

Minutes

Meeting (teleconference) of ACART and Fertility New Zealand to discuss ACART's proposed changes to the donation and surrogacy guidelines

Date 13 November 2017
Time 12.30 to 2.00 pm
Location Teleconference
Present Nicola Bitossi, Gemma McGarry: Fertility New Zealand
Gillian Ferguson, Jonathan Darby: ACART
Martin Kennedy: ACART Secretariat (scribe)

Welcome

1. Attendees introduced themselves and Gillian summarised why ACART is doing this work. Those present agreed to work through the consultation document in the order in which it presents the proposals.

Discussion

2. Gillian observed that the removal of the mandatory biological link would mean that surrogacy would be possible using donated embryos, or embryos created from donated eggs and donated sperm. There was a discussion about the different cultural perspectives of genetic relationships.
3. Gemma and Nicola said FNZ supports the proposal and noted it creates more opportunities for childless people to have children.

Birth certificates and knowing genetic origins

4. There was a discussion about offspring knowing their genetic origins and options for amending birth certificates. Privacy concerns were noted. Gillian noted that ACART's proposals for birth certificates would not change the legal status of any parties, they would simply ensure offspring were able to obtain information.
5. Nicola agreed with the suggestion in principle but noted it had not been discussed with members before and suggested that she raise it at the FNZ Annual General Meeting which was scheduled for Saturday 18 November.

Single guideline

6. Gemma and Nicola supported the guidelines being merged into a single guideline.

Justification to use a procedure

7. Nicola asked what the intention was with the proposal to use "justification to use a procedure" in place of the current provisions such as having a medical need. Gillian explained that there was some inconsistency in the current guidelines about how the need to use a procedure was assessed and that this proposal would provide consistency but still allow the "medical need" provision to be used.

8. Nicola and Gemma stated their agreement to the proposal.

Consent

9. Nicola noted that the proposal on obtaining consent did not have any significant changes, and Gillian noted the proposal simply clarifies how and when consent could be obtained.
10. Gemma and Nicola supported the proposal.

Coercion

11. Gillian explained ACART's proposal for taking account of potential coercion. She noted the provision was being strengthened to ensure it applied clearly and equally across the procedures.
12. Gemma and Nicola supported the proposal.

Two family limit

13. Gillian introduced the proposal to continue with the limit of two families for full genetic siblings, saying that the provision will help offspring, siblings and parents to manage relationships.
14. Nicola and Gemma noted that they did not have responses from FNZ members, but Nicola's personal opinion was that the proposal was a good idea. However, she acknowledged that the provision would mean that some opportunities to use embryos and for people to become parents would be forgone.

Legal advice

15. Gemma and Nicola supported the proposals for when participants should obtain, or considering obtaining, legal advice.

Family gamete donation

16. Gillian explained the proposal for family gamete donation would require a change to the HART Order. She said ACART's proposal was in part based on the apparent lack of a reason for the different treatment of different family members. She acknowledged that if the provisions were changed there would be cost and time implications for clinics, participants and ECART.
17. Gemma commented on FNZ's concerns, in particular the time and money costs to consumers and the work implications for ECART and the clinics. She asked how the cost would be met.
18. Gillian said that if submitters agreed in principle and ACART went ahead and recommended the change to the government (in advice to the Minister) the government would need to do the work to amend the HART Order and to investigate the resource effects of the proposed change. Such a change could result in 100 extra cases a year being referred to ECART. This is a significant change with substantial resource implications.
19. Nicola said such a change might result in some consumers going overseas for treatment and Gillian said she would be interested to hear if FNZ had any suggestions about this proposals. Nicola and Gemma agreed to raise this point at the AGM.

Donated eggs with donated sperm

20. There was a discussion about the possible donation of embryos created from donated eggs with donated sperm. Gemma and Nicola said that FNZ supported the proposal.

Re-donation of embryos

21. Gemma and Nicola said that FNZ supported the proposal.

Clarification of the status of embryo donation in the regulations.

22. Gemma and Nicola said that FNZ supported the proposal.

All clinic assisted surrogacies to go to ECART

23. Nicola noted that this requirement could deter some people from seeking clinic assistance to have a surrogacy arrangement. There would be additional time and cost implications for consumers. FNZ would like to discuss this further, including at the AGM.
24. There was also a discussion about whether there was information available about surrogacies that don't require ECART approval. Gillian noted there is very little information available about the frequency of this.

End.