Draft Guidelines on the Use of Donated Eggs in conjunction with Donated Sperm: Discussion document

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acart
Advisory Committee on Assisted Reproductive Technology

Foreword

In 2007 the Advisory Committee on Assisted Reproductive Technology (ACART) consulted on a number of issues relating to assisted reproductive treatment. One of the issues was whether it should be permissible for an embryo to be created and used for reproductive purposes using donated eggs with donated sperm. Although the Human Assisted Reproductive Technology (HART) Order in Council 2005 classifies the use of donated eggs with donated sperm as an assisted reproductive procedure, there are currently no guidelines enabling this procedure to be approved by the Ethics Committee on Assisted Reproductive Technology (ECART).

After considering the feedback received, ACART has formed the view that the use of donated eggs with donated sperm should continue to be an assisted reproductive procedure, and has developed draft guidelines. When finalised and issued, the guidelines will enable ECART to consider and decide applications for the creation and use of embryos formed from donated eggs with donated sperm.

ACART is now consulting on the draft guidelines, and welcomes your views. A submission form is enclosed to help you to make your comments. The summary of submissions on the use of donated eggs in conjunction with donated sperm, from ACART's consultation in 2007, is also attached for your information (Appendix 1).

I look forward to receiving your submission.

Sylvia Rumball
Chair, Advisory Committee on Assisted Reproductive Technology

How to have your say

Your feedback is important to help ACART finalise the guidelines on the creation and use, for reproductive purposes, of an embryo created from donated eggs in conjunction with donated sperm. Please take this opportunity to have your say. You may make a submission on your own behalf or as a member of an organisation. A summary of submissions will be released at the same time as the guidelines are issued to the Ethics Committee on Assisted Reproductive Technology (ECART).

You can contribute your views by:

- emailing a completed submission form or your comments to acart@moh.govt.nz
- writing down your views on the submission form and posting it to:
  ACART Secretariat
  PO Box 5013
  Wellington

The **closing date for submissions is Friday 16 March 2009**.

All submissions will be considered, and ACART will revise the proposed guidelines as necessary. ACART must then consult with the Minister of Health before issuing the final guidelines to ECART.

Additional copies of this consultation paper and submission form are available from the ACART website (www.acart.health.govt.nz), or from the ACART Secretariat (email acart@moh.govt.nz or telephone 04 816 3931).

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Introduction

The Advisory Committee on Assisted Reproductive Technology (ACART) has drafted guidelines on the creation and use, for reproductive purposes, of an embryo created from donated eggs in conjunction with donated sperm. ACART is now seeking your views on the draft guidelines. Your views will help ACART to finalise the guidelines.

Background

The Human Assisted Reproductive Technology Act 2004 (the HART Act) sets out two categories of treatments and procedures that may be undertaken: established procedures and assisted reproductive procedures. Established procedures may go ahead without approval from the Ethics Committee on Assisted Reproductive Technology (ECART), whereas assisted reproductive procedures require approval by ECART on a case-by-case basis. ECART may consider and decide applications to undertake assisted reproductive procedures only where ACART has issued guidelines.

The collection and use of donated eggs and the collection and use of donated sperm are, separately, established procedures in most cases. Exceptions, as set out in Part 2 of the HART Order in Council, include where the donations are between certain family members[1] and where donated eggs are used in conjunction with donated sperm.

The use of donated eggs with donated sperm has therefore been classified by the HART Order in Council as an assisted reproductive procedure. Currently, because no guidelines for this procedure have been developed, the procedure may not take place. In light of increasing interest by potential consumers in accessing this procedure, and feedback from an earlier consultation (see below), ACART's work programme has included developing draft guidelines.

Earlier consultation

Last year ACART produced the consultation paper *Advice on Aspects of Assisted Reproductive Technology*, in which it asked whether it should be permissible to create an embryo for reproductive purposes using donated eggs and donated sperm. Just over half of submitters supported allowing the procedure, often with provisos. The remainder were opposed or undecided.

Some of those in favour of the procedure being made available considered that embryo donation is preferable to the use of donated eggs with donated sperm. However, a larger group of submitters said that the use of donated eggs with donated sperm would provide an opportunity for some people to have a family. These would include heterosexual couples where both are infertile, and infertile women who are single or in a lesbian relationship.

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[1] Donations of eggs or sperm between family members (other than sister to sister, brother to brother, and cousin to cousin) are assisted reproductive procedures. See the Glossary included on page 19 for a definition of 'family member'.

Several submitters who were opposed to the procedure said that no person has the right to another person's eggs or sperm, and pointed out that donated embryos are available. Some other opposing views were that the procedure would remove procreation from the bonds of a committed relationship, and that it would treat children as objects. Appendix 1 gives a fuller summary of the feedback received.

ACART is of the view that there are insufficient grounds for recommending to the Minister of Health that the procedure should be prohibited. It considers that the use of donated eggs with donated sperm, and the creation and use of embryos created from donated eggs with donated sperm, should continue to be classified as an assisted reproductive procedure. Accordingly, ACART has developed draft guidelines.

The next section discusses general and specific factors ACART took into account during the development work.

Cross-reference to other guidelines

The Preamble to the *Guidelines on Donation of Eggs or Sperm between Certain Family Members* includes the sentence that "Procedures that are not permitted under the Order in Council include the use of donated eggs with donated sperm". ACART will amend that Preamble when issuing any finalised guidelines for the use of donated eggs with donated sperm.

What ACART has taken into account

In drafting the proposed guidelines, ACART has taken into account the purposes and principles of the HART Act. ACART has also considered submitters' comments, particularly where they relate to:

- safeguarding the health and wellbeing of children born of the procedure
- comparisons with embryo donation
- whether the procedure could involve a surrogacy arrangement
- the potential range of relationships that might be involved
- whether there should be limits to the number of siblings
- informed consent and decision making
- issues of particular interest to Māori.

Safeguarding the health and wellbeing of children born of the procedure

Many submissions focused on outcomes for children, including wanting to ensure that offspring of the procedure could access identifying information about the donors. A number of submitters recognised that the HART Act contains provisions that enable donor offspring to access information, and that these provisions would apply to this procedure. The proposed guidelines set out the principles of the HART Act, with principle (e) specifically referring to the ability to access information.

Principle (a) of the HART Act is a general requirement that the health and wellbeing of all children born as a result of performing an assisted reproductive procedure or an established procedure should be an important consideration in all decisions about that procedure. This gives ECART scope to collect the information it needs to consider and determine any individual application.

Impacts on children were also taken into account in looking at the other matters discussed below.

Comparisons with embryo donation

ACART agrees with the point made by some submitters that using an embryo created from donated eggs with donated sperm has similarities to embryo donation. In each case the intending parents are not the genetic parents of a resulting child.

ACART has also considered the impact of key differences between the procedures, which were also discussed by some submitters. With embryo donation, the donors are **partners or spouses** making a joint donation of **an embryo or embryos**. The embryos being donated were created from the donating couple's own eggs and sperm through in vitro

fertilisation as **part of the donating couple's own fertility treatment**, and are surplus to their own reproductive needs.

In contrast, an embryo formed from donated eggs with donated sperm is created **specifically for intending parents**, with the donors each donating **gametes** (eggs or sperm), not an embryo. The gametes then become embryos through in vitro fertilisation. In some cases, the donors **will be unknown to each other**. Irrespective of the relationship between the donors, it is anticipated that more often than not, at least one of the donors will be known or related to the intending parents.

