Feedback form

Please provide your contact details below.

Name	Meredith Lawry
If this feedback is on behalf of an organisation, please name the organisation	Ministry for Women
Please provide a brief description of the organisation (if applicable)	The NZ government's advisor on improving the lives of women.
Address/email	
Interest in this topic (eg, user of fertility services, health professional, researcher, member of public)	Policy analyst on issues affecting women and girls

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Question 1: Rescinding the biological link policy

Refer to section 3.

ACART is proposing that:

- the guidelines should no longer require intending parents to have a genetic or gestational link to a resulting child
- instead the guidelines should require ECART to be satisfied that where intending parents will have neither a genetic nor a gestational link to a resulting child, the lack of such links is justified.

(a) Do you agree? Yes [x] No [ ]

(b) Do you believe there are cultural implications associated with the proposed removal of the biological link policy?

Yes [x] No [ ]

If so, please describe these implications.

The new guidelines have important positive implications for people who are in same-sex relationships, intend to become sole parents, or who have fertility problems.

Please give reasons for your views.

A "family" can take many different forms. The guidelines as they currently stand mean that heterosexual couples are likely to have more options for assisted reproductive technologies than those who want to become parents but are not in a heterosexual couple.

Question 2: Access to information held on birth certificates

Refer to section 3.

ACART is interested in hearing views about potential strategies to strengthen a donor offspring's access to information about their origins, which is held on their birth certificate.

Do you have suggestions? Yes [ ] No [x]

Please give reasons for your views.

Question 3: Format of the proposed guidelines

Refer to section 4.1.

ACART is proposing to issue one set of guidelines to ECART that encompass family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic-assisted surrogacy.

Do you agree with the format of the proposed guidelines? Yes [x] No [ ]

Please give reasons for your views.

It makes sense for the guidelines to be consolidated for simplicity's sake. This may help people who are considering undergoing these procedures to understand what may or may not be approved right from the outset.

Question 4: Justification to use a procedure

Refer to section 4.2.

ACART is proposing that ECART should be satisfied the proposed procedure is the best or only opportunity for intending parents to have a child and the intending parents are not using the procedures for social or financial convenience or gain.

Do you agree?	Yes		No	x

Please give reasons for your views.

While we agree in principle that procedures should be used when it is the best or only opportunity for the intending parents to have a child, there should be more clarification about what is meant by "social gain" – we assume that anybody who deliberately has a child is likely to benefit socially.

Question 5: Consent by gamete and embryo donors

Refer to section 4.3.

ACART is proposing that, where a procedure will involve the use of an embryo created from donated eggs and/or donated sperm, the gamete donor(s) must have given consent to the specific use of their gametes:

- at the time of donation; or
- when a procedure using such an embryo is contemplated.

In either case, the affected parties should receive counselling on the implications of using gametes before the gamete donor gives specific consent.

If consent is given, the gamete donor can vary or withdraw their consent only up until an embryo is created (in cases where consent is given before the embryo is created).

In addition, where a procedure will involve the use of a donated embryo, the person(s) for whom the embryo was created must give consent to the specific use of the donated embryo:

- at the time of donation; or
- when a procedure using such a donated embryo is contemplated.

Once an embryo is created, the decision to vary or withdraw consent up to the time the embryo is transferred to the womb should remain with the people for whom the embryos were created.

Do you agree? Yes [x] No [ ]

Please give reasons for your views.

The proposed guidelines offer a good balance between the autonomy of those who have provided the gametes, and those who are the recipients of the gametes.

Question 6: Taking account of potential coercion

Refer to section 4.4.

ACART is proposing that ECART should take account of any factors in a relationship that might give rise to coercion or unduly influence a donor's or surrogate's consent to take part in a procedure.

Do you agree? Yes [x] No [ ]

Please give reasons for your views.

Coercion and control are serious issues and the Ministry for Women supports efforts to minimise the effects of coercion and control.

Question 7: Limit to number of families with full genetic siblings

Refer to section 4.5.

