



## The Family Man

Tony Watkins

**TV series title:** The Family Man **Writer:** Tony Marchant **Starring:** Trevor Eve, Michelle Collins, Daniela Denby-Ashe **Broadcaster:** BBC One **First broadcast:** 23 March 2006

### What does it take to make a family?

Medical technology now develops at an astonishing pace, but often around new technologies lies an ethical minefield. The ethical questions involved are all the more difficult because they are so immediate and personal – and because the people who could benefit from the new developments are all suffering in some way or other. One of the difficult areas is that of assisted conception. Since Patrick Steptoe and Robert Edwards first succeeded with *in vitro* fertilisation (IVF) in 1978, there have been many advances and many ‘test tube babies’ born.

The BBC’s new three-part drama *The Family Man*, by highly regarded writer Tony Marchant, takes a hard, thought-provoking look at the world of fertility clinics. It stars Trevor Eve as Patrick Stowe (a nod to the IVF pioneer) who runs a private fertility clinic. The story opens with a party to celebrate the 2000th live birth and Stowe proclaiming that, ‘It really is the best job in the world, to be able to give couples what they most want in life.’ ‘Everybody should have babies!’ he declares. It is far from easy for many couples, however, which is why

Stowe is in business. And already, the drama is cutting to couples for whom the hopes and dreams of having a baby are turning into nightmares.

We meet bus-driver Tina (Katy Cavanagh) and her partner Gary (Lee Ross) who cannot afford IVF and are hoping that artificial insemination (or IUI, intrauterine insemination) will help. They don’t understand why they have been unable to have a child together since Tina already has a daughter with another partner and Gary knows the problem isn’t his. Paul and Jane Jessop (Lennie James and Sara Powell) have three daughters already. They also had a son, but he was killed by a car just outside their house and they are desperate to have another boy. Gillian and Steve (Michelle Collins and Peter McDonald) travel to Romania to buy donor eggs because the waiting list in the UK is two years. But they arrive to discover the donor has pulled out and they return home deeply disappointed and wondering whether to abandon their long attempt to have a child. ‘Why don’t we just say “Enough’s enough”?’ Gillian cries. ‘Why don’t we turn our backs on the whole b\*\*\*\*\* thing and say “We can’t have children. Fine”?’ ‘Will it be fine?’ asks Steve. ‘I’m sick of it,’ she replies. Natalie (Claire Skinner) and her husband Matthew (Dominic Rowan), however, are feeling more positive after three attempts at IVF: her sister has agreed to be an egg donor.

These are the kinds of people Patrick Stowe is trying to help. They are his world, and as a result he has neglected his family. His wife has left him and, although children Callum (Dom Herd) and Chloë (Flora Spencer-Longhurst) still live in the family home, there is a huge emotional gulf between them and their father. After the celebration at the clinic, Patrick invites clinic counsellor Mary (Deborah Findlay) round for dinner with him and the children – she is Chloë’s godmother. ‘What happened to quality time?’ she asks, challenging him about not wanting to be alone with his children. But Patrick has hardly been in the house for more than a few minutes before a telephone call summons him back to the clinic. ‘Can’t you get someone else to go?’ urges Mary. ‘Why do you always have to be ‘the one’?’ ‘I just do,’ replies Stowe. Trevor Eve met a number of fertility doctors and says, ‘I met a very successful IVF commissioner who has never taken a holiday in

eight years, is on call seven days a week and starts every morning at 7am with egg collections. . . I think you can delegate, but I also think there are a lot of consultants who believe that they should see the process through. They're totally committed. That's a very realistic aspect of the story.' For writer Tony Marchant this was central to the tension at the heart of Stowe's life: 'He's very good at making children, but he's not very good at either bringing them up or knowing how families work, or how the children he makes become members of a family. That's one of his problems.'

While Stowe is very good at his work, he wants to be better. He is very keen that the clinic should get a licence for PGS – pre-implantation genetic screening. This will enable them to identify chromosomal abnormalities or aneuploidy. It is, Stowe tells a meeting of his team, 'the major cause of miscarriage and pregnancy loss.' Aneuploidy also results in birth defects. The presence of an extra chromosome 21, for example, causes Down's Syndrome. Failed pregnancies are not only deeply distressing for parents, they are bad for the clinic's statistics. Introducing PGS would probably increase their success rate by a factor of three to 51%. It would be, Stowe's colleague Duncan remarks, a gold mine. Mary is sceptical about how justified it is to 'cherry-pick babies for the rich middle class'. But Stowe thinks they should do all they can to 'load the dice' in the mothers' favour, only putting back the good embryos. It would also save Stowe from having to face people like Harry – one of the children at the party. When Stowe asks his mother how he is doing, she tells him, 'Harry's doing great. He has Down's Syndrome.' 'I'm sorry,' he replies awkwardly. 'Don't be,' says the mother who is cheerful and evidently glad to have Harry. 'I knew. I just have to get on with it don't I?' But back in his office, Stowe cannot pin Harry's photograph on his board along with other success stories. As far as he is concerned, Harry is not a happy ending.