The figures below and on the next page show the different processes for embryo donation (Figure 1) and for the use of donated eggs with donated sperm (Figure 2).

Figure 1. Embryo donation

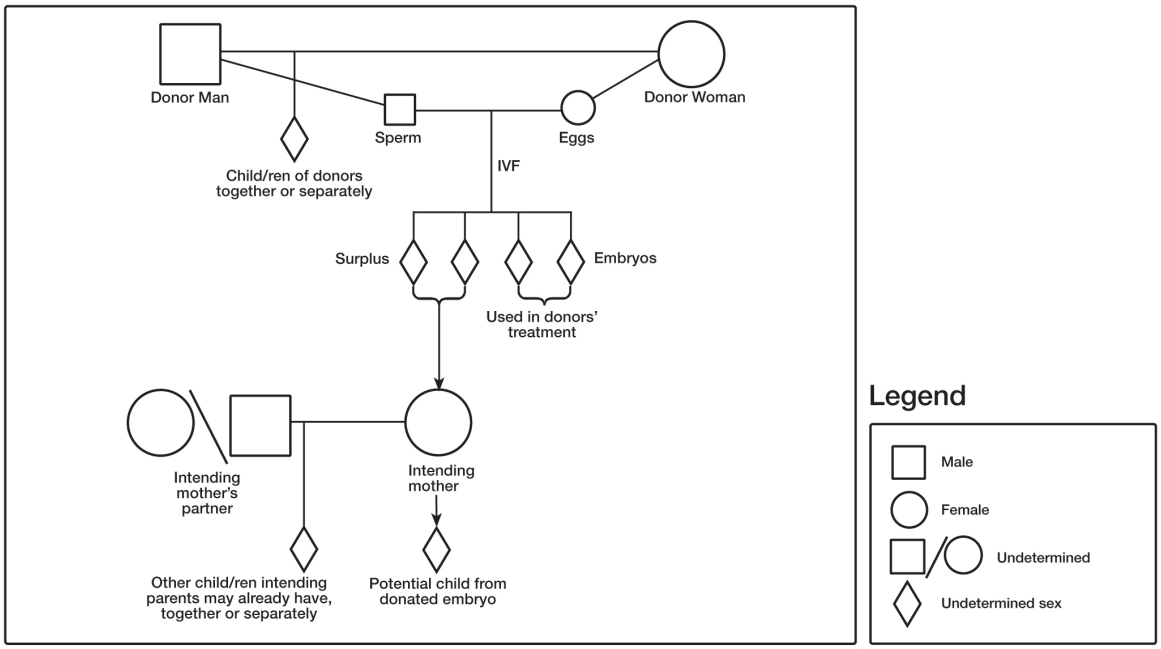
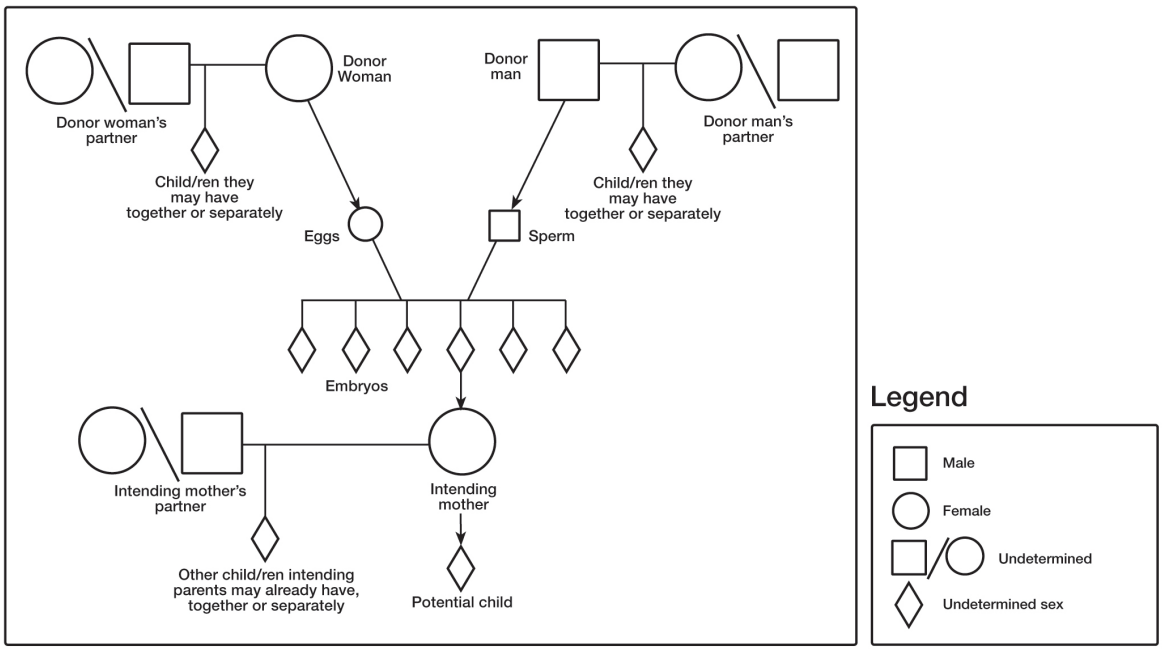


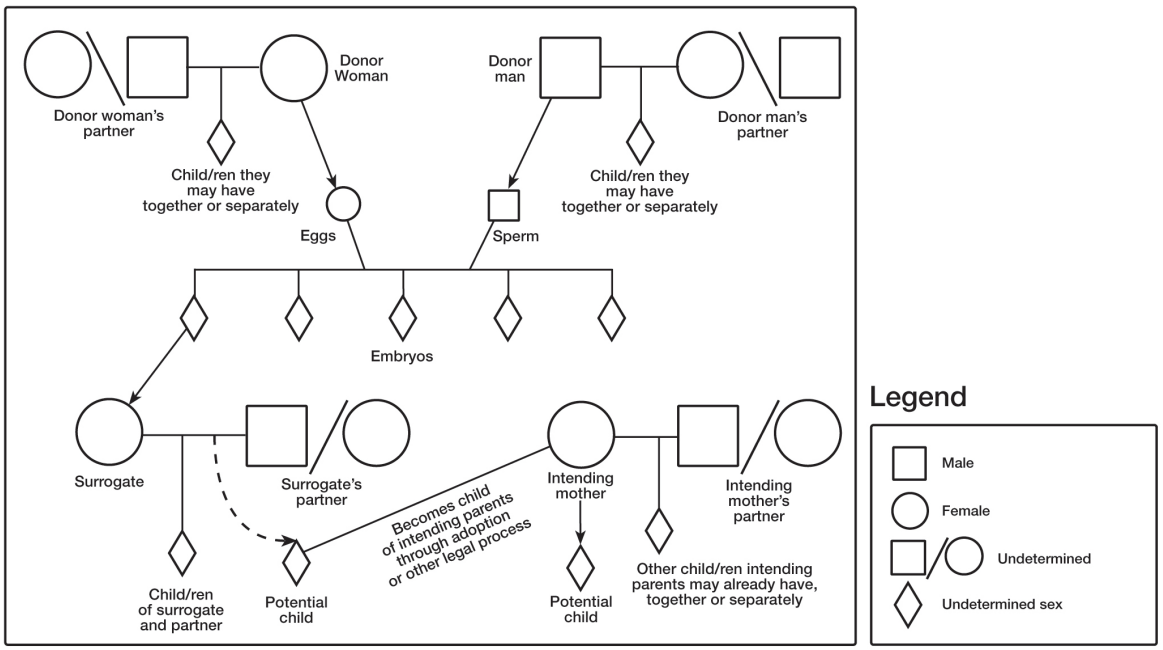
Figure 2. Donated eggs with donated sperm



Whether the procedure could involve a surrogacy arrangement

Some submitters said it was important that at least one of the parties should have a 'biological investment' in a resulting child. ACART recognises that a genetic or gestational link is not necessary for strong parent−child attachment. However, ACART considers that the inclusion of a surrogate would introduce additional complexity to the relationships involved in the procedure. Figure 2, above, includes the potential network of relationships associated with the use of donated eggs with donated sperm. Figure 3, below, shows the additional complexity that would arise if a surrogacy arrangement were involved.

