

Import and export of gametes and embryos**Meeting with University of Waikato academics and students****6 June 2013****Present**

Dr John Angus, Chair of ACART

Dr Cate Curtis, School of Psychology, University of Waikato

Dr Carolyn Michelle, School of Social Sciences, University of Waikato

Dr Priya Kurian, School of Social Sciences, University of Waikato

Rebecca Bollard, PhD student, University of Waikato

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 University of Waikato attendees*Accessing assisted reproductive procedures in other countries*

- The attendees were concerned about the potential equity issue and creation of a tiered system to access assisted reproductive procedures in New Zealand.
 - For example, New Zealand has a shortage of donated eggs. If changes permitted the import of embryos created overseas from commercially sourced gametes, those with the financial means could travel overseas to access paid donor eggs to create embryos for IVF and subsequently import surplus embryos back to New Zealand. However, some people cannot afford to do the same, and would not be able to access a paid egg donor because commercially sourced gamete donation is prohibited in New Zealand.
- One view was whether New Zealand's restrictive framework (such as no commercial supply for gametes) creates a driver for overseas travel, and whether it may be beneficial to have greater flexibility within the framework.
- They discussed the drivers for New Zealand consumers to travel overseas for reproductive care:
 - Lack of available donor gametes
 - Length of time for treatment, eg, long wait times that are further exacerbated by the older age of women who are seeking treatment.
- They attendees were of the view that globalisation would increase transborder reproductive care, and it is not useful to consider whether there are ways to restrict or police travelling overseas for assisted reproductive care.

- They acknowledged there are different pathways to parenthood, for example adoption. However, adoption is not readily available or accessible. Therefore, with advances in technology and globalisation, transborder reproductive care is becoming an increasingly accessible and *easier* pathway to parenthood.
- There was a discussion around how a couple may be affected if they migrate to New Zealand and discover that they cannot bring their embryos with them. The question is whether they would be disadvantaged as they would not have contemplated a future different regulatory environment at the time the embryos were created.
 - However, one view is that when migrants choose to live in New Zealand, they have chosen to be subject to our laws.
 - While information about New Zealand requirements and laws is available, one comment was that it can be difficult to access, with no clear information about what is or is not legal in New Zealand.
- The attendees also expressed their concern about the risk for consumers travelling to unknown and unregulated clinics.

Human Assisted Reproductive Technology Act 2004 (HART Act)

- There was discussion about New Zealand's rejection of commercial supply of gametes and embryos. The attendees were of the view that this position is clearly very important to New Zealanders, given the provisions of the HART Act. What would justify import and export policy that undermines the HART Act?
- One principle of the HART Act is to give important consideration for the health and well-being of children born from ART. The attendees talked about whether this implies donor-conceived children should have access to identifiable donors as a matter of their health and well-being.
 - Attendees noted that awareness and access to information about their genetic origins was also a principle of the HART Act.

Altruistic donation v commercial supply

- New Zealand has a very risk-averse approach towards what reasonable expenses that are paid to donors to cover their costs.
- There was discussion about New Zealand's strong view on altruism
 - The attendees felt that perhaps New Zealand's view on altruism is a binary – either a gift is altruistic or it is not.
 - They were of the view that if a surrogate or egg donor is paid expenses, there would still be some element of altruism in their willingness to gift their womb or eggs to intending parents.
- It was argued that there is a high risk of exploitation when there is money involved. However, we cannot say that there is no risk of exploitation or coercion where a family or friend makes an 'altruistic' donation.
- The attendees believe there must be a middle ground between purely altruistic donations and a vocational/commercialised market place.
 - They would not want a market for surrogacy or donation in New Zealand. However, they consider it should be possible to acknowledge donors for impacts where they cannot currently receive financial compensation eg, their time off work or physical discomfort experienced.

Sex selection

- There was the opinion that sex selection of embryos should not occur except to prevent or treat a serious genetic disorder.
- It was noted that *if* people were to travel overseas for the purpose of selecting embryos on the basis of sex, they would do so with the knowledge that they would not be able to import any surplus embryos for future use. However, it was further noted that there would be no way of identifying this selection had taken place anyway.

New Zealand requirements for family size limitations

- The view of the attendees was that it would be very difficult, particularly with sperm donation, to monitor or police New Zealand's family size limitations overseas as there are different restrictions for different countries.

Identifying information about donors

- Attendees acknowledged New Zealand's strong position that supports the having identifiable donors. This may be influenced by New Zealand's past experiences with adoption.
- There is the view that a donor-conceived child should have the *option* of tracing their genetic origins.
- There was also discussion that it should be possible for donors to request that no identifying information be made available, although they should be encouraged to supply non-identifying information.
 - An intending recipient should recognise and ideally, officially acknowledge that no identifying information will be available for their resultant child.
 - They should also discuss with a health professional eg, a counsellor, the potential psychological and medical implications for the resultant child.
 - The psychological implications for the child are that they cannot trace their donor and genetic origins.
 - However, it was noted that not all children will want to trace their donor.
 - There are also no guarantees (as demonstrated in the context of adoption) that tracing donors and biological parents results in a positive experience.
 - The medical implications for the child are that they may later develop some unknown genetic complication.
 - However it was noted the risks of a serious genetic disorder is small.
- There is the view that the potential negatives around non-identifiable donors may be outweighed by the likely increase in the availability of donors and gametes for intending parents. This in turn may address some of the issues New Zealand currently faces in the trend of 'fertility tourism'.

