



**National Council of
Women of New Zealand**

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**Submission to the National Ethics Committee on Assisted Human
Reproduction: Guidelines for the Practice of Embryo Donation
for Reproductive Purposes**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 41 nationally organised societies. It has 33 branches throughout the country attended by representatives of those societies and some 150 other societies. The Council's function is to serve women, the family and the community at local, national and international levels through research, study, discussion and action. NCWNZ has a longstanding history of encouraging the promotion of social and health issues, particularly as they affect women.

NCWNZ has had input into aspects within this field since at least 1985, when in response to a document known as, "New Birth Technologies" a submission was made to the Justice Department. One of the major issues raised at that time was that "Too much emphasis on and publicity about the new methods of conception may result in the children being treated differently from other children by their parents, by the medical profession, by researchers, by society. The actual mode of their conception was not of their choice and is irrelevant to their personal lives. They have an absolute right to be regarded in all matters as ordinary children."

In 1993, in another submission to the Department of Justice Ministerial Committee on Issues in Assisted Reproductive Technologies, NCWNZ addressed the issue of, "What should happen to 'spare' embryos?" The majority opinion then was that, "spare embryos could be donated to other couples for their use."

In 2003, NCWNZ stated in a submission regarding the "Human Assisted Reproductive Technology Bill and SOP 80", that the, "legislation, in its various forms, has been on the books for far too long and NCWNZ urges Parliament to work responsibly to enact appropriate legislation which focuses on quality of life for the children born after the use of technology." We are still waiting for that legislation to be passed. Its scope and application would have addressed and supported many of the issues contained in this current document, e.g. keeping of records, children's right to information, non-commercialisation, etc.

Members of the Health Standing Committee, Branch members and other interested parties were asked for their input into this document. The following is a summary of their comments.

GENERAL COMMENT

Overall, the guidelines appear satisfactory and as usual it seems to be a very thorough document.

One member has raised the issue that although this technology is available, there are still several questions which remain as to whether this is the best use for it. The question was asked as to whether anyone had yet done a study on the success rate of the long-term situation of the children





born as a result of using technologies currently available, bearing in mind that long term may not yet be very long at all. There is likely to be just as much chance of these recipient parents breaking up, amicably or otherwise, as there is for natural parents. There is also as much chance that there is animosity towards a child, with or without abnormalities, especially if either or both of the parents feel guilty about their insistence that they have a child by these techniques and that their decision was based solely on their rights and what they wanted, at the time. It highlights even more, the question about what happens to the foetus when the embryo is donated and pregnancy complications arise, when the donated embryo is not related to the pregnant woman. This does not appear to be covered in this document.

The donation of embryos to infertile couples does raise important, contentious ethical issues and if offered, requires careful guidelines. It is commendable that this NECAHR consultation document is being widely circulated.

One member was particularly concerned that the assessments of potential parents should include their suitability as parents for lifelong commitment. However, it was also recognised that if the proposed counselling is carried out thoroughly this will be acknowledged.

It should be recognised that, for relationships that are going to be more complex than those resulting from natural childbirth, there needs to be a well funded National Central Recording System. The information held will be similar to that required regarding adopted children.

SPECIFIC COMMENTS

3. Embryo Donation for Reproductive Purposes - The Ethical Issues:

NCWNZ believes that the welfare of the child who may be born by embryo donation is paramount. Fully informed consent of all involved is also very important. There should be no commercialisation involved with the process. Couples should have the option to donate “surplus embryos that remain” after In Vitro Fertilisation (IVF), if they do not want them to be stored long term, but this process needs to be very closely controlled. These very early embryos have the potential for life and there is considerable responsibility for their preservation or donation.

3.3 Commercialisation/Commodification:

NCWNZ strongly agrees with the second bullet point, that commercialisation, “poses a serious risk to the well being of the child born as a result of commercialised embryo donation (the emotional impact of knowing that they were conceived as a result of a commercial transaction).” NCWNZ finds the idea of commercial embryo donation to be particularly abhorrent. It is also sad to note that “gifting” could also be considered by some to be yet another way of commodifying a child. ‘Gifting’ should be done for altruistic motives.