Figure 3. Donated eggs with donated sperm, if surrogacy could be involved
(Assumes donors are not partners to each other)



As indicated in Figure 3, there are two sources of additional complexity if the use of donated eggs with donated sperm involves a surrogacy arrangement.

1. *The impact on the child through the number of parties involved, each with their own family networks.* There are potential challenges for a child developing an identity that incorporates the genetic, biological and social contribution of several parties. If the egg and sperm donors are not partners, there would be four separate couples involved, assuming each person has a partner: egg donor plus partner, sperm donor plus partner, surrogate plus partner, and intending parents. In addition, each couple could potentially already have children, together or separately, and also have other children in the future.
2. *The legal position once a child is born.* With a surrogacy arrangement, the surrogate mother (and any partner) is the legal parent until parenthood legally passes to the intending parent(s) through adoption or other means. This contrasts with the more straightforward situation if a surrogate is not involved. In that case, the intending parent(s) would be legally the child's parent(s) from the time of birth, in accord with the Status of Children Act 1969.

ACART recognises that if a surrogacy arrangement could be involved in the use of donated eggs and donated sperm, this might offer an opportunity for infertile male couples or single men to become parents. It might also provide for cases where an intending mother cannot gestate an embryo.

However, ACART notes that the *Guidelines on Surrogacy Arrangements Involving Providers of Fertility Services*, issued in November 2007 after public consultation, require at least one of the intending parents to be the genetic parent of any resulting child. The use of donated eggs with donated sperm means that neither intending parent would be a genetic parent, and so use of the procedure in connection with a surrogacy arrangement would require a change to the surrogacy guidelines.

ACART proposes that the relevant surrogacy guideline should not be changed to allow a surrogacy arrangement together with the use of donated eggs with donated sperm. It believes that the complexity of the arrangement does not provide sufficient safeguards for the wellbeing of the potential child (principle [a] of the HART Act). Hence, the draft guidelines propose that the use of donated eggs with donated sperm may not be undertaken in conjunction with a surrogacy arrangement. In practice, this would mean that where donated eggs are used with donated sperm, an intending mother must be the gestational mother.

In making this proposal, ACART recognises that another view is that the guidelines could include a provision giving ECART scope to consider and approve applications for the use of donated eggs with donated sperm in conjunction with surrogacy where there are exceptional circumstances. Potential exceptional circumstances might include:

- Where this is the only way in which a family could have genetically related children. For instance, a couple might have a successful pregnancy from the use of donated eggs with donated sperm, with embryos remaining. Subsequent medical problems could mean that the intending mother cannot carry another pregnancy.
- To enable a couple to be treated where this is the only potential way for them to achieve parenthood. Examples are where both people in a same sex couple are infertile, and heterosexual couples where the woman cannot carry a baby (for instance, because of the removal of reproductive organs).

ACART would like to know your opinion on whether this approach is preferable to ACART's preliminary position. If you do consider that it is preferable, we would appreciate your suggestions concerning the content that would need to be included in the guidelines.

The potential range of relationships that might be involved

ACART has considered the variety of relationships that might be involved in the use of donated eggs with donated sperm, and noted that the donations of eggs and sperm may be made at different points of time, which in turn may be at different times from when an embryo is created and implanted.

Possible relationships are:

- donors may be strangers to each other and to the intending parent(s)
- one or both donors may be friends or family members of the intending parent(s)
- a donor may be a family member of the other donor
- the donors may be spouses or partners.

Relationships between donors

The draft guidelines propose that ECART must not approve an application for the use of donated eggs with donated sperm where the donors are in certain specified relationships. This reflects provisions in the *Guidelines on Donation of Eggs or Sperm between Certain Family Members.* The prohibited relationships are those that ACART considers would pose a risk to a resulting child's health and wellbeing, and are also relationships where there is potential for coercion.

The HART Act provides for donor offspring to access identifying information about donors from the age of 18 (or younger under some circumstances). This means that donors who are strangers to each other might be brought together through a resulting child. ACART has addressed this possibility in the draft guidelines by proposing that ECART take into account whether the donors, as parties, have thought about the impact of future contact for themselves and their families.

Relationships between donors and intending parents

Other parties who need to consider the future are the intending parent(s), who need to take into account that their child may link them with the donors, the partners of the donors, and children of the donors.

The draft guidelines do not include any prohibitions on relationships between donors and intending parents. Instead, ACART proposes a general provision that ECART must take into account whether the relationships between the parties safeguards the wellbeing of all parties and especially any resulting child. This is intended to provide ECART with flexibility in considering applications.

In addition, ACART proposes that where family members[2] are parties to the use of donated eggs with donated sperm, ECART must take into account whether counselling has satisfied the counselling requirements set out in the *Guidelines on Donation of Eggs*

[2] See the Glossary on page 19 for a definition of 'family member'.

or Sperm between Certain Family Members. Those guidelines include a requirement for joint counselling, in recognition of the genetic, social, cultural and intergenerational impacts of arrangements within families.

ACART does not propose any requirement for joint counselling between unrelated parties. Individuals who donate eggs or sperm are already counselled in accord with the *Code of Practice for Assisted Reproductive Technology Units*. The donations may have been made well in advance of when an embryo is formed, and may also be donated at different times.

Whether there should be a limit to the number of siblings

ACART has taken into account that New Zealand has a relatively small population, and that there are medical, psycho-social and genetic risks associated with relationships between adults with genetic parents in common. This raises the issue of whether there should be a limit to the number of families in which children share genetic parents as a result of the use of donated eggs with donated sperm.

ACART has noted relevant provisions for individual donors. *The Code of Practice for Assisted Reproductive Technology Units* (an Australasian standard) sets a limit of 10 families to whom donors may donate eggs or sperm, though the upper limit may vary according to legislative requirements or clinic policy. The *New Zealand Standard for Fertility Services* requires clinics to have a policy that limits the number of children from one donor. In practice, clinics must limit the use of gametes from one donor to producing children in no more than ten families. Donors themselves may place a lower limit for the use of their eggs or sperm, and clinics must adhere to any such limit.

ACART has concluded that the provisions above should apply where children resulting from the use of donated eggs in conjunction with donated sperm share one genetic parent with children in other families. ACART's reasoning is:

- clinics may not know if a donor has donated eggs or sperm through another clinic
- any future donations of eggs or sperm would, in most cases, be established procedures and therefore not subject to ECART approval, and other siblings with a genetic parent in common could be born without assisted reproductive treatment
- any additional restrictions on the number of families where siblings share one genetic parent might limit the number of families who may be assisted through donations of eggs or sperm.

