

Ethics of freezing and buying eggs



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\$15,000 baby is a very interesting case to consider for me, I have a lot of personal feelings on this and I am going to try and set aside some of them in order to have a fresh perspective, I do however, see myself being very biased on this topic to begin with so I apologize ahead of time and also you may learn some stuff about me in this paper. As far as the specific benefit of freezing eggs, I do not think this is a benefit health care organization's should consider offering in any way. First, I think it is going to be too costly to provide for females who actually want the procedure done. Second, I don't think many women will bite on this offer, especially since there is such a low chance of actually conceiving this way. If you look at age alone, and IVF, the rates get lower as they get older as chances of conception anyhow. "Looking only at the IVF treatments that used fresh embryos from non-donor eggs, the number of women under the age of 35 who gave birth using IVF was about 40%, compared with only 31% for women between the ages of 35 and 37. Only 3.9% of 42-year-olds got pregnant as a result of IVF treatment." (Christensen, 2014) I think it is a wasted benefit when there are other focuses in this area that could be used as a benefit. I do think that adding in benefits for working moms to stay home longer would be great, or adoption assistance for those who can't get pregnant at all or even IVF for those who struggle to get pregnant. To make this a little personal I will go into a little detail about myself and struggles with infertility. I was married for five years to an Australian guy prior to my current relationship. We had tried four of the five years attempting to get pregnant. It ultimately ended our relationship. After numerous fertility specialist and thousands of dollars we found out it was the combination of the two of us together. So we looked into the next step of having kids, which for us, was IVF. Not only did our

insurance not cover IVF they did not cover any of the fertility specialist either. So we decided to go the adoption route which also was out of pocket. We agreed that our genes weren't so superior that we had to make a baby in a test tube when there were so many kids out there needing homes. The last class we took as a requirement for adoption my ex-husband decided that not only did he not want to adopt, he was also done with the relationship. Obviously it was not meant to be and I am in the best place ever due to that decision and I have no regrets of any of it, I have an amazing 7-month old baby now and things worked out how they were supposed to. However, that struggle to me is all too real. I will never understand this being a benefit and a possibility and not infertility specialist, IVF, adoption, etc. I do know there are companies that exist that do have some of these benefits. Which is fantastic. However, the ones offering this benefit in my eyes it benefits only one person and that is the company. They are offering to give women the opportunity to focus on their career rather than a family to benefit the company themselves. So they don't have to worry about maternity leave from top performers or women quitting and never coming back. I can understand the administrative perspective of this and I try to look at it with an open mind and without emotional thinking. However, I come back to the point that if they are so willing to help women extend their age of mom hood but not willing to assist in them becoming a mom in other ways then it really is not a benefit for women, especially the majority of women.

If the DHHS mandates these benefits I think the impact on businesses would be significant. First, it is going to be very costly. The act of IVF alone is around \$10, 000 for one try and there are numerous couples who would take

full advantage of this opportunity. “ The average cost of one IVF treatment in the United States is \$12, 400, and that’s without the extra medicines the couple may need, according to the American Society of Reproductive Medicine. Often, couples will need more than one treatment to conceive.” (Christensen, 2014) If they take advantage of the opportunity the next step would be the amount of women able to get pregnant now that were not before, taking maternity leave and possibly even quitting the job field. The benefits to egg freezing however, would be very beneficial to a lot of companies. Especially for the women who are go-getter, company changing, innovative game changers for the companies. They would hate to put a stall in that or have them change or even worse, resign for mother hood. I can tell you from personal experience that so far in my child’s 7 months of life, my way of thinking is completely different. Not even just on an emotional or logical sense but in the way that my brain literally does not function the way it did before. I feel clouded, slow to speak instead of witty as I was before, distracted, exhausted, etc. My brain literally does not work as quick and I feel foggy at times as if I have “ dumbed down”. I had heard the term “ pregnancy brain” on and off again throughout my pregnancy but then found out that it really kicks in after you have had a baby and you are only getting 3-4 hours of sleep a night total for even the first 7 months. I learned though that this tends to wear off and go away after a year, and some of it sticks forever. With all of that said, women having babies in a position of power or innovation, could cause unanticipated negative effects for the company they work for. So I can understand wanting to put off motherhood until your career is well established and thriving. There would also be an impact on the health care industry here. The cost of these procedures are high, but if the

