

Import and export of gametes and embryos
Meeting with Fertility Associates, Auckland
6 June 2013

Present

Dr John Angus, Chair of ACART

Alex Price, Chief Executive

Dr Freddie Graham, Clinician

Joi Ellis, Counsellor

Other staff members

In attendance

Stella Li, ACART Secretariat

Note: The points listed below reflect comments by individuals and should not be taken as a consensus by meeting attendees.

Feedback from Fertility Associates, Auckland

Note: Fertility Associates has provided a separate written submission on these issues.

Accessing assisted reproductive procedures in other countries

- The attendees were of the view that current policy positions create barriers for consumers to access particular assisted reproductive care, for example, commercially-sourced eggs and sperm.
- Barriers experienced in New Zealand become drivers to access overseas care.
- Given New Zealand's restrictions on embryos created from commercially sourced eggs, surplus embryos cannot be imported from overseas in vitro for future use. The attendees discussed whether having to travel back to access these stored embryos creates an unfair cost for the patient, and whether it may influence their decision to allow the riskier clinical practice of having multiple rather than single embryo transfer.
- The attendees acknowledged that exploitation of women is a significant issue of concern in the context of overseas reproductive care.
- They talked about the trends in destinations for overseas reproductive procedures. For example there is increasing travel to countries seen as an alternative to the United States, such as to India which is a cheaper alternative.

Identifying information about donors

- Attendees agreed that donor identity is important. However, they considered if consumers returned overseas with an embryo created from a non-identifiable donor in utero, they should be allowed to bring back surplus embryo in vitro.
- Access to identifiable donors overseas can be managed. They talked about the situation in the US, where a contract can be drawn up at the cost of the recipient to ensure donor identification. However, they noted this was harder to manage if a patient travels to South Africa or India.
- They talked about whether New Zealand's insistence on donor identifiability in other countries could have a positive influence on their policy positions.
- They also talked about the importance of social and cultural links for a child, and that any resultant child should be able to manage or know about these links.

Altruistic donation v commercial supply

- The attendees considered that as long as issues regarding anonymity are resolved, they did not have an issue with commercially sourced gametes.

Informed consent

- They talked about the duration of donor consents, and the point at which donors no longer have a say.
- They discussed whether there is an obligation for a clinic to seek re-consent from donors to use their material. But should clinics bear the cost of regularly catching up with donors to verify their consent? If a donor's circumstances change, is she or he responsible for informing the clinic that their consent has been withdrawn?
- It should be clear to donors that once their donation is used in the creation of an embryo, their claim over their genetic material is lost.

New Zealand's donor pool

- There was some discussion about New Zealand's limited egg donor pool. In particular attendees talked about the strict requirements around financial compensation. They noted that people are careful not to cross over into commercialisation.
- They were of the view that perhaps greater flexibility around the financial restrictions and compensation may make it easier for people to donate.
- They felt that it would be important to educate the younger generation about their fertility, and also about egg donation.

Other

- It was noted that less than 5% of their clinic's fertility treatments are donor-related.