However, the use of donated eggs with donated sperm could result in siblings who share two genetic parents across more than one family. ACART proposes that the use of donated eggs with donated sperm should be limited to producing full genetic siblings in no more than two families. The same limitation is included in the *Guidelines on Embryo Donation for Reproductive Purposes.*

The proposal will have the following impacts.

- Where the donors were already jointly genetic parents of a child or children, the use of their donated eggs with their donated sperm would be restricted to producing a child or children for only one other family.
- Where the donors were not jointly genetic parents of a child or children, the use of their donated eggs with their donated sperm would be restricted to producing a child or children for two other families.

In both of the cases above, there could be 'surplus' embryos resulting from the procedure. This is because the use of donated eggs with donated sperm (as with all in vitro fertilisation) could result in a number of viable embryos being created.

In general, one embryo is implanted at each treatment cycle. The treatment process, if successful, could mean some of the embryos are not implanted if the intending parents chose not to proceed with subsequent embryo transfers. The proposed limitation to full genetic siblings in no more than two families would rule out the further use by additional persons or couples of any surplus embryos created from the use of donated eggs with donated sperm.

ACART is of the view that the complex network of relationships resulting if there were full genetic siblings across more than two families would not be in the interests of any resulting children. In addition, New Zealand's small population means it is prudent to limit the risk that adults with genetic parents in common may establish a relationship.

The draft guidelines propose that ECART must take into account whether counselling has included 'implications counselling'[3] for all parties. The implications of limitations on the use of any surplus embryos would be one of the matters each donor and the intending parent(s) would need to consider.

Options available where surplus embryos are to be disposed of

In many cases, clients of fertility providers wish the clinic to dispose of the embryos. This involves the embryos being removed from storage and thawed.

However, clients may choose to take surplus embryos home. This enables clients and their families/whānau to farewell the embryos in a way that is consistent with their personal or cultural beliefs and rituals. The embryos, which are not visible to the naked eye, will be in a test tube. This can be placed in a container provided by the client or in a small kete. Again, the embryos will thaw once out of storage.

Informed consent and decision making

The importance of clarity

One of the matters raised in submissions supporting the procedure was that issues of informed consent for all parties should be addressed. The use of donated eggs with donated sperm will involve consent and decision making by each donor and the intending parent(s).

ACART has noted some important questions that arise:

- What are the specific informed consent requirements needed for individual donors where their eggs or sperm will be used with other donated gametes?
- Who makes decisions after an embryo is created (i.e. whose consent is needed for use, storage and disposal of embryos)?
- Up to what point should egg or sperm donors be allowed to withdraw their consent?

[3] Implications counselling covers the personal, social and legal implications of a procedure.

Scope of current guidance on informed consent and decision making

There is no definitive guidance on the questions noted above in the HART Act, the *Code of Practice for Assisted Reproductive Technology Units*[4] or the Fertility Services Standard (not yet in force). For example, the Fertility Services Standard s 1.11.1 (k) notes that donors must be informed that they have the right to withdraw or vary the terms of their consent, subject to any relevant legislation, at any time until the gametes or embryos are used.

However, the word "use" is not defined. ACART has identified two possible meanings:

- The "use" of the egg or sperm to create an embryo, or
- The "use" of the embryo once created from the donated eggs and sperm. "Use" here would mean transfer of the embryo to the uterus of the recipient woman.

While the Code of Health and Disability Services Consumers' Rights[5] offers general guidance on informed consent and the right to withdraw consent, it is not clear how this relates to individuals once their sperm or eggs have been used to create an embryo.

Lack of international consensus

ACART has noted that there is no international consensus as to the point up to which a sperm or egg donor can withdraw or vary their consent for their gametes to be used. Examples of two different approaches are:

- Donors of eggs or sperm can withdraw or vary their consent until the point that an embryo is formed from their gametes (Victoria, Australia).
- Donors of eggs or sperm can withdraw or vary their consent until the point that the embryo is placed in the uterus of the recipient woman (United Kingdom).

As part of developing its thinking on requirements for informed consent and decision making, ACART has drawn on the examples above to identify two possible options for withdrawal of consent in regard to use of donated eggs with donated sperm:

- Option 1 – Each gamete donor is able to withdraw or vary his/her consent before an embryo is created from the gametes. While the consent is in place, the recipient parent(s) make decisions about the use of the gametes.
- Option 2 – Each gamete donor is able to withdraw or vary his/her consent before an embryo created from the gametes is placed in the uterus of the recipient woman. While the consent is in place, the recipient parent(s) make decisions about the use of the gametes.

[4] RTAC Code s 9.12: Donors or those using stored gametes and embryos must be informed of the freedom of donors to withdraw or vary the terms of their consent at any time, subject to legislation, and the clinic's policy.

[5] General right to withdraw consent to 'services' 7(7); to make decisions about the return and disposal of bodily substances 7(9), and no bodily substance may be stored or used without consumer's informed consent 7(10).

The table below aims to illustrate how these options might operate in practice.

Ms X donates eggs and Mr Y donates sperm. The eggs and sperm are used to create embryos to treat Ms Z and her partner. Five embryos result.		
Point in process	**Option 1 – gamete donors cannot withdraw consent once an embryo is formed**	**Option 2 – gamete donors cannot withdraw consent once an embryo is implanted in the uterus of the recipient woman**
Consent to use gametes in the treatment	Ms X and Mr Y	Ms X and Mr Y
Consent to be treated	Ms Z	Ms Z
Embryos are not yet formed	Ms X and / or Mr Y can withdraw consent to the use of their gametes	Ms X and / or Mr Y can withdraw consent to the use of their gametes
Embryos are formed	Neither Ms X nor Mr Y can withdraw consent from this point	Ms X and / or Mr Y can withdraw consent to the use of their gametes
Ongoing decisions before implantation of embryo e.g. where embryos are to be stored, disposal of any surplus embryos		Ms Z and her partner • Could store surplus embryos for their own potential use • Could decide their family was complete and dispose of surplus embryos • Cannot donate embryos: precluded by embryo donation guidelines which require donated embryos to be formed from the donors' own gametes. [Neither Ms X nor Mr Y is part of these decisions. However, they can each withdraw or vary their consent to the use of their gametes]
An embryo is placed in uterus of recipient woman		Neither Ms X nor Mr Y can withdraw consent at this point

As shown above, Option 2 enables donors to change their mind (by withdrawing or varying consent) in the time between creation of the embryo and the embryo being implanted. However, the ability to withdraw consent is not the same as being able to make

active decisions while the consent is in place, for instance about the storage and disposal of embryos. [6]

Relationship to other ACART work

ACART's *Guidelines on Embryo Donation for Reproductive Purposes* include a provision that embryo donors have the right to vary or withdraw from the donation until the embryos have been placed in the uterus of the recipient woman. Those guidelines incorporate ACART's thinking when developing those guidelines.

ECART is required, under s 19(4) of the HART Act, when considering an application for an assisted reproductive procedure, to "impose any conditions that it considers are required to ensure that the informed consent of any person is obtained before (a) the person is involved in an activity to be undertaken under the approval; or (b) 1 or more embryos, gametes, or other cells derived from the person are used." Lack of ambiguity is therefore needed for those using the guidelines.

ACART's current work programme includes looking more broadly at requirements on informed consent (as required by s 38(d) of the HART Act). To date, ACART considers that this work should include looking at whether there is a need for clarity in New Zealand about the point at which people can withdraw their consent (irrespective of whether the use of eggs or sperm is for the individual's own reproduction or for the use by a third party) and the parties' respective roles in decision making after embryos are created.

