

**Import and export of gametes and embryos****Meeting with Repromed, Auckland****5 June 2013****Present**

Dr John Angus, Chair of ACART

Dr Karen Buckingham, ACART member and clinician

Dr Guy Gudex, Clinical Director, Repromed

Dr Neil Johnson, Clinician

Fiona McDonald, Counsellor

Renata Stewart, Nurse coordinator

**In attendance**

Stella Li, ACART Secretariat

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

**Feedback from Repromed**

- The general view was that there is no way to stop people from accessing overseas assisted reproductive procedures. It may be about establishing good relationships and connections with reputable clinics so patients can access safe assisted reproductive care overseas.
- However, there was some discussion about the ethical scope of their practice in New Zealand where people are planning overseas treatment. Should the clinic be providing treatment to prepare a patient for overseas reproductive care? Attendees talked about the grey area regarding their responsibility of duty of care to patients in this context.

*Older women and assisted reproductive procedures*

- There was a discussion about older women travelling overseas for assisted reproductive procedures.
- The attendees noted that they have only had a small number of women over the age of 50 seeking treatment.
- Older women may be driven to use overseas assisted reproductive procedures because overseas clinics can be more willing to treat them. Attendees were of the view that increased age brings increased risks for the woman and child, and consequently these may have an impact on New Zealand's health system.
- Being mindful of such risks, it was noted Repromed has an unwritten upper age limit. One comment was that all New Zealand clinics offering IVF should set an upper age limit.
  - The attendees acknowledged there are two underlying issues with setting an upper age limit: how to set a number and whether it can always be strictly adhered to. From their own experiences, it is an individual evaluation in light of contributing risk factors eg, BMI.

### *Altruistic donation v commercial supply*

- The attendees recognised New Zealand's strict policy position prohibiting the commercial supply of gametes and embryos.
- However, they were of the view that there may be scope for flexibility to use commercially sourced gametes and embryos from other countries in New Zealand.
- They talked about overseas financial compensation schemes:
  - In the United Kingdom, the Human Fertilisation and Embryology Authority recently revised its remuneration for donors to the sum of £750.
  - The American Society for Reproductive Medicine recommends payments over US\$5,000 require justification and that sums above US\$10,000 are not appropriate. Donors in the United States have argued that these recommended figures are not representative of current market values.
- The attendees considered that New Zealand could develop a compensation scheme similar to that in the UK.
  - They noted that the intention of such a scheme would not be to create a market or financial incentive for donation. Instead, the intention would be to make it easier for donors so they are not left out of pocket and to recognise the gift they are making.
  - NZ\$1,500 to \$2,000 (based on UK) could be considered.
- Greater flexibility around financial compensation would not reduce donor numbers:
- There was acknowledgement that there appear to be some other forms of exchanges between recipients and donors that occur outside the clinic environment. .
- There was additional discussion about the policy implications if greater scope was given for allowing the import of embryos created from commercially sourced gametes. If people can travel overseas to access commercially sourced gametes, a potential demand may arise to allow 'ordering in' commercially sourced gametes.

### *Identifying information about donors*

- Attendees agreed that New Zealand has a strong position supporting the importance of identifiable donors.
  - One comment was this position is evidenced and supported by New Zealand's Human Assisted Reproductive Technology Act 2004.
- The attendees also agreed that access to identifying information about donors for donor-conceived children should be "non-negotiable" in New Zealand.
- They talked about the response from their San Francisco fertility clinic connections on the issue of identifying information about donors.
  - San Francisco has been receptive towards donor identifiability.
  - While currently donor anonymity is common in the United States, the San Francisco clinic noted there is a pro donor identifiability movement because of the impacts for donor-conceived children growing up in the United States who are experiencing issues related to not knowing their genetic origins.

- They also talked about the importance of identification for medical reasons. In particular, if the donor discovers he or she has some rare genetic disorder, there needs to be a route to inform any resulting children.
  - The participants also noted that overseas clinics will not screen donors for all potential health conditions, nor do all clinics screen for the same conditions.

#### *Sex selection*

- The attendees were of the view it would be decades before there is wider social acceptance of having such a reproductive choice. In particular, they were of the view that sex selection for the purposes of family balance or personal preference for a boy or girl might be considered from some perspectives as tantamount to abortion.

#### *Scope of informed consent*

- One view was donors' consent to export gametes and embryos is non-negotiable.

#### *New Zealand's donor pool*

- There was agreement about the lack of egg and sperm donors in New Zealand.
- Attendees acknowledged that consumers often felt clinics were obstructive in regard to externally sourced donors. However, attendees considered that it was their responsibility to make donors aware of the full implications of their donation. If consent is withdrawn, it suggests they are not fully prepared to donate.