Happy endings are rather in short supply. Paul and Jane see PGS as offering the possibility of them selecting the gender of an IVF baby and plead with Stowe to do it for them. It puts him in a difficult situation: he longs to help them, but it is illegal. Gillian and Steve decide to break the law by agreeing to buy eggs from Kelly (Daniela Denby-Ashe), a student who is up to her

eyes in debt. Stowe does not inquire too closely into their relationship. But breaking the law seems the least of their troubles as the emotional impact of their supposedly perfect solution is far greater than any of them had imagined. Natalie, too, has a major setback when her sister unexpectedly becomes pregnant, and she has to deal with huge disappointment as well as deep envy. And when Stowe tells her that Tina's shared eggs are available, she and Matthew have to struggle with class prejudice – do they want a bus driver's eggs? Having already had three attempts at IVF, Natalie is desperate for it to work this time, and she pushes Stowe hard to implant three embryos though the guidelines are clear that only two should be implanted in mothers under forty. Once again feeling the pressure to give people what they want (and feeling guilty at having taken £16,000 of their money for no results), Stowe takes the case to his ethics committee and urges them to allow him to treat her as a special case.

Patrick Stowe's fundamental problem is the one facing medical science as a whole. More than anything he wants to please people. He wants to 'give you a better outcome next time – complete success'. 'I'm talking about giving couples more choice,' Stowe declares. 'Choice about what to do and a better chance of having a child. Chances and choices: ultimately that's what I've got to be in the business of. That's what I want to be about.' He wants a stream of satisfied customers passing through his doors, hailing him as a hero and personal saviour. Mary points out that they won't love him; 'all they will ever be is grateful.' Patrick knows this – and that even this is dependent on his success – but it is what he needs to boost his self-esteem. Medical science is not ego-driven in quite the same way, but one often gets the sense that researchers feel they must do whatever is possible to provide solutions to the medical problems and personal anguish of infertile couples. The science seems to outpace the ethical discussion. How many embryos will be discarded,' asks Mary, 'because of a few aneuploid cells when the baby could have turned out to be perfectly healthy?' It's a pertinent question, and one which makes Patrick and Duncan shift uneasily in their seats. But they are driven by the need to be ahead of the game with new technologies.

Once the media have brought new techniques to

our attention, the public begin to demand access to them. And passionate, but perhaps unorthodox, doctors like Patrick Stowe stretch the rules to use them, or petition their ethics committees to sanction them. Tony Marchant says, 'Patrick is a man having to deal with not only the emotional demands of his patients, the commercial pressures of running a clinic and his own scientific ambitions, but also the fact that science and technology are moving at such a pace that it's undermining previous moral and ethical codes. What was right is now considered old hat, and what was wrong is now allowable. In that sense it becomes harder to get a proper footing morally because it's moving at such a bewildering pace.'

The irony is that the sophisticated techniques which Patrick thinks are the answer to the problems facing infertile couples, may actually be compounding their distress. Marchant brings this out powerfully. Jane and Paul are holding on to the slim hope that science can give them a replacement boy, preventing them from allowing life to move on for them and their daughters. Although Gillian considers abandoning her quest to have a baby, her anguish is not only because she is childless, but because she cannot get access to the high-tech solution quickly enough. She is forty-one; her biological clock is ticking and she doesn't want to wait two years for donor eggs to become available. She tries to dodge the system and creates more problems for herself. Natalie's relationship with her sister is strained when her sister can no longer meet her need for eggs. She has poured money into failed attempts at IVF, and we see powerfully with Tina just how traumatic failure can be. Fertility problems are profoundly distressing; one in ten couples experience difficulties but the other nine have little or no idea just how traumatic these experiences are. But while science succeeds in making some people happy, many end up suffering even more intense heartbreak. And when put alongside the increasing difficulty of finding people willing to adopt children, it makes one wonder just how much medical advances are really helping. Michelle Collins, who plays Gillian says, 'I can understand the lengths that someone might go to in order to have a child, but there are a lot of kids out there in homes or foster homes who desperately need parents and I think a lot of people dismiss that as they're so intent on

having their own kids.' Marchant says, 'At the end of the day, you have to ask yourself: "How much choice is too much choice?"'

Marchant says *The Family Man* is 'really about the kind of parents we want to be. How much choice do we need and how much can we handle before it becomes sinister and irresponsible? Genetics and fertility treatment have never been more closely linked so it's tempting for people to think they can order up the right kind of child, but we also have to be prepared for outcomes that are less than perfect. If we are lucky enough to become parents – either through fertility treatment or naturally – it is on the understanding that we have to love the children that we have . . . With all the scientific and technological changes coupled with the social cultural changes of the last few years, the whole nature of families is changing. They're not about flesh and blood at all, but [about] the love you bring to bear on the people that are around you, or the children you are responsible for.'

**For more information on the issues and technologies within the programme, see:**

*The Family Man* on [bbc.co.uk](http://bbc.co.uk)

Wikipedia entry on aneuploidy

Wikipedia entry on IVF

Information on fertility problems - [babycentre.co.uk](http://babycentre.co.uk)

Human Fertilisation and Embryology Authority (HFEA) – in particular see the guidelines on pre-implantation testing

Christian Medical Fellowship articles on reproductive technology

Reproductive Biomedicine Online – see especially 'Ethics, Science and Moral Philosophy of Assisted Human Reproduction'