Your comments would therefore be a valuable contribution to this ongoing work as well as in relation to any requirements that should be part of the guidelines on the use of donated eggs and donated sperm. Following consultation, it may be that specific provisions are included in the guidelines for donated eggs and donated sperm. Please note that any relevant provisions in ACART's guidelines would be revised should there be changes in ACART's thinking at the conclusion of the broader work.

Issues of particular interest to Māori

The HART Act sets out some general requirements in regard to matters of concern to Māori. One of the seven principles applying to people exercising powers or performing functions under the HART Act is that the needs, values and beliefs of Māori should be considered and treated with respect.

The HART Act requires that ACART include one or more Māori members with expertise in Māori customary values and practice and the ability to articulate issues from a Māori perspective. Two of ACART's 12 members identify as Māori.

The proposed guidelines on using donated eggs with donated sperm include a provision that ECART must take into account whether counselling has provided for whānau / extended family involvement. In practice, this means that consumers should be able, if they wish, to include whānau members in the counselling that is required.

The proposed guidelines do not refer to the ability of any resulting child to learn about their whakapapa. This is because the HART Act itself sets out the rights of donor offspring to access identifying information about the donor(s), and applies to all cases

[6] Day to day decisions while the consent was in place might need to be revisited if a donor withdrew or varied their consent.

where a child is born from donated gametes. Clinics must notify the Registrar-General of all donor offspring births, and clinics and the Registrar-General must both keep information about donors and donor offspring. Donor offspring aged 18 years or older must be given, if they request it, information about the donor(s), and also information about any siblings. The full range of rights to information for donor offspring, their guardians and donors themselves are set out in Part 3 of the HART Act[7].

The proposed guidelines recognise that whānau members may wish to help each other by donating sperm and / or eggs. For that reason, ACART proposes that where donors are family members, counselling should satisfy the requirements in the *Guidelines on Donation of Eggs or Sperm between Certain Family Members.* Those guidelines require counselling to be culturally appropriate and to provide for whānau / extended family involvement.

This discussion document also includes a note, on page 14, about options where embryos are to be disposed of, either by choice or because they cannot be used. This information was included to ensure that people know they have choices in this situation. Many people may wish to take an approach that fits with their personal and cultural beliefs.

ACART is open to hearing about other Māori issues and perspectives that should inform the guidelines.

[7] The HART Act can be found on the website www.legislation.govt.nz.

Glossary

Brother, in relation to a person, means a brother of full-blood or half-blood, a stepbrother, or a brother by adoption.

Cousin, in relation to a person, means a cousin of any degree.

Donated eggs means eggs that are donated for reproductive purposes, but does not include eggs contributed by the spouse or partner of the patient.

Donated sperm means sperm that is donated for reproductive purposes, but does not include sperm contributed by the spouse or partner of the patient.

Donor means a person from whose cells a donated embryo is formed or from whose body a donated cell is derived; and

(a) in relation to a donor offspring, means the donor or donors of a donated embryo or a donated cell from which the donor offspring was formed; and

(b) in relation to an embryo that is a donated embryo or is formed from a donated cell, means the donor or donors of that donated embryo or donated cell; and

(c) in relation to a provider, means the donor or donors of a donated embryo or a donated cell used, or available for use in a service performed or arranged by the provider.

Family member, in relation to a person, means any other person who is or has been related to the person by blood, marriage, civil union, de facto relationship, or adoption, and also any other person who is a member of the person's whānau or culturally recognised family group.

Gamete means:

(a) an egg or a sperm, whether mature or not; or

(b) any other cell (whether naturally occurring or artificially formed or modified) that–

(i) contains only 1 copy of all or most chromosomes; and

(ii) is capable of being used for reproductive purposes.

Sister, in relation to a person, means a sister of full-blood or half-blood, a stepsister, or a sister by adoption.

Surrogacy arrangement means an arrangement under which a person agrees to become pregnant for the purpose of surrendering custody of a child born as a result of the pregnancy.

Draft Guidelines on the Creation and Use, for Reproductive Purposes, of an Embryo created from Donated Eggs in conjunction with Donated Sperm

Guidance on terms used

In these guidelines, unless the context indicates otherwise, words should be interpreted in accordance with definitions given in the Human Assisted Reproductive Technology Act 2004 and the Human Assisted Reproductive Technology Order 2005.

Guidelines

1 When considering an application for the creation and use, for reproductive purposes, of an embryo created from donated eggs in conjunction with donated sperm, ECART must be guided by the principles of the Human Assisted Reproductive Technology Act 2004:

Section 4: Principles

All persons exercising powers or performing functions under this Act must be guided by each of the following principles that is relevant to the particular power or function:

a) the health and well-being of children born as a result of the performance of an assisted reproductive procedure or an established procedure should be an important consideration in all decisions about that procedure:

b) the human health, safety, and dignity of present and future generations should be preserved and promoted:

c) while all persons are affected by assisted reproductive procedures and established procedures, women, more than men, are directly and significantly affected by their application, and the health and well-being of women must be protected in the use of these procedures:

d) no assisted reproductive procedure should be performed on an individual and no human reproductive research should be conducted on an individual unless the individual has made an informed choice and given informed consent:

e) donor offspring should be made aware of their genetic origins and be able to access information about those origins:

f) the needs, values, and beliefs of Māori should be considered and treated with respect:

g) the different ethical, spiritual, and cultural perspectives in society should be considered and treated with respect.

2 ECART must not approve an application for the creation and use, for reproductive purposes, of an embryo created from donated eggs in conjunction with donated sperm:

a) where any resulting embryo would be formed by eggs and sperm from:

i) father and daughter

ii) mother and son

iii) brother and sister

iv) grandfather and granddaughter

v) grandmother and grandson

b) which involves a surrogacy arrangement.

3 When considering an application for the creation and use, for reproductive purposes, of an embryo created from donated eggs in conjunction with donated sperm:

a) ECART must determine that:

i) the intending parent (or both where there are two) have a medical condition affecting their reproductive ability, or a medical diagnosis of unexplained infertility, that makes the creation and use of an embryo created from donated eggs with donated sperm appropriate

ii) the use of embryos created from donated eggs with donated sperm is limited to producing full genetic siblings in no more than two families, with a separate application required for each person or couple

iii) all parties, in giving informed consent to the procedure, understand that the provisions in 3 a) ii) could mean there are surplus embryos that may not be donated for reproductive purposes

iv) each party has received counselling in accordance with the *Code of Practice for Assisted Reproductive Technology Units*, or, when it comes into effect, the *Fertility Services Standard.*

b) ECART must take into account all relevant factors, including:

i) whether all parties have taken into account the impact of future contact for themselves and their families, including any resulting children

ii) whether the relationships between the parties safeguards the wellbeing of all parties and especially any resulting child

iii) whether counselling has:

- included implications counselling for all parties
- been culturally appropriate
- provided for whānau / extended family involvement

iv) whether the residency of the parties safeguards the wellbeing of all parties, and especially the wellbeing of any resulting child

v) where a donor is a family member (and is not a brother donating to a brother, a sister donating to a sister or a cousin donating to a cousin), whether

counselling has satisfied the requirements in the *Guidelines on Donation of Eggs or Sperm between Certain Family Members*.