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companies are paying for them to begin with it will cause a drive in the amount of people seeking these services, therefore, supply and demand changes and maybe the cost of these services may eventually go down. We would also have more women having babies. " doctors at these clinics performed 165, 172 procedures, including IVF, with 61, 740 babies born as a result of those efforts in 2012." (Christensen, 2014)

The impact on federally mandated paid family leave, FMLA would be very expensive. People use FMLA every day. " At any given time, 10. 7% of the U. S. workforce is on FMLA leave. That's right, according to FMLA Source's analysis, one in every 10 employees is taking FMLA leave right now. And that's the average - in some industries the number is far greater. For example, in health care organizations and call centers, the number of people on FMLA leave at a given time is as much as 30%." (Schappel, 2015) If you put that in numbers, specifically the health care system it would ultimately go bankrupt and be nonexistent. It would change the way FMLA is given out in the healthcare industry as well. I think right now physicians are very lenient on signing FMLA paperwork because it has no detrimental effect on them in anyway. However, once it becomes a monetary thing, the companies could begin to look into suing physicians for giving FMLA when it is not needed. I think it will also cause a huge uproar for companies in the matter of having to payout FMLA for things that could have been prevented, i. e. type two diabetes, lung cancer from cigarettes, pregnancy, etc. This may cause companies and the health care industry to make prophylactic care even more of a priority than it already is.

There are a lot of ethics involved here for everyone in the party. I read an article written for NY Times that points out a lot of valid arguments as to why it could be unethical to provide this benefit to women. "First, stimulating women's ovaries and retrieving eggs is a two-week medical process that is not without medical risk. Offering or promoting it to women who may never need it should be done cautiously. Employers may have the best of intentions, but no woman should undergo a medical procedure without thorough, informed consent obtained through discussion with a genuinely objective medical professional... there are other costs, including annual storage fees. These smart, young, fertile workers share a lot of characteristics with ideal egg donors. Ultimately, these unneeded eggs may end up "on the market." And if you don't work for Apple or Facebook, want to preserve your fertility and need to find a way to pay for it, you might be offered an egg-sharing option. All of this may be tempting for women, employers and doctors alike, but it raises serious ethical, informed consent and conflict of interest issues. "(Crockin 2014) As she says, there are some serious risks in doing this, plus the outcomes really are not all that promising. So ethically you are putting women at higher risk doing this method with a promise of a baby later in life when realistically the chance is only at 30% that they become pregnant. So you are setting in a false hope into women who eventually want to parent, they count on you to provide these services so they can wait to be moms and then the time comes they choose to become a parent and their egg is no good or doesn't take any of the times and then they have no child after all. This can all be pinpointed back to the employer for enticing them to begin with.

As a CEO I would seriously consider the want for this benefit, even if I disagree with it. Some of the things I would be looking at and considering are the percentage of women requesting it. If it is such a small amount of request that the impact won't hurt or help either way, I would deny the coverage and request a meeting explaining why I denied it as a coverage but offer up a savings plan in place that the company would be willing to match up to a certain percentage of the savings this way all employees would benefit from something rather than one expensive benefit given out to select few. If numerous women were interested in this process, I would figure out the cost to our company if 100% took advantage and make my decision from there. I would have to decide if it is detrimental to have in order to keep the women requesting this as well as if it would attract new employees who are also looking for this sort of benefit. Overall, the benefit to me appears to be an overkill. There are numerous benefits out there that can be given that would help more people and be less expensive. If it is just to be innovative and make it on the news for the uniqueness that is for each company to decide. I just do not see much of a benefit here overall for employees and even the employers.

What is the purpose for new employee orientation? What are the essential components of an effective orientation program? What was the training and orientation you received in your most recent job? What changes would you propose to your supervisors and how will you communicate these? If you were to design an orientation from scratch for your employer, what would you include? Why?

New employee orientation is designed to help new employees develop a basic understanding and skill set of the company they were hired within. This covers everything from basic policies to individualized task and job description duties. “ 25 percent of companies admitted that their onboarding program does not include any form of training, which leads to a loss of 60 percent of a company’s entire workforce. Without a substantial and effective training program in a new employee onboarding effort, disappointments will result relative to performance and other profit hindering factors.” (Kime, 2015) The essential components of an effective orientation program according to Albert Brannen are; ‘ Compliance with government rules, information about the employer’s mission, core values and culture, information about the employer’s benefits, information about critical employer policies, introduction to other employees and to the employer’s facilities, thorough explanation about the new employee’s job duties, documentation of the entire orientation process.” (Brannen, 2014). I am going to actually reference my job as a surgical technologist since my last job I was at for 3 years and although it had a great orientation program, it was not near as in depth as orientation for becoming a surgical technologist in Labor and Delivery. My initial orientation required that I go to an actual hospital wide orientation class for an entire week. The first day was all formalities, ID badges, tax forms, blank checks for direct deposit, benefit sign up, etc. The next 4 days were spent going over, in depth, hospital policies, blood borne pathogens, cpr certifications, harassment training, really boring osha required videos, emergency preparedness, HIPPA, etc. It was long and really awful but also the norm for any new clinical employee at the hospital. After my week of hospital orientation, I began what would be

