

**Import and export of gametes and embryos**  
**Consultation meeting with Sonja Goedeke and Rhoda Scherman**  
**Auckland University of Technology**  
**4 June 2013**

**Present**

Sonja Goedeke, Senior lecturer, AUT

Dr Rhoda Scherman, Senior lecturer, AUT

Dr John Angus, Chair, ACART

**In attendance**

Betty-Ann Kelly, ACART Secretariat

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

- There is a lack of support for donor linking in cases where overseas donors have been used by New Zealanders.
- Parents who have used donations may feel guilt in disclosing to a child.
- The interests of children should be the most important factor.
- We can't prevent people accessing treatment in other countries. But do we want to sanction the use of treatment in jurisdictions with different standards to those that prevail in New Zealand?
- Sonja and Rhoda are interested in establishing a research centre that looks at different paths to parenthood.

***Notes subsequently provided by Sonja as a backdrop to the meeting***

**1. Altruistic donation versus commercial supply**

- Prohibited in HART Act – cannot be acceptable in New Zealand.
- Health and wellbeing of children = paramount.
- Health and wellbeing of women/children/donors – exploitation? E.g. India? 3<sup>rd</sup> world countries – incentives make turning down risks difficult
- ***Paying for donation makes donation more akin to a property transaction – once the payment is done, all 'obligations' towards donor (from recipient) = complete...the 'gift dynamics' and altruism foster a sense of ongoing relationships/ reciprocity (not without its issues either...)???***
- Consider increase in expenses to donors in NZ?

- Consider case of migrants with child already – created embryos outside New Zealand – still have some in storage? But only if other conditions met e.g. right to access ID info. By application?

## 2. Right to access identifying information PARAMOUNT

- Welfare of child fundamental – trumps that of individual privacy and rights.
- In long term; **welfare of child = welfare of family** (e.g. family secrets, right to identity, psychological wellbeing) – extensive literature on this.
- Donor-conceived individuals frequently tend to search for information on donors and siblings and seek to establish contact/connection.
- Right to access information regarding identity/whakapapa, as well as access to medical information.
- Entrenched in Treaty of Waitangi.
- **State is complicit** in this if allows deliberate anonymity.
- Decisions made initially (“we will deal with anonymity later...”) often become problematic – as birth and child develops – creates guilt, anxiety in New Zealand context that values openness and disclosure.
- Consider allowing import and export where right to access identifying information; information is available; register recorded? Too tricky in terms of enforcing....unless set up extensive system.
- **Note that cross border reproductive care means it is more difficult to access information, and have connections.**

## 3. Family size requirements

- Children often seek information and contact with donors and siblings – complexity of relationships may become tricky; possibility of unknown consanguinity a real concern.
- BUT numbers on limits do seem somewhat arbitrary and difficult to support in research efforts.
- Vary substantially across jurisdictions.
- Consider access to identifying information (thus may automatically set limits in and of itself!) – impossible to enforce? Unless personally selected...

## 4. Use of sex selection

- No evidence that family balancing is beneficial/
- Rights of adult assume priority over rights of children here?
- Should be OK only if there is a medical reason – if not available in New Zealand then should be allowed elsewhere?

## 5. Scope of informed consent

- Can donor make informed consent? Right to access? Exploitation?
- ***Can recipients make fully informed choice?*** Access to information and counselling about countries' regulations, future access to information, future need of donor conceived children to have access to information.
- What happens when donors withdraw consent after export/import?
- Consider consent for export to other countries where all other aspects upheld e.g. still with New Zealand register etc. – all intentions same AND check with donor for permission to use i.e. update consent? – explicit consent (e.g. embryo donation – couple moves to another country).

## 6. Prohibited use

- New Zealand guidelines – in place for particular reasons – should not circumvent.
- **No.**
- ***Embryos and gametes are differently conceptualised?*** Embryos – already formed; life potential; unit; sanctity – should they be given special consideration?

**NB: Embryos formed from own gametes?**

### NOTES:

- **Information needs to be available on implications of using cross border reproductive care.**
- Other jurisdictions may not have adequate systems in place e.g. information, counselling.
- ***NZ will 'sit' with the consequences e.g maternal mental health, impacts on Child and Adolescent Mental Health service.***
- Note: When clinics 'suggest' options to patients - e.g. use of egg donors in US – consumers are more inclined to use the option – even if anonymous. Clinics' recommendations are held to be a sign of approval – trust in system – CAUTION.