Appendix 1: Summary of submissions on whether an embryo for reproductive purposes should be allowed to be created using a donated egg and donated sperm

Introduction

On 6 July 2007 the Advisory Committee on Assisted Reproductive Technology (ACART) released a discussion document, *Advice on Aspects of Assisted Reproductive Technology: A consultation paper on policy issues*.

The document included draft guidelines on surrogacy arrangements involving providers of fertility services, donation of gametes between certain family members, embryo donation and preimplantation genetic diagnosis (PGD), as well as proposed parameters for advice on related issues, including the use of donated eggs with donated sperm, embryo splitting, the import and export of donated gametes and embryos, and informed consent.

The discussion document was mailed to 272 individuals and groups that had previously registered an interest with ACART, including government agencies, regional Te Puni Kōkiri offices, researchers, academics, providers of fertility services, fertility consumer groups, ethics committees, bioethics organisations and religious groups, and was emailed to other government agencies and organisations.

The consultation process was advertised in all major metropolitan newspapers on Wednesday 15 August and Saturday 18 August, and in the *Sunday Star-Times* on 26 August. A press release was sent out to 60 news outlets, including all radio and television stations.

ACART held consultation meetings with provider staff and representatives from Fertility New Zealand throughout August 2007. A hui was held on 13 August and a public oral submissions hearing was held on 5 September, both in Wellington.

Submissions closed on 7 September 2007. ACART received 48 submissions, including four oral submissions.

This appendix summarises the submissions received on the use of donated eggs in conjunction with donated sperm. A summary of submissions on surrogacy arrangements

involving providers of fertility services and donation of eggs or sperm between certain family members was released in March 2008.

Just over half of submitters supported the use of donated eggs and donated sperm. The remainder were opposed or undecided. Submitters who supported this were generally cautious and proposed qualifications if it were to be allowed.

Submissions supporting the use of donated eggs and donated sperm

One submitter gave unqualified support for using donated eggs with donated sperm and likened this to open adoption.

Other submitters who supported the use of donated eggs with donated sperm did so with one or other of the following provisos.

- Ongoing counselling must be available to all parties.
- Long-term follow-up studies are needed.
- Children should have knowledge of their genetic parents and potential siblings and half-siblings as soon as they are able to comprehend the situation.
- Issues of informed consent must be addressed for all parties.
- The number of families for which any single donor has helped to conceive a child must be limited.
- Donors should already have their own children.
- Visitation during childhood should be provided for in the interests of the child and the donors.
- An advocate for the child should be required.
- This treatment could be accessed by 'much older women' (especially if they are single).
- Assisted reproductive technology has already repeated many of the mistakes associated with adoption, and care should be taken to ensure this does not happen here as well.
- Embryo donation is a better option and should be promoted first.
- The commodification of eggs and sperm and their patenting must be strictly prohibited before this procedure can happen.

Many submitters commented on the process of gaining information, stating that this should not be an issue if the information is made available to the recipients and the child (when they are old enough), and this would also apply to half-siblings, as the child could pursue contact with donors when old enough.

Other submissions made the following comments.

- A distinction could be made between donations by strangers and donations by people with a genetic link to the recipient/s, on the basis that the potential psycho-social issues may be less where the donors have a genetic link to the recipient/s and resulting child.
- There would be no substantial ethical difference between donated embryos and the use of donated eggs with donated sperm, compared with artificial insemination where the sperm donor may not have been in a relationship with the recipient woman. This submitter further suggested that:
  - the main limitation on the child's access to information would be whether the parents had told them they had been created from donor gametes
  - there would not necessarily be an increased likelihood of half-siblings, as the number of donations could be controlled
  - a prohibition on the use of donated eggs and donated sperm would not necessarily be discriminatory, given that donated embryos are available, but the availability of this option would increase options for infertile recipient/s.
- This possibility represents a shift in previous thinking, because the child would not be genetically related to their parents.
- It would be unfair and discriminatory not to allow the use of donated eggs with donated sperm, and it should be acknowledged that a donor may be known to the parents or prepared to act in a parenting role (eg, in the case of same-sex couples or where a family member donates gametes).
- This should be an established procedure because not allowing it is inconsistent with the Human Rights Act 1993 (eg, because a single infertile woman could not access an egg donor); and in the situation of lesbian and gay couples intending to co-parent, the male co-parent is wrongly identified as a donor by providers, and this is inconsistent with the Human Rights Act.
- Not to allow this would be discrimination against people with 'severe infertility'.
- The primary consideration should be whether a child has a right to be genetically related to at least one parent.
- It would be discriminatory not to allow this, but complications occur when there is more than one donor party.
- There will be a need to look more closely at applications if there is only one parent involved.
- There are issues relating to which of the parties should be given counselling.
- If donors are anonymous there may be a possibility they will be related.
- This is different from embryo donation, which provides a family for a living individual.
- It would be inappropriate for the donors and recipients to be 'total strangers'.
- There is no reference to the information-keeping regime in Part 3 of the HART Act to ensure that people born from donated embryos or cells can find out about their genetic origins.
- This procedure, and that of donated embryos, should be available to fertile couples or people and not restricted to the treatment for infertility.

Providers of fertility services submitted that the use of donated eggs with donated sperm should be made available on the basis of demand from potential clients. It was noted that the situation of older women seeking donor sperm is becoming more common, and these women may have fertility issues due to their age or that have not been discovered earlier.

Providers suggested that guidelines should be developed, using the guidelines on donation of gametes as a starting point.

Submissions opposing the use of donated eggs with donated sperm

Several submitters rejected the proposition that to disallow this option is discriminatory, stating that no person has the right to another person's germinal material, and that in any case donated embryos are available.

One submitter suggested that discrimination is a lesser concern than deliberately creating a child without any genetic connection to his or her parents. Another considered that not allowing this option is only discriminatory if you base your argument on the premise that children are a right to which adults are entitled.

Other submissions in opposition included the following points.

- There are significant ethical and psycho-social issues, as well as family issues, for a child born from two donors who may never have been in any relationship together.
- Lessons learned from adoption should guide decision-making, with the interests of the potential child having the highest priority.
- Interference of this kind is treating children as objects. Human beings do not necessarily have the right to have children just because they want them.
- Embryos are human beings and should be conceived in a 'truly human way'.
- An embryo should be the result of sexual intercourse between a man and a woman, and putting sperm cells and an ovum into test tubes will lead to 'unsuitable parents (ie, lesbians and homosexuals)'.

One submitter suggested that allowing the use of donated eggs and donated sperm would be contrary to principle (a) of the HART Act (in section 4), and would further complicate the relationships of marriage and parenting. This submitter preferred encouraging access to embryos already in storage.

Another submitter suggested that this would undermine both principles (a) and (g) of the HART Act (in section 4) by ignoring the:

- deeper cultural and spiritual reality of our human nature
- concept of whakapapa – 'the genesis ... the core, the nature, the history and origins of a people'
- Catholic teaching on the transmission of human life, centring on a commitment to hold together the genetic, gestational, and social dimensions of family and parenting.

This submitter cited the importance of genetic origins and affective relations in establishing enduring human relationships and securing a healthy self-identity, and considered that one parent should be genetically related to the child.

Another submitter suggested that it should be taken into consideration that infertility could be accepted rather than all possible procedures having to be tried, and the difficulty of acceptance may be accentuated by social pressures that encourage people to feel inadequate if they do not become parents.