4. Embryo Donation and Maori:

Members agreed that Maori cultural issues must be respected.

5. Accessing Genetic Information in New Zealand:

The practice of “openness and the sharing of genetic information” needs to be encouraged but the ultimate decision does not rest with the parents involved. Genetic screening is vital and if serious genetic disorders do come to light, later in life, then parents desire for non-disclosure may need to be overridden. The guidelines would need to consider the technological advances with regard to genetic screening.



Donors need to accept the importance of complete honesty about their medical history including any perceived undesirable character traits and possibly known genetic disorders.

It was noted that if donor embryo donation information is withheld from children then there is the rare but possible chance of an incestuous relationship that needs to be considered.

6. International Overview

6.1 Members agreed with the UK's Human Fertilisation Embryology Authority's (HFEA) Code of Practice, based on the Human Fertilisation and Embryology Act 1990. It is comprehensive and does not discriminate. However, it was felt that in New Zealand an individual donor should be limited to fewer than 10 embryo donations -(part 9,30), as we operate from a much smaller population base.

It was also argued that while those seeking treatment in the UK are given opportunity to receive proper counselling - they are not obliged to receive it. Counselling should be mandatory in any New Zealand legislation.

There was less support for the American Society for Reproductive Medicine's (ASRM's) Psychological Guidelines for Embryo Donation.

7. Proposed Guidelines for the Practice of Embryo Donation for Reproductive Purposes in New Zealand

7.1 Providers of Fertility Services:

Donor Couples:

Points 1-5 were agreed with.

Point 6 - most members strongly agreed that only a maximum of two families be created, but two members thought that one family was more appropriate for New Zealand.

It was agreed that written records must be kept of any agreement regarding contact with iwi/hapu/whanau regarding genealogical research and subsequent access to information. It is also acknowledged that additional information will be needed for Maori donors.

One member wondered if similar information relating to migration and country of origin could be appropriate for donors other than Maori.

Recipient Couples:

The points raised here were agreed with.

Donor and Recipient Couples:

This section appeared to be well covered although, with regard to point 15 it was commented on that recipient parents could find out identifiable information about the donor parents if they really wanted to, from the offspring.

**Reporting requirements:**

The confirmation of pregnancy, any adverse events and the outcome of the pregnancy should all be notified to NECAHR as it should be essential to track any problems or to be able use data for research purposes.

7.2 Counselling:

Nowhere is it emphasised that counselling must include the chance that any offspring may have abnormalities. This may not be detected before birth and any disability or unexpected genetic problem will have to be accepted and full responsibility for the care and upbringing of such a child undertaken by the recipient couple.

General Principles:

It is hoped that both sets of counsellors, i.e. the one for the donating couple and the one for the recipient couple, use similar frames of reference, attitudes and values. They should also be well qualified for this purpose and culturally appropriate. Counselling where children are involved with either donors or recipients should also be eligible for counselling on an age appropriate basis, determined on a case-by-case basis. The question was also raised as to whether it might be appropriate to have counselling at later stages rather than at just the early stages of determining donors and recipients.

The Donating Couple:

There was good agreement among members regarding the counselling of donors.

The Recipient Couple:

There was strong agreement among respondents here also for the need for good counselling.

Joint Counselling:

Members agreed with this, the last paragraph being commented on as particularly relevant.

7.3 Variations:

Reviewing the first 15 applications on a case-by-case basis by the NECAHR would be wise, considering that this is a very new assisted human reproductive practice. The guidelines would need to be reviewed on a regular basis to consider any new issues that may arise.

NCWNZ thanks the National Ethics Committee on Assisted Human Reproduction for this opportunity to comment on these guidelines and looks forward to seeing the final document.

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National President

Catherine Gurnsey
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