

Denise Smith Amos

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When Pat and Kathy Daorai married 20 years ago, they planned to have a family the size of a football team.

But as years passed and the Tampa couple failed to conceive, they checked their hopes - maybe a family the size of a baseball team, or the size of a basketball squad . . . or maybe, just one child.

But it didn't happen. The Daorais were inexplicably infertile. Adoption also was out of the question because Pat's Thai culture doesn't recognize adoptive bonds.

Five years ago, they sought help from fertility specialists at Humana Women's Hospital in Tampa. Both underwent dozens of tests and treatments. Kathy, a homemaker, trekked to a hospital twice a day, beginning at 7 a.m., to receive painful hormone shots in her hip. She also endured 11 surgical procedures to implant sperm and eggs into her fallopian tubes and uterus.

After the first operation, Kathy became pregnant but lost the fetus after 10 weeks. The couple kept trying. "It was like living your life on a roller coaster," she said. "We always felt it would work because the first time it worked."

Finally, it worked again. In July the couple had twin daughters, Kaitlyn May and Ann Marie, born prematurely but healthy.

They are one of the lucky couples. An estimated one in eight American couples of child-bearing age is infertile. In Florida, about 117,000 couples were diagnosed as infertile last year, although only 29,000 sought medical solutions, said Dr. Greg Fossum, a University of Florida fertility specialist.

The problem is getting bigger. Much of the baby boom generation is trying to have children, so more people are seeking medical assistance. Technological and surgical advances have spawned a thriving infertility industry, estimated at \$2-billion a year in revenues and expected to grow to \$2.5-billion by the year 2000. "There are a lot of people who waited until their 30s to start families. Now that they've decided to give it a shot, they can't," said Dona Watson, an editor of Biomedical Business International, a medical newsletter. The infertility epidemic, as some call it, has prompted troubling economic and ethical questions. Should health insurers cover infertility treatments? Will that foist the burdens of a few onto the premiums of the many? Who stands to gain financially? Are fertility specialists more vulnerable to profit motives than other physicians?

Such concerns weren't as obvious in 1978, when the first test-tube baby was born in England. Since then, with the help of new fertility drugs, surgical techniques and high-tech equipment, more than 20,000 in vitro babies have been born worldwide.

Once-experimental techniques have become mainstream medicine, and the United States now has 300 fertility clinics that handle everything from in vitro fertilization to psychological counseling.

Many clinics are owned and run by physician groups; others are affiliated with hospitals and universities. Women's Hospital and Medical Center in Seminole and Humana Women's Hospital in Tampa, the two main facilities in the Tampa Bay area, serve an estimated 1,500 patients a year.

Although 4-million couples nationwide are diagnosed infertile each year, only half are likely to seek medical treatment, and only an estimated 40,000 will undergo surgical procedures. Because of the expense, such procedures often are considered the solution of last resort. In 1990 such techniques cost up to \$10,000 per attempt, depending on the procedure.

The largest group of in vitro clinics is IVF America Inc. Based in Greenwich, Conn., it operates and manages six clinics throughout the Northeast and in Detroit. It plans to expand nationwide by opening clinics or taking over the management of existing ones.

"We're a multi-clinic organization," said Vicki Baldwin, a founder. "We prefer not to be called a chain. It sounds too commercial."

The company is undergoing its first public stock offering, which is expected to raise \$15-million to \$18.75-million. The company markets its clinics to doctors and the public through seminars and infertility group meetings, according to the company's

preliminary prospectus.

Its success is evident. Annual revenue nearly doubled from \$5.4-million in 1987 to \$11.6-million last year. And annual losses declined from \$2.1-million in 1987 to \$753,000 last year.

Another powerhouse in infertility is Serono Labs Inc., a Norwell, Mass. subsidiary of The Ares-Serono Group, a Swiss pharmaceutical conglomerate. Serono owes 42 percent, or \$262.6-million, of its worldwide pharmaceutical sales to the infertility industry.

"We've been experiencing very strong growth over the past five or six years," said Gina Cella, a spokeswoman for Serono.

Its most widely used drugs - Pergonal, Metrodin and Serophene - are used as hormone therapy to induce ovulation or to encourage the production of more than one egg per monthly cycle.

(Ovulation occurs when an ovary releases an egg into a fallopian tube. Often in vitro fertilization requires the release of several eggs at once.)

Serono also makes Profasi, a male infertility drug, as well as several chemical tests commonly used to diagnose infertility. A non-profit foundation formed by Serono lobbies for state laws that would force health insurers to cover infertility treatments.

The medical equipment industry also has a stronghold in infertility. At least 12 American companies have developed high-tech catheters and related equipment to help doctors see into fallopian tubes and implant eggs and sperm. Other companies handle egg and embryo donation, chryopreservation (freezing and storage), sperm analysis and other fertility services.

The industry is big enough and mature enough to run afoul of regulators. Some of the nation's largest in vitro fertilization clinics, for instance, drew regulators' ire by exaggerating their success rates. A federal bill under consideration would standardize the way clinics report their successes. Another bill would establish medical standards for sperm banks and chryogenic facilities.

The commercialization of infertility has spawned criticism even from physicians, some of whom say there is too great a temptation to concentrate on big-ticket advanced procedures, especially if a clinic has to worry about investors or stockholders.

"If you start looking at it as if it were a business venture, then patients start getting looked at as clients of the business venture," said Dr. Carl M. Herbert, a San Francisco fertility specialist who recently left a clinic because of its plans to expand and go public.

Others say the profit motive won't hurt patient care or encourage practitioners to abuse the system.

Many clinics market themselves based on how many of their patients get pregnant, so there is a greater motivation to try the most successful methods first, not the most expensive methods, said Michael J. Tucker, scientific director of Reproductive Biology Associates, one of Atlanta's largest in vitro fertilization clinics.

"There's no real pressure to shove people into the high-tech stuff, because we're in the game to try and get people pregnant," he said.

Most of the profit is in the diagnosis of infertility, the monitoring of treatment and the storage of eggs and embryos, he said. High-priced in vitro operations, because of the equipment, time and expertise involved, tend to break even or bump up clinics' expenses, he said.

Another ethical sticking point is knowing when to stop treatment.

Most doctors counsel patients to quit after several failed attempts at in vitro because most patients conceive within four attempts, Tucker said. Other clinics will stop when a woman reaches a certain age. But some clinics make a name for themselves by treating older women, some of whom are past menopause, Tucker said.

Pat and Kathy Daorai weren't ready to stop, even after 11 in vitro attempts and more than \$100,000 in bills, which their insurance covered.

"We were prepared to do just about anything necessary to try," Kathy Daorai said.

"It's a gamble," Pat Daorai added. "It's just \$10,000 (an attempt). . . . You might not get anything back - or you might get something back," he said, grinning at the tiny dark-haired twins asleep in their baskets.