One submitter stated that the use of donated eggs and donated sperm would remove procreation out of the loving bounds of a committed relationship, and that if both donors 'abandon[ed]' their gametes, which are then frozen and united in a laboratory to create a child, this may have psycho-social impacts on the child, affecting the relationship between birth parents and the child, and create problems if the birth parents separate and the child has not been adopted.

Suggestions for guidelines included:

- a framework for multiple donors that requires one biological investment from any one of the egg, sperm or uterus
- a requirement for a close relationship between donor(s) and recipients (taking into consideration that people may enter a relationship to get around the requirements)
- the criteria for receiving donated eggs should be medically based
- a requirement for donors to be advised how their gametes are being used
- protecting the child's access to information.

It was noted that the oldest donor egg recipient in New Zealand is 56 (the oldest mother in New Zealand), and that in Australia the use of donated eggs with donated sperm is permitted and donors are not required to meet.

List of submitters

Individuals

Brian Gerard Quin
Carolyn Hutton
David Fisk
Eric Blyth
Helen Davies
Hilary Stace
Hugh Moran
Jeanne Snelling
Joan Sullivan
John France
Karen Raaymakers
Lynette and Ian Mason
Maria Jones
Patricia A Hammond
Paul Clarke
Paul Elwell-Sutton
Phillipa Malpas
Robert Ludbrook
Susan Fraser
Dianne Yates MP

An additional four submitters requested that their personal details be kept confidential, and one submitter did not provide any personal details.

Organisations

Abortion Law Reform Association of New Zealand
Auckland Women's Health Council
Bioethics Council
Canterbury District Health Board
CCS Disability Action
Ethics Committee on Assisted Reproductive Technology
Families Commission
Federation of Women's Health Councils
Fertility Associates
Fertility New Zealand Canterbury
Fertility New Zealand Auckland
Health and Disability Commissioner
Health Law Committee, New Zealand Law Society
Humanist Society of New Zealand Inc
Ministry of Social Development
Right to Life New Zealand
The Fertility Centre
The Interchurch Bioethics Council
The Nathaniel Centre – the New Zealand Catholic Bioethics Centre
Voice for Life Wellington
Voice for Life
Women's Health Action Trust

Appendix 2: Members of ACART

Sylvia Rumball CNZM
(Chairperson)

Professor Sylvia Rumball is assistant to the Vice Chancellor (Research Ethics) at Massey University. She has a PhD in chemistry and for many years taught chemistry and undertook research in structural biology at Massey University.

She has extensive international, national and local experience on ethics committees and ethics-related bodies through past membership of the UNESCO International Bioethics Committee, the New Zealand National Commission for UNESCO, the Health Research Council Ethics Committee, the Massey University Human Ethics Committee and the MASH Trust Ethics Committee; current membership of the Ethics Advisory Panel of the Environmental Risk Management Authority; as past chair of the National Ethics Committee on Assisted Human Reproduction; and as current chair of the Massey University Human Ethics Chairs Committee.

Professor Rumball is also a member of the International Council for Science (ICSU) Committee on Freedom and Responsibility in Science, a member of the Massey University Council, an auditor for the New Zealand Universities Academic Audit Unit, and a member of the Board of the National Centre for Advanced Bioprotection Technologies.

In 1998 she was made an Officer of the New Zealand Order of Merit for services to science, and in 2008 she was promoted to Companion. She is also the recipient of a Palmerston North City Council Civic Award, a Distinguished Alumni Award from the University of Canterbury and a New Zealand Science and Technology medal.

Gareth Jones CNZM

Professor Gareth Jones is Deputy Vice Chancellor (Academic and International) at the University of Otago, where he is also professor of anatomy and structural biology. He qualified in medicine and neuroscience (BSc Hons, MBBS) at University College London (UCL) and has DSc and MD degrees from the University of Western Australia and the University of Otago, in science and bioethics respectively. He was made a Companion of the New Zealand Order of Merit in 2004 for his contributions to science and education. He has published extensively in neuroscience, anatomy education and bioethics. His recent publications include: *Speaking for the Dead: Cadavers in biology and medicine* (2000; second edition, 2009), *Stem Cell Research and Cloning* (co-editor, 2004), *Medical Ethics* (co-author, 4th edition, 2005), *Designers of the Future* (2005), *Bioethics* (2007), and *Tangled Web: Medicine and theology in dialogue* (co-editor, 2008).

John Forman

John Forman is a parent of adult twins with a rare genetic disorder, alpha mannosidosis, and his family experience with physical and intellectual disability has drawn him into a range of health and disability sector networks over the past 30 years. He has also spent many years in disability support service provision, mainly in community mental health. Since the late 1990s John has focused on the development of patient/family support networks in New Zealand and internationally, with an emphasis on partnership with health

professionals, policy agencies and researchers to promote prevention, treatments and cures for rare disorders.

He has volunteer roles on the boards of several local and international advocacy groups. His paid role is Executive Director of the New Zealand Organisation for Rare Disorders, where he advocates for the increased application of genome knowledge and biotechnology to control health and disability problems, with a sharp eye on the ethical issues to ensure safety for the patients and their families.

Richard Fisher

Dr Richard Fisher is a gynaecologist with a sub-specialty practice in reproductive medicine. He is a co-founder of Fertility Associates and has been an active advocate for infertile couples for 20 years. He is the only New Zealander to have been elected president of the Fertility Society of Australia. Richard is a member of a number of professional associations and is a member of the Institute of Directors in New Zealand Inc. He is married and has four children. Richard brings a medical professional's viewpoint to ACART, which is tempered by a recognition of the need for community involvement and decision-making in this area.

Ken Daniels
(Deputy Chair)

Ken Daniels is adjunct professor in the School of Social Work and Human Services at the University of Canterbury. He was appointed to establish social work education and training at Canterbury in 1975 and retired in 2004. For over 30 years he has been actively involved in studying, writing, counselling and policy development in the psychosocial aspects of assisted reproductive technology (ART). His particular focus has been on the children and families that result from ART.

He served for nine years on NECAHR – the last three as deputy chair. Professor Daniels has carried out research in a number of countries and has been used as a policy consultant in several overseas jurisdictions. He has published extensively, and his book *Building a Family with the Assistance of Donor Insemination* is used by parents and professionals throughout the world. Professor Daniels is also chair of Richmond New Zealand.

Mark Henaghan

Mark Henaghan is professor and dean of law at the University of Otago and principal investigator of the Human Genome Project, Law and Ethics for the Future, which is sponsored by the Law Foundation New Zealand. The project has produced three major reports: *Choosing Genes for Future Children: Regulating preimplantation genetic diagnosis;* and *Genes Society and the Future,* volumes 1 and 2. Professor Henaghan's primary research interests are family law and medico-legal law involving children.

Andrew Shelling

Associate Professor Andrew Shelling is head of the Medical Genetics Research Group, which is primarily interested in understanding the molecular changes that occur during the development of genetic disorders, focusing on infertility and reproductive cancers, but also including cardiac disorders.

Dr Shelling has a special interest in understanding the cause of premature menopause, and his research is internationally recognised for identifying genetic causes of this common cause of infertility. He initiated the development of a support group for women with premature menopause in New Zealand. Dr Shelling is currently deputy head of the Department of Obstetrics and Gynaecology, University of Auckland, and is extensively involved in teaching reproduction, genetics and cancer at the university. Dr Shelling has recently served as president of the New Zealand branch of the Human Genetics Society of Australasia and Associate Editor for the journal *Human Reproduction*, which is one of the leading journals in the area of reproductive research. He is a trustee for the Nurture Foundation for Reproductive Research.