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eight weeks of job specific orientation. I had a mentor that I was paired with for eight weeks who taught me everything I would ever need to know as a surgical technologist in Labor and Delivery. He (the only male in our entire department) had been there for over 15 years. He was able to teach me things I would have never learned in school, the actual job itself and the best part, doctor's preferences. The hardest part about being the right hand to a surgeon is that every single one of them were completely different. They would call the names of instruments whatever they wanted, they all used completely different suture, they wanted retractors held a different way, umbilical cords cut at different lengths, staples done different, etc. Those were all within my scope of practice as well as numerous other things, and every one of them wanted it done different. By then end of my eight weeks on orientation not only did I know how to do a C-section from start to finish in my sleep but I could also individualize each case depending on the doctors wants and needs and we had over 30 doctors including the current family practice residents (who never really knew what they wanted). The count of the instruments, the set-up of everything, each layer of tissue being cut into, what they were called and how to separate them (there are 5 layers before you get to the amniotic sac), when to pass the instruments and when to pass blood control without a doctor ever asking me for anything, I could retract without having to be repositioned, when baby was born I had cord clamps and scissors ready for me to cut the cord and then draw cord blood an automatic requirement and then immediately as baby is handed off to nurse I began to pass suture and begin blood control again all while calculating blood loss and maintain a sterile field. I could do all of this by eight weeks (obviously plus two years of school before hand) thanks to my

orientation. By six months I worked nights and only did emergency C-sections. I had done everything from a prolapsed cord, which is insane if you ever have time to research it, to hemorrhaging patients where we literally had to run to the O. R. and do what's called a splash and dash (iodine pour and cut) and I did it with confidence and without error. I could still perform a C-section sans doctor today if I ever had to. It's amazing what the surgical technologists are allowed to do within their scope of practice. My favorite was finally getting to do sutures and staples of the final close. It was thrilling to me and I would have never thrived as well without my eight weeks of orientation with someone by my side at all times. " New employees who attended a well-structured onboarding orientation program, were 69 percent more likely to remain at a company up to three years. Losing an employee due to their experiences of being confused, feeling alienated, or lacking confidence is a sign of poor onboard programming" (Kime, 2014) Some of the changes I would include in that orientation are important. First, I think I should have had orientation for at least on night shift, because it was an entire different ball game. It would have been nice to adjust to the differences before being released on my own. Second, I would have made sure to explain a solo C-section. Basically the surgeon has to have two surgical technologists to do the procedure. There is the right hand tech which is who I always was and then a tech across from myself and the doctor who is just there to help retract and maintain count and sterile fields. However, a lot of times (the reason I quit ultimately) I was alone on Friday nights. The only Surgical Technologist in our department. Which means for emergency C-sections (thank God we never had more than one at a time!) I had to train a nurse in a crash course of how to maintain a sterile field and

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retract. It is a simple concept but in an emergency you have a nurse who knows how to gown and glove but has never ever assisted on a C-section. I think it would have been really nice to go over all of this in orientation because everyone had to solo a C-section from time to time and knowing what key points to use to train I feel are crucial. I still feel like this is absolutely not okay from an administrative point of view, the risk is way too high throwing in a nurse who did not study sterile technique into a surgery they have never done, during an emergency. But, that is another topic that I will try not to disclose at this point. If I were to design an orientation program from scratch I would include all of what was already included in mine but also include night training, how to train and RN in a crash course, etc. I would also implement a surgeon training book, basically a book of all of the surgeon's quirks, preferences, pet peeves, etc. into a pocket book to help reference to and learn in order to make a smoother surgery and a happy surgeon. Because, let's face it, if your surgeon hates you, your life is hell. God, I don't miss those days. I do miss the job itself though.

