found in the Figure. The emotional turmoil of receiving a cancer diagnosis, the urgency to start treatment, and the need to consider fertility preservation prior to initiation of treatment creates chaos that is not always conducive to decision making.

Are patients prepared to make a decision about fertility preservation?

To understand the weight of these future decisions, it is important to examine a cancer patient’s value of fertility and the hope placed on the fertility preservation procedure.

A 2005 study investigated how patients perceived their frozen embryos, whether or not they already had children. This study suggested patients described their frozen embryos as virtual children, siblings of living children, insurance policies, and reminders of their infertility; 72% of patients with an average of 4 years of storage had not made a decision about what to do with the unused embryos. These findings are similar to those of Klock et al in an earlier study that found almost all infertile couples surveyed who originally decided to donate their surplus embryos to either research or other infertile couples eventually changed their minds. Infertile couples contemplating how to dispose of unused embryos have criticized the lack of available options and information provided to make an informed decision. Individuals both with and without a previous cancer diagnosis who have utilized ART have reported feeling that decisions about stored gametes require arduous thinking and often necessitate consultations with religious leaders and extended family, and concerns about perceptions of friends and social networks, all of which can invoke a new grieving process.

Protection of human subjects

The future decisions regarding stored gametes that may arise for cancer survivors should be covered in the consent under potential risks of psychological harm as indicated by the Belmont Report. However, the process of informed consent for fertility preservation procedures among cancer patients has not been well studied. Reproductive health decisions in the general population have been shown to be intertwined with personal values and identity of the individual or couple, in which case counseling about future ethical decisions is