Ian Hassall

Dr Ian Hassall is a New Zealand paediatrician and children's advocate. He was New Zealand's first Commissioner for Children from 1989 to 1994. His career has entailed working for children and their families as clinician, strategist, researcher and advocate. He is at present senior lecturer in the Children and Families Programme of the Institute of Public Policy at Auckland University of Technology (AUT).

Dr Hassall teaches the Master of Arts (Children and Public Policy) at AUT. He is a member of the Steering Group and Project Team for Every Child Counts, a coalition of child advocacy and service organisations, whose aim is to place children centrally in government decision-making. He is married to Jenny, is father to four children and grandfather to five. He is the Children's Commissioner's nominee to ACART.

Cilla Ruruhira Henry QSM

Cilla Henry grew up under the mantle of the kīngitanga movement, deeply entrenched in Waikato kawa (protocol) and tikanga (teachings). Hapū connections are Ngāti Wairere and Ngāti Hako Hauraki. Cilla is married with three children and five mokopuna.

Cilla is a Māori specialist consultant, Department of Corrections Psychological Services Hamilton, working with Māori inmates at Waikeria Prison, and a trustee of the Health Consumer Service Trust. She is the Māori Women's Welfare League representative on the Care and Protection Panel for Children (Child Youth & Family Service), and on the National Council of Women New Zealand. Cilla is passionate about the care, protection and wellbeing of children.

Cilla was appointed justice of the peace (JP) in 1996, and received the Queens Service Medal for Public Service in 2003.

Maui Hudson

Maui Hudson (JP) lives in Rotorua, and his iwi affiliations are with Whakatōhea, Ngā Ruahine and Te Māhurehure. Maui has professional qualifications from Auckland University of Technology (AUT) in physiotherapy, ethics and Māori health, and currently works for the Institute of Environmental Science and Research Ltd (ESR) in a Māori development position. In this role he is responsible for internal development, providing cultural and ethical advice to researchers, and establishing research relationships with Māori and Pacific communities. Maui is the principal investigator on the Health Research Council-funded project Ngā Tohu o te Ora: Traditional Māori Wellness Outcome Measures, and has research interests in the area of ethics and the interface between matauranga Māori and science. Maui is a member of the Health Research Council Ethics

Committee and has previously been a member of ECART and the Auckland Regional Health and Disability Ethics Committee. He is married and has three children.

Robyn Scott

Robyn Scott's background is in both not-for-profit management and education. She studied at Wellington College of Education (now the Faculty of Education, Victoria University of Wellington) and Victoria University of Wellington before embarking on a career in primary school teaching and the teaching of speech and drama and music. From there she moved to managing a not-for-profit organisation, working particularly in the area of health support and health advocacy.

Robyn is currently executive director of Philanthropy New Zealand and is charged with leading and developing this key organisation that works to motivate and inspire philanthropists and grant makers.

Robyn lives in Wellington with her husband and two school-aged children. Outside work she enjoys a range of mostly family activities that tend to centre around children's sport and cultural events, and also enjoys travel and reading. She is an alumna of Leadership New Zealand, having graduated in 2006.

Richard Randerson CNZM

Bishop Richard Randerson was born in Takapuna, and studied at Otago University in Arts and Theology. He later undertook post-graduate studies in New York City and San Francisco in ethics and socio-economics.

Ordained as an Anglican priest in Auckland in 1965, and bishop in 1994, Richard Randerson has served in a variety of ministries in New Zealand, USA, UK and Australia. These have included industrial chaplaincy, inner city ministry, social justice officer, a bishop in Canberra, and Dean of Auckland's Holy Trinity Cathedral. He has played a prominent role in the media, speaking and writing on issues such as poverty and justice, race relations, peace and inter-faith dialogue, and social ethics. In 2000/2001 he was appointed by the NZ Government to the four-person Royal Commission on Genetic Modification. In this role he engaged in extensive consultation with the NZ public, both at open meetings as well as with Maori on marae. The inter-face between science, ethics and the public good was central to the Commission's work. He is the author of three books: *Christian Ethics and the New Zealand Economy (1987), Hearts and Minds – a Place for People in a Market Economy (1992),* and *A Word in Season – Reflections on Spirituality, Faith and Ethics (2008)*.

Bishop Randerson was appointed a Companion of the New Zealand Order of Merit in 2004.

Now resident in Wellington, he is married to Jackie, whose background is in marriage and high school guidance counselling. They have three adult children and four grandchildren.

Submission form

Please provide your contact details below.

Name:	
If this submission is made on behalf of an organisation, please name that organisation here:	
Please provide a brief description of the organisation if applicable:	
Address/email:	
Interest in this topic (e.g. user of fertility services, health professional, member of the public):	

Please note that all correspondence may be requested by any member of the public under the Official Information Act 1982 (the Act). If there is any part of your correspondence that you consider should be properly withheld under the legislation of the Act, please make this clear in your submission, noting the reasons why you would like the information to be withheld.

If information from your submission is requested under the Act, the Ministry of Health (the Ministry) will release your submission to the person who requested it. However, if you are an individual, rather than an organisation, the Ministry will remove your personal details from the submission if you check the following box.

☐ I **do not** give permission for my personal details to be released to persons under the Official Information Act 1982.

All submissions will be acknowledged by ACART, and a summary of submissions will be sent to those who request a copy. The summary will include the names of all those who made a submission. In the case of individuals who withhold permission to release personal details, the name of the organisation will be given if supplied.

Do you wish to receive a copy of the summary of submissions?

☐ Yes ☐ No

Questions on the draft guidelines

Question 1 (Whether the procedure could involve a surrogacy arrangement):

The paper presents ACART's proposal and another point of view about whether the use of donated eggs with donated sperm could involve a surrogacy arrangement (page 10).

(i) ACART is proposing that the use of donated eggs with donated sperm in conjunction with a surrogacy arrangement should not be permitted.

(ii) However, ACART has noted a view that the guidelines should enable, in exceptional circumstances, the use of donated eggs with donated sperm in conjunction with surrogacy.

Do you agree with (i)?

Or do you agree with (ii)? If you agree with (ii), what content would need to be in the guidelines?

Or do you have a view that is different to either (i) or (ii)?

Please give your reasons for your preferred position.

Question 2 (Whether there should be a limit to the number of siblings):

ACART is proposing (page 13) that the use of donated eggs with donated sperm should be limited to producing full genetic siblings in no more than two families. Do you agree with this position? Please comment.

Question 3 (Informed consent and decision making):

ACART's thinking to date on consent and decision making is set out from page 15.

- **Do you have any comments about the issues raised in this section?**
- **Do you have any comments about how consent and decision making in relation to the use of donated eggs and donated sperm should be managed?**
- **Should the guidelines on donated eggs with donated sperm include specific provisions about informed consent, withdrawal of consent and decision making?**

Question 4 (Issues of particular interest to Māori):

ACART has noted on (page 17) some issues that may be of particular interest to Māori. Are there other Māori issues and perspectives that should inform the guidelines? Please comment.

Question 5 (The draft guidelines):

The draft guidelines are set out from page 20. Are these draft guidelines appropriate for managing the use, for reproductive purposes, of embryos created from donated eggs with donated sperm? Please give your reasons.

Question 6 (The discussion paper, including the draft guidelines):

Do you have any other comments or suggestions about either the draft guidelines themselves or the associated discussion?