabout manner, precisely because I have, as far as possible, overcome that concern from a dialectic and enlightened position". It may be that he refers to a long Anglo-Saxon tradition, above all from mediaeval times, which employs as a *ritornello* this fragment from the Office of the Dead, which simply states: "sinning daily without repentance; the fear of death unsettles me". An approach then, almost a rhetorical wink of the eye which goes no further than the inclusion of a historical detail. Does Espriu's reflection aim to distance itself from the excesses which may derive from an initial reading of the poem? Possibly. It should be remembered that this is a graphic description of the scene of a procession, under unfavourable weather conditions and with a musical rhythm which unsettles the brain. Yet at the same time it is not simply a flight from one's surroundings, but an intimate, personal flight. It is significant that the shelter is welcomingly "for me". The shelter is physical, but also spiritual. And where is such a shelter to be found if the fear of death is ever present?

In the light of this reading, Espriu offers what is undoubtedly an intellectual solution, the establishment of limits, whereas the reader is entitled to understand the desolation of the poetic voice in another way.

The commentaries on the Easter Procession were written following the experience "of the visual reality of the subject", according to Francesc Vallverdú. An Easter "viewed by a sceptical but respectful spectator". Nonetheless, the reader perceives the influence of a way of thinking which profoundly approaches the human condition.

Death walks down the known and recognised streets of our childhood. Death lording it over the place where we lead our daily existence, an everyday life we would rather have untroubled. The death through which we walk. Death as a pathway or as a travelling companion, as the protagonist in the procession we observe.

In this space of desolation, this funeral cortege, what remains for us? What hope can we cling onto? The lights of the procession become words which lead us to reflection, introversion, dealing with an individual, inalienable reality. It is simply our own thoughts facing up for a few hours to the deepest questions. Words illuminate this struggle with no quarter given, waged on the appealing battlefield of spring, amid the charms of a procession which is merely a representation. And yet this struggle does exist. The conflict between life and death.

Words also as candles to dispel the darkness. Lighthouses guiding the procession, but also showing us our points of escape. Gaps through which we can walk. Words which accompany us, assist us, illuminate us. Words inspiring life. The Word which now more than ever is made flesh, brings to us the language of light which we demand, we beseech.

Sota la llum rogenca
de la lluna andareja
pels carrers.

Damunt la vella esquena
sento les bastonades
d'aquest vent.

A poc a poc m'entrava
el ferro de la llança
del meu temps.

Dintre la nit cremada
de tremolor de ciris
em vaig dient:
—Com fugiria ara,
on aniré,
quina clau m'obriria
cap recer?
Timor mortis conturbat me.

Salvador Espriu
SETMANA SANTA
Tercer poema · XVI
· MDCCCCLXXI ·

Calligraphy: Keith Adams

Death is present. At Easter it becomes more visible than ever. There is, of course, the hope of the Resurrection, of Eastertide, of the dawn which will triumph over the dusk, but it is nonetheless true that on Palm Sunday we are aware of the inevitable onset of death. It is the "arid pathway" of which Espriu speaks. Despite the certain promise of a fuller life, our human condition also brings us into contact with the doubts suffered by Christ on the cross. Will this pathway lead us into the abyss? If not, it at least brings us closer. We are aware of its power, of its irresistible nature. Nothing can prevent us from perceiving its atmosphere, being aware of the setting. Death is present. It is we who open up the pathway, just as the people of Jerusalem opened ranks before the Messiah arriving astride a donkey. The difference is that they could not know what was coming, whereas we ourselves do know what that triumphant Sunday entails. It is a "precarious" triumph because it is the anteroom of the Passion. The path we take above the void of death, in the belief that, having known the abyss, the triumph, which is also a linguistic triumph, will be blindingly clear.

The voice of the poet is troubled by the fear of disappearing. The presence of the nothingness which he implores is so powerful in the question, the need for an escape, a shelter in which to cower. We perceive the silence, the terrible silence not only tempered (or, as one might feel, exacerbated) by the wind, by solitude, by the "faltering candles".

And then there is the interest which the Passion of Christ arouses in modern humanity. The rhetorical figure of the spearhead "of my time" which pierces the body of each of us is a current re-reading of biblical episodes. He became man to save the souls of men, and it is at Easter that the process culminates, but also with a commitment to share their suffering. The practice of piety is the central message of the Gospels. Precisely when it takes on this meaning: pain in solidarity, the internalisation of another's pain. A pain which, today, pierces our consciences just like that spearhead. A pain born of hunger, injustice, of North and South, of disease, of discrimination. We each of us have our own individual suffering and our collective, global concern. He, like us, tastes the bitterness of the world. And also calls for release from the cup from which he knows he must drink, over the course of his martyrdom, of his humanisation.

