

Import and export of gametes and embryos
Consultation meeting with Victoria Stace 24 May 2013

Present

Victoria Stace, user of fertility services and recipient of donated eggs

Dr John Angus, Chair of ACART

In attendance

Betty-Ann Kelly, ACART Secretariat

New Zealand requirements

- Policy should be flexible in regard to all requirements e.g. if ACART issued guidelines to ECART on import and export requirements, such guidelines should provide for ECART to exercise discretion.
- Sometimes circumstances would justify taking a flexible approach.
- The most important issues are policies that protect children's health and wellbeing e.g. prohibition on sex selection except for medical reasons; maximum number of families using donations from one person. But even in these cases, there may be circumstances that justify exceptions.
- If there was flexibility in regard to the use of imported gametes and embryos, such flexibility should also apply to locally sourced gametes and embryos. There can still be fundamental rules e.g. prohibit sex selection for non-medical reasons.
- Circumstances where gametes and embryos might not be approved for use in New Zealand might be:
 - lack of knowledge of the number of genetic half-siblings
 - embryos chosen for a particular sex, without a medical justification
 - where there had been human rights violations e.g. coercion.
- Altruistic donation is desirable but not paramount.

Donated eggs

- There is no shortage of eggs potentially available for donation. The problem is connecting potential donors with people seeking donated eggs.
- A small amount could be paid to recognise the effort and inconvenience associated with donating eggs.
- It can be expensive to find donors e.g. through advertising. The same money could be used to compensate donors. In one context (placing advertisements) the expenditure is lawful, while in another context (payment to donors) the same amount of money is unlawful. Yet the end goal is the same in each case: to have a child using egg donation.

- A database could be established of potential egg donors. For example, Plunket nurses could ask women if they would consider egg donation at a later date, and ACART or another body could establish a database.
- It is important to keep the idea of a gift.

Attachments

- Submission form
- Notes to accompany submission
- Letter to Dr Richard Fisher about egg donor payments.

Questions about the issues discussed in the paper

Question 1: Altruistic donation v. commercial supply

Should it be possible to use commercially sourced gametes and embryos from other countries in New Zealand?

- In all circumstances? Yes ☐ No ☐
- In no circumstances? Yes ☐ No ☐
- In some circumstances? Yes ☒ No ☐

If so, what circumstances might be acceptable, and what circumstances would not be acceptable?

I like the UK approach. Leave it up to the clinic/ECART with guide lines issued by Ministry of Health. The Clinic knows the individual circumstances and is in best

Would a higher level of donor expenses increase the supply of locally sourced gametes?

Yes ☒ No ☐

Please give reasons for your views.

See attached comments.

situation to decide...
Guidelines to be developed by Ministry of Health after discussion with ECART.

Question 2: Right of access to identifying information about donors v. no right of access to identifying information about donors

Should it be possible to use gametes and embryos in New Zealand where donor offspring do not have access as of right to identifying information about donors?

- | | | |
|--------------------------|---|-----------------------------|
| • In all circumstances? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • In no circumstances? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • In some circumstances? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

If so, what circumstances might be acceptable, and what circumstances would not be acceptable?

Leave it up to the clinic, with guidelines to assist them.

Please give reasons for your views.

Question 3: Family size limitations

Should it be possible to use donated gametes or embryos in import/export where the use may exceed New Zealand limits on the number of families assisted?

- In all circumstances? Yes ☐ No ☐
- In no circumstances? Yes ☐ No ☐
- In some circumstances? Yes ☒ No ☐

If so, what circumstances might be acceptable, and what circumstances would not be acceptable?

Again, leave it up to the clinic. But this factor is important. If no way of assessing how wide spread the use of one donor's products, then

Please give reasons for your views.

should not be permitted.

Question 4: Prohibitions on the use of sex selection

Should it be possible to use imported embryos subject to sex selection for reasons prohibited in New Zealand?

- In all circumstances? Yes ☐ No ☐
- In no circumstances? Yes ☐ No ☐
- In some circumstances? Yes ☒ No ☐

If so, what circumstances might be acceptable, and what circumstances would not be acceptable?

Again recommend this be left up to the clinic. But should be a good medical reason for this, not just so parents can choose

Please give reasons for your views.

the sex.

Question 5: Scope of informed consent

Should explicit consent to export gametes and embryos to and from New Zealand:

- Be required in all circumstances? Yes ☐ No ☐
- Not be required? Yes ☐ No ☐
- Be required in some circumstances? Yes ☒ No ☐

What are those circumstances?

Again, leave it up to the clinic. Probably should be required - this should be the starting position but may not always be possible.

Please give reasons for your views.

Question 6: Use of gametes and embryos overseas in procedures or research prohibited or precluded in New Zealand

Should people be able to export gametes and embryos for uses prohibited or precluded in New Zealand?

- In all circumstances? Yes ☐ No ☐
- In no circumstances? Yes ☐ No ☐
- In some circumstances? Yes ☒ No ☐

If so, what circumstances might be acceptable, and what circumstances would not be acceptable?

Again - up to the clinic and use the guidelines.
Probably not often going to be acceptable.

Please give reasons for your views.

Question 7: Other areas where there may be a mismatch between New Zealand and overseas requirements

Are there other areas of potential mismatch that should be considered? Please describe.

