Advisory Committee on Assisted Reproductive Technology: Guidelines on Embryo Donation for Reproductive Purposes

Issued to the Ethics Committee on Assisted Reproductive Technology on 17 November 2008
Guidelines on Embryo Donation for Reproductive Purposes

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 embryo donation, 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. When considering an application for embryo donation:

   a. ECART must determine that:

      i. The embryos being donated are:

         - Existing embryos created as part of the donors’ own IVF treatment.
         - Created from the donors’ own gametes.
         - Surplus to the donors’ own reproductive needs.
ii. Embryo donation is limited to producing full genetic siblings in no more than two families.

iii. The recipient or the recipient’s partner/spouse has a medical condition affecting his or her reproductive ability, or a medical diagnosis of unexplained infertility, that makes embryo donation appropriate.

iv. The profile/s provided by the recipients for the donors include/s any police vetting information.

v. Donor(s) and recipient(s) have received independent legal advice.

vi. Legal reports indicate that the parties understand the legal issues associated with embryo donation.

vii. There has been discussion, understanding, and agreement between the parties on matters relating to the use and storage of embryos and disposal of any unused embryos.

viii. The parties understand that donors have the right to vary the agreed terms of donation or withdraw from the donation until the embryos have been placed in the uterus of the recipient woman.

ix. Each party has received counselling in accordance with the Code of Practice for Assisted Reproductive Technology Units, or, when it comes into effect, the current Fertility Services Standard.

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

i. Whether the donors have completed their family.

ii. Whether there is written consent to the embryo donation.

iii. Whether counselling has:
   - Included implications counselling for all parties.
   - Included joint counselling.
   - Been culturally appropriate.
   - Provided for whānau / extended family involvement.
   - Provided for the inclusion of any children of the parties.

iv. Whether counselling will be accessible to all parties throughout the donation process.

v. Whether the residency of the parties safeguards the well-being of all parties, and especially any resulting child.

vi. Whether the donors have been subjected to coercion or pressure.

vii. Whether all parties have considered and discussed the implications of the following, and, in the professional opinion of counsellor/s and/or medical specialists, have understood:
   - The rights and needs of any resulting child/ren, including their rights to access information about their genetic origins and contact the donors.
   - Each other’s needs, wishes, expectations, and plans regarding ongoing contact and information sharing.
   - Any specific issues that may affect the health and well-being of any of the parties, and especially any resulting child.
   - Each other’s attitudes to openness about the donation, especially with any resulting child.
• The implications of any resulting child being born with disabilities or genetic disorders.
• The implications of possible termination of the pregnancy by the recipient/s.
• Issues relating to storage, use, and disposal of embryos.
• The requirements regarding information sharing under the Human Assisted Reproductive Technology Act 2004.
• That embryos may not be able to be refrozen if donors decide to withdraw from the donation after embryos have been thawed.
• Their reasons for wishing to donate and receive embryos.
• Their feelings now, and feelings they may experience in the future, concerning the donation of embryos.
• The impact of donating embryos on their existing child/ren.