

Import and export of gametes and embryos
Consultation meeting with Lynda Williams, Auckland Women's Health Council
4 June 2013

Also note submission made by Lynda Williams on behalf of the AWHC

Present

Lynda Williams, Co-ordinator, Auckland Women's Health Council

Dr John Angus, Chair, ACART

In attendance

Betty-Ann Kelly, ACART Secretariat

General concerns

- The major concern is the welfare of resulting children, who must live with the decisions of parents. The right to access identifying information about donors is hugely important – we do not want to repeat the mistakes of adoption.
- There is no right to have children.
- While fertility treatment is framed as a health issue, it needs to be considered more broadly. The various impacts fall on several parties.
- The ensuing relationships have become very complex – how do children make sense of it?
- New Zealand should hold fast to the current standards and requirements. There should be no exercise of discretion in regard to embryos and gametes which do not meet New Zealand standards.
- The first responsibility of clinicians should be “do no harm”.
- Even where embryos are reputedly created overseas from intending parents' own gametes, how can we be confident that this in fact is the situation?
- ART is a technology with a high failure rate. Where it is used to assist older women to become parents, there is a risk that the health resources consumed will limit the resources available in other parts of the health sector. There are ongoing costs to the public health sector where outcomes for mothers and babies are poor.
- People can become very fixated on the idea of a baby.

Donor expenses re egg donation

- Any change locally needs to take into account the risks associated with egg donation.
- Reservations are based on the reality that the health sector is not good at telling the whole truth about health procedures. Despite the legal requirements set out in the Code of Consumers' Right, there is a strong tendency to overstate the benefits of procedures, and to downplay and minimise the side effects and risks, as well as a reluctance to talk frankly about the possible long term consequences of procedures. This is also true for organ transplants, breast and prostate screening, the drugs we are prescribed and in other situations.

- Egg donation involves the creation of another human being so the long term impact of donation goes way beyond the life of the egg donor and the woman who conceives using the egg.
- The AWHC discussed this issue when we met to work on our submission, but it is something we have discussed about other health issues at many of our monthly meetings. It came up recently at a National Screening Unit consumer consultation meeting several of us attended. There was a strong resistance from health providers to put a couple of sentences in the pamphlet given to women about the known risks of breast cancer screening, namely the possibility of finding a small cancer that would never have progressed any further in the life time of the woman, but will result in her having unnecessary treatment. It took over an hour to get agreement to including a couple of sentences about that. And I came away from that meeting knowing that those health providers, if asked about it, would immediately minimise this possibility in the interests of encouraging a woman to have a mammogram.