ACART is proposing that full genetic siblings should continue to be limited to no more than two families.

Do you agree? Yes [x] No [ ]

Please give reasons for your views.

Keeping in mind the welfare of children resulting from donated embryos, it makes sense that full genetic siblings should be allowed in no more than two families to minimise the risk of consanguineous relationships.

Question 8: Legal advice

Refer to section 4.6.

ACART is proposing that ECART must be satisfied that:

- where an application includes a surrogacy arrangement, each affected party has received independent legal advice
- where an application does not include a surrogacy arrangement, each affected party has considered seeking independent legal advice
- any legal reports show that all affected parties understand the legal implications of the procedure(s).

Do you agree? Yes [x] No [ ]

Please give reasons for your views.

Given the legal complexity of relationships that can arise from assisted reproductive procedures, it is reasonable to require the understanding of all affected parties.

Question 9: Regulation of all family gamete donations

Refer to section 5.

ACART is of the view that all family gamete donations through a fertility services provider should be regulated by guidelines and thus require ECART approval.

Do you agree? Yes [x] No [ ]

Please give reasons for your views.

Virtually all of the same ethical considerations would need to apply to family gamete donations as other types of donations; there does not seem to be a compelling reason not to treat these donations in the same way as other donations.

Question 10: Donation of embryos created from donated gametes

Refer to section 6.1.

ACART is proposing that the guidelines should enable ECART to approve the donation of embryos created from donated eggs and/or donated sperm, provided ECART takes account of the potential complexity of resulting relationships and the gamete donors have given specific consent to the procedure.

Do you agree? Yes [x] No [ ]

Please give reasons for your views.

This guideline allows for autonomy of those donating gametes while accounting for complexity of relationships.

Question 11: Embryo on-donation and re-donation

Refer to section 6.2.

ACART is proposing that surplus donated embryos:

- should not be able to be on-donated by the recipients
- but can be returned to the donors, in accordance with any agreement between the parties, for re-donation to another party, subject to a new approval by ECART.

Do you agree? Yes [x] No [ ]

Please give reasons for your views.

As with Question 10, this provides autonomy to the donors, and means that embryos not needed by the original recipients can go on to be useful to others hoping to become parents.

Question 12: Clarification of the status of embryo donation in the regulatory framework

Refer to section 6.3.

ACART is of the view that the regulatory framework should clarify that:

- all embryo donation cases are regulated by guidelines and thus require approval by ECART
- embryo donation does not include cases where an embryo created for a couple is used by one of the couple in a new relationship with the informed consent of the previous partner.

Do you agree? Yes [x] No [ ]

Please give reasons for your views.

Provided that informed consent is given, this situation is much the same as in Questions 10 and 11. However, it isn't clear how ECART can require informed consent if there aren't specific guidelines around this use of embryos.

Question 13: Regulation of all clinic-assisted surrogacies by guidelines

Refer to section 8.

ACART proposes to recommend that all clinic-assisted surrogacy cases be regulated by guidelines and thus require ECART approval.

Do you agree? Yes [x] No [ ]

Please give reasons for your views.

As mentioned in the discussion document, it is plausible that requiring ECART approval for clinic-assisted surrogacy would provide an incentive for surrogacies to take place outside of clinic settings – however this risk is small. In general, we support the requirement for ECART regulate cases to minimise the chance of unethical behaviour.

Question 14: Any other comments

Do you have any other comments about the proposals in this document?

We have concerns about the proposed guideline that in the cases of potential surrogates, ECART must be satisfied that the surrogate must have “completed her family before becoming a surrogate for others”.

There does not appear to be a clear reason for this requirement given in the guidelines, and it is contrary to the idea that women generally know what is best for their own bodies. This also means that surrogates are much more likely to skew older, and potentially have riskier pregnancies (or alternatively, will be women who started having children at a young age).

It is entirely plausible that a younger woman who is not yet ready for the lifetime commitment of having children, could feel comfortable making the 9-month commitment that a surrogacy would entail, with a full understanding of the risks of pregnancy.