The resurrection of the flesh is the triumph (now a definitive one?) over death. Easter arrives and creates hope and makes the senses rejoice. But it is on that long, bitter walk that we will have shared over the course of a week that we are invited to question ourselves as we face up to our limitations.

EASTER (1971)

Third poem
XVI

Beneath the ruddy light
of the moon I roam
the streets.

On my aged back
I feel the beating
of the wind.

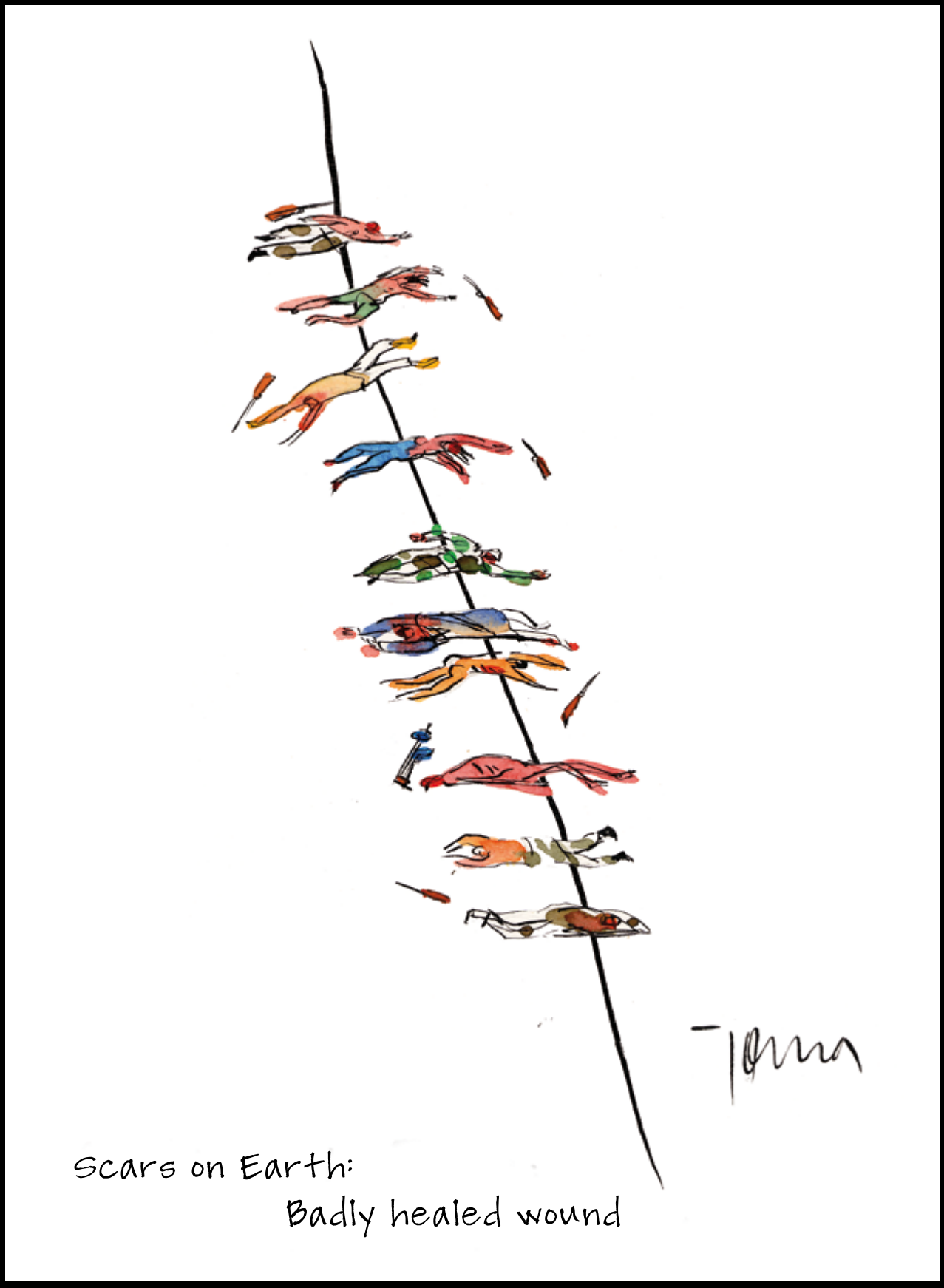
Bit by bit I am pierced
by the steel spearhead
of my time.

In the burning night
of faltering candles
I say to myself:

- How would I flee now,
where will I go,
what key would open
any shelter for me?
Timor mortis conturbat me.

Salvador Espriu

Joma



Scars on Earth:
Badly healed wound

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