

## **Minutes**

### **Dunedin public meeting to discuss ACART's proposed amendments to the donation and surrogacy guidelines**

**Date** 7 November 2017

**Time** 7.00 to 9.00 pm

**Location** Scenic Hotel, Dunedin

#### **Present**

- Kali Khan; Victoria McIntosh; John Hardy.
- Karen Reader (member of public, and becoming an ACART member on 1 December 2017).
- Paul Copland, member of ECART.
- Gillian Ferguson, Mike Legge: ACART.
- Martin Kennedy: ACART Secretariat (scribe).

#### **Welcome**

1. Mike summarised why ACART is doing this work and the attendees introduced themselves.

#### **Discussion**

2. The discussion began on the proposal to remove the mandatory requirement that there be a biological link between intending parents and offspring. The most significant effect of this proposal would be in surrogacy cases, whereby surrogates could gestate children for intending parents who would have no biological link to the offspring.
3. Kali and John supported the proposal and Victoria noted the importance of offspring having access to information about their biological origins. There was a discussion about ACART's earlier recommendation about adding a statement to all birth certificates to state that more information might be available.

#### **Family gamete donations**

4. Gillian and Mike explained the intention of the proposal that all family gamete donations go through the ECART approval process. Gillian acknowledged the proposal would result in extra time and costs for participants, but that one reason for the proposal was to better manage possible inter-generational concerns.
5. John commented on the different attitudes that some cultures have to family relationships and that for some cultures it is normal, or even expected, that close family members would help one another to have children if other members could not have their own children. Kali supported this observation.
6. Kali commented on the costs, noting these would affect some people more than others, and the increased work for ECART and the delay the requirement would cause in clinics for their other work, and that the costs and delays would have emotional effects on people who were already facing challenges.

7. The discussion addressed several topics in quick succession including:
  - a. the definition of “family”
  - b. the extent to which clinics could lead decision making
  - c. whether there should be a limit to the number of parents a child could have
  - d. coercion and how often participants might do things that ACART and/or ECART would consider unethical
  - e. the role of interpreters at clinics.

### **Embryo donation**

8. Embryo donation was discussed, in particular the proposal to allow re-donation. John commented on time limits for donations, to ensure that offspring could know their genetic parents. He also suggested people might have concerns about having siblings as a result of embryo donations.
9. There was a discussion about if and how gamete donors could or would consent to the donation of embryos that had been created using their gametes. Gillian explained that consenting processes would be clarified so that gamete donors could consent when donating or that the embryo donors could, later on, go back to the gamete donors to seek their consent.
10. There was a discussion about who would initiate embryo donation, and whether there is a risk that people might be coerced into donating their unused embryos. There was also a question about whether the stored embryos of deceased people could be used and Gillian advised the attendees that ACART will run a separate consultation in 2018 on what, if any, forms of posthumous reproduction might be permitted.
11. John observed that donors and recipients can have very different ideas about assisted reproduction, the offspring, and the relationships of all the parties. Consequently, it is important that all parties understand one another's motivations and interests before agreeing to procedures.
12. Victoria was not keen on embryo donation when those embryos had been created from donated eggs and donated sperm. However, she acknowledged that if offspring knew their genetic history it might be ok.

### **Clinic assisted surrogacy**

13. Mike explained the intention of the proposal that all clinic assisted surrogacies go through the ECART process. He noted that creating guidelines or regulations for surrogacy itself is not within ACART's remit, and he acknowledged that the proposed change could result in some people choosing not to seek clinic assisted surrogacies.
14. Paul commented that ECART sees surrogacy cases where it is evident that parties have not shared enough information with each other and also that some parties do not fully understand all of the implications of the arrangement.

15. John said that some people might see the proposal as a prohibition and Paul observed that the change would create a barrier, although it is not in fact a prohibition.

**Justification to use a procedure**

16. Mike explained the proposal to introduce the provision that a procedure would need to be justified. The proposal will allow ECART to refer to a “medical need” of doing so is appropriate, but it will give them the ability to consider cases on other grounds.
17. The discussion covered the risks of coercion then returned to the biological link and the number of families in which full genetic siblings could exist. The number of families with full genetic siblings was compared with the number of families with half siblings — Gillian explained that the two family limit for full genetic siblings existed as the relationships between those siblings are more complex and risks need to be more carefully managed.

**Birth certificates and fathers**

18. Kali asked if the government was working to amend birth certificates so that they could record fathers in cases where donor sperm had been used. At present they say “father unknown.” This situation can create problems for some mothers, especially single mothers dealing with government agencies for matters such as obtaining welfare.
19. Gillian acknowledged this concern and the earlier discussion about birth certificates (paragraph 3). She suggested it might be a matter that could be addressed if and when the HART Act is reviewed.
20. Gillian commented that there is no prohibition on sperm donors being named on birth certificates. Also, there are long and short forms of birth certificates and the short form could continue to be used with no mention of donors — this would suit some families who would not wish people to know that a child had been born with the assistance of a donor.