Question 8: Ranking issues in importance

Please put in order the importance you give to each of the following issues in regard to import and export of gametes and embryos with 1 being the most important.

- | | |
|--|-------------------------------------|
| Altruistic donation | <input checked="" type="checkbox"/> |
| Right of donor offspring to access identifying information about donors | <input type="checkbox"/> |
| ↔ New Zealand requirements for family size limitations | <input checked="" type="checkbox"/> |
| Explicit informed consent to export to another country | <input type="checkbox"/> |
| ↗ New Zealand prohibitions on the use of sex selection [box] | <input checked="" type="checkbox"/> |
| ↗ Use of gametes and embryos overseas in procedures or research prohibited or precluded in New Zealand | <input checked="" type="checkbox"/> |
| Another issue or issues (please describe) | <input type="checkbox"/> |

Items marked "1" are the most important. The others are not so important.

Question 9

Do you have any other comments or suggestions about the issues discussed in this background paper?

See comments attached.

Notes to accompany submission on Import and Export of Gametes and Embryos.

Main points

The discussion should not be about the money. I spent around \$30,000 on New Zealand donation. That included advertising of around \$3500 and IVF with two different donors. I could have spent that amount on a commercial donation – what difference would that have made? Altruistic donation in New Zealand is expensive – finding the donor takes a lot of effort and advertising is very expensive. Still the same money.

It's also not about the identity issue – i.e. whether the donor should be identifiable. Not being able to identify the donor can be inconvenient but the child can live with that – it has its parents.

It's not even really about family size, although this could be a serious problem in the worst case scenario.

What the discussion should really about is that this process helps to create a child that is loved and wanted. So much so that the parents are prepared to go to the ends of the earth and spend a huge amount to get that child. Even with altruistic donation. I have friends in the UK who went to Spain to get a donated egg as none were available in the UK. The egg was donated altruistically. They had to mortgage their house to pay for the treatment and travel.

If a couple are lucky enough to end up with a baby that baby will be loved to bits by its parents, who have waited so long to give love to a child. That child will know who its mum and dad are. And that child is a real person, not a commodity or piece of IVF material.

Aspects that could be improved to assist couples in New Zealand

We need a system to bring potential donors and infertile couples together. I suggest that Plunket have the job of asking new mothers – would you be interested in donating an egg when you have finished your family? If yes – that would go on to a database that the Clinic or ACART could hold and follow up.

Secondly, donors in New Zealand should be able to be paid a small amount to compensate for the time and effort of donating. The amount could be between \$3000 and \$5000. Enough to make it a good sum but not enough to encourage fortune seekers. This would be just to compensate for the inconvenience of what they have to go through. This could help donors come forward. It would also make it easier for the infertile couple to feel good about the receipt of the egg. If this encouraged donors to come forward, then it would just offset the price of advertising.

16 Hay Street
Oriental Bay
Wellington

14 Jan 2011

Dear Dr Fisher,

Issues around egg donor payments

I am a lawyer in Wellington and am currently involved in fertility treatment with Fertility Associates in Wellington. I would like to add my voice to the case for payment of egg donors.

I have been the recipient of eggs from one donor (two embryos transferred, no successful pregnancy) and am currently involved in a cycle with a second donor. I am married, and have two children of my own (aged 12 and 17). I would strongly support a law change allowing egg donors to receive payment for their services.

In my experience, donors are motivated by the desire to help someone who has been less fortunate than them. As the result of extensive advertising, I received many responses from potential egg donors and was stunned by the genuine enthusiasm of ordinary women to help someone else, a complete stranger, to have a baby. Not one of them inquired about payment. After a lengthy process I narrowed the potential donors down to three, all of whom were very keen to help me. My perception is that they all believed that the reward they would get was the huge sense of "feeling good" about helping someone else. This should not be taken away from them.

However, from the donee's (ie my) perspective, it is a huge ask to expect a stranger to go through that process. I would have felt much better about it if I was able to pay something to the donor. None of the potential donors was wealthy and even a small payment (say, \$2,500) would have been a significant amount of money.

I think, however, that there should be a maximum on the amount of payment allowed. Relevant considerations include:

- The donee will already be paying a considerable amount for the donor/donee cycle and any additional payment to the donor is going to make fertility treatment of this kind even more inaccessible except to the wealthy;
- The donor should retain the ability to "feel good" about the services she is performing, not feeling that she is doing it only for money;
- The payment should not provide an incentive for women who are not otherwise suitable to donate eggs, eg because they are too young or have adverse medical conditions.

I would suggest a ceiling of around \$2,500.

My legal area of expertise is not family law (it is investment law). I am not fully aware of the ethical issues involved in payment to donors. I do feel that given what the donor agrees to put herself through, the injections, the daily routine, the disruption to her own family life, the likely travel to the closest clinic, and the potential ramifications to her relationship with partner, that some form of recompense is justified. Providing petrol vouchers, or presents or payment in lieu for time off work are ways of helping out that I understand are legitimately used. But it would really assist donees, both in terms of feeling good about what they are asking of their donors and also in terms of finding donors (we spent a considerable amount on advertising and I know other couples have really struggled to find any donors), and also assist the donees, if payment was allowed.

I would be happy to discuss this matter further.

Kind regards, Victoria Stace