Employers are finding it more difficult to support health insurance coverage as a benefit as it has become costlier than the tax savings for offering it. Do you think employer-based health insurance on its way out under the affordable Care Act? What are practical concerns if employers do not maintain this benefit to a healthcare organization? What trends are there in the workplace in this region? What are employers doing to manage its health costs?

Employer-Based health insurance is becoming more and more expensive. It is a lot more costly than it is to just pay the taxes Obama care actually

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requires. “ The employer mandate fee (officially called an Employer Shared Responsibility Payment) is a per-month, per-employee fee for employers who have more than 50 full-time equivalent employees and don’t offer health coverage to the required amount of full-time employees (as well as their dependents up to age 26). The annual fee is \$2, 000 per employee if insurance isn’t offered at all (the first 30 full-time employees are exempt). This helps lower the fee for smaller firms who are still required to pay the fee. Unlike employer contributions to employee premiums, the Employer Shared Responsibility Payment is not tax deductible.” (Obamacarefacts, 2016) The company has to provide affordable insurance. “ Affordable means that a plan costs no more than 9. 5% of employee’s household income for employee-only coverage. As a safe harbor, employers can simply make sure the plan costs no more than 9. 5% of employee-only income.”

(Obamacarefacts 2016) So since it is cheaper for a lot of companies to pay the fee instead of providing affordable insurance at no more than 9. 5% of their employees household income, I can see how it could eventually work its way out of the system. However, companies that choose to not provide insurance will be the bottom on the list of places to apply looking ahead at total compensation plans it would really cut out of the total compensation provided. So I think if the company is smart they will not eliminate health insurance over all. The trends in our regions are kind of hard to determine because, “ Approximately 96 percent of employers are small businesses and have fewer than 50 FTE workers and are exempt from the employer responsibility provisions.” (Obamacarefacts, 2016) Therefor they are not mandated to provide insurance anyhow and already have a system set in place for their policies in their workplaces. Since this has gone into effect a

lot of companies have moved full time employees into part time positions to avoid having to provide insurance. It has caused a lot of people to lose finances, jobs, homes, etc all based upon the fact that employers had to cut hours and add in more part time workers in order to completely avoid the mandate altogether. Some of the things employers are doing to manage health cost are focusing on prophylactic care, or preventative health. They are providing routine screenings, competitions for weight loss programs, healthy lifestyle tips, healthy vending machines, etc. They are doing this in order to decrease health insurance use and ultimately cut down the cost of insurance premiums overall.

Describe the concept of total compensation and components that make it up. Why is it important? How is it determined? What impact does it have on recruitment and retention?

Total compensation is not just the amount of money being paid but the total amount with benefits included being a total sum of all your compensation you are receiving to do the job. “ There are ten elements that comprise a typical compensation package. They are:

1. Base Salary
2. Annual/Quarterly Bonus
3. Other bonus (Peer, boss, outstanding non-normal accomplishments)
4. Stock options
5. Stock units (Hurray!)
6. 401k contribution (Pre-tax and Roth)

7. Health & Wellness (Medical, dental, vision, employee assistance program)
8. Life & Accident Insurance (Basic life, accidental death and dismemberment, long term disability, survivor income benefit)
9. Other Insurance (Travel, legal)
10. Perks (Food, internet services, gym memberships, cell phone and service, company bus/train/plane, massages, company discounts, electric car chargers, university/ongoing education funding, etc.)”
(Kaushik, 2014)

Total compensation is important because it determines the value of the job as a whole when deciding upon a position or career place. Hourly wages and salary do not matter in total when deciding a job anymore, the benefits package makes a big difference on making final decisions these days. “ Total compensation, which includes wages and benefits, is most often thought of as the key element affecting an individual’s decision to accept the position with an organization.” (Fried, 2015) To determine total compensation you would add up your base pay with your benefits provided. Or according to Fried, “ Total compensation is the value of the employee’s base salary plus the value of the benefits package. An employer may help articulate this fact in several ways, including the following:

- Add a section on pay advices that notes the value of the employer-paid portion of health insurance.
- Provide benefits calculation tools on the company website or intranet.
- Produce customized benefits statements during the annual open enrollment process.

- Use social media to communicate benefits through a patient portal and/or interactive applications.

Communication of the worth of these benefits is essential if an employer intends them to play a part in recruitment and retention.” (Fried, 2015)

Recruitment and retention are going to depend on this factor in order to draw in the right employees like the book says, you have to have something ready for them to visibly see the actual dollar amount of the benefits being offered in order to show the true value of what is being offered to them. This is crucial in staying ahead of the game in the job market.

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