

Proposed Amendments to *Guidelines on Surrogacy Arrangements Involving Providers of Fertility Services* and *Guidelines on Donation of Eggs or Sperm between Certain Family Members*

Notes of meeting with Fertility Plus, Auckland

8 August 2012

Present

Dr John Angus, Chair, ACART

Associate Professor Andrew Shelling, Deputy Chair, ACART

Margaret Merrilees, Scientific Director, Fertility Plus

Helen Nicholson, Counsellor, Fertility Plus

In attendance

Stella Li, ACART Secretariat

The points below reflect comments by one or more attendees, and do not reflect formal agreement by the meeting as a whole.

General feedback

- Attendees appeared to be in consensus about all proposed amendments to the surrogacy guidelines and family eggs or sperm donation guidelines.
- Agreed with ACART's conclusion that the current surrogacy guidelines discriminate on the basis of sex and sexual orientation, and the discrimination was not justified in light of the principles of the Human Assisted Reproductive Technology Act 2004 (HART Act).
- Endorsed the view that surrogacy should not be used for reasons of convenience.
- Agreed with ACART's proposal that single men and male couples applying to ECART to enter a surrogacy arrangement should also be able to apply to use eggs donated by a family member.
- Agreed with ACART's proposal that single women and lesbian couples should be able to apply to ECART to use sperm donated by a family member without needing medical justification.
- Agreed with ACART's view that the use of eggs or sperm donated by a family member should be possible where intending parents do not have their own eggs or sperm, or if they do, that there is a medical reason for them not using their own eggs or sperm.
- Agreed everyone should have equitable access and opportunity to apply to ECART in regards to both surrogacy and use of family donated eggs or sperm.

Surrogacy guidelines

- Attendees were of the view that ACART had sent a strong message encouraging people to use fertility clinics, and supported this.
- Attendees expressed their concern about fertility counsellors counselling people who are not clinic patients. Fertility Plus Auckland takes an 'all or nothing' policy towards provision of services for patients, because they want to provide full and proper guidance and support. The counsellors do not provide counselling for people who are not patients, because they want to discourage people employing 'at-home' techniques.
- When approached for external counselling, people are referred to private counselling in the community. However, the concern for attendees was that the level of experienced surrogacy counselling offered by clinics cannot be accessed in the community.
- Attendees said most people were unreceptive towards clinics due to cost. However, upon learning the process, people often recognise clinics as a better and safer pathway. They noticed female couples were more likely to attempt home insemination before contacting a clinic. Single women generally approached clinics directly with age-related complications.
- Attendees suggested ACART consider developing guidelines which would cover, on a case-by-case basis, a surrogacy application and family gamete donation application together. The attendees asked if there is scope to consider the benefits of having an extended family member donate, to provide the next best genetic outcome and secure social relationship networks. ACART's response was that their current approach in all guidelines is to require at least one biological link between one or both intending parents and a child (egg, or sperm, or pregnancy).
- The attendees endorsed ACART reinforcing the position that surrogacy is not available for convenience-based reasons, and would not want surrogacy to be used in this way.
- An issue discussed was whether a mental health condition would sufficiently meet the medical criterion to be an 'eligible woman'. The attendees agreed that a mental health condition would satisfy the criterion, but the uncertainty arose from the degree of severity of a condition. The attendees suggested perhaps stating mental health conditions as a medical condition for clarification. However both the attendees and ACART saw a potential floodgate problem, as seen in the context of pregnancy termination. Attendees thought individual cases required careful unpacking by counsellors, and would be helped by the ECART application process.

Family eggs or sperm donation guidelines

- There appeared to be consensus amongst the participants in regards to the proposed guidelines concerning family eggs or sperm donation.
- Linked to family eggs or sperm donation is the current scarcity of donors. There are few altruistic stranger donors, and in many cases intending parents need to find a donor themselves.