

Proposed Amendments to *Guidelines on Surrogacy Arrangements Involving Providers of Fertility Services* and *Guidelines on Donation of Eggs or Sperm between Certain Family Members*

Notes of meeting at Auckland University

9 August 2012

Present

Dr John Angus, Chair, ACART

Associate Professor Andrew Shelling, Deputy Chair, ACART

Dr Lynsey Cree, Senior Lecturer in Reproductive Science

Elizabeth Hammond, Mohan Krishnan, Finland Tan, University of Auckland students

In attendance

Stella Li, ACART Secretariat

The points below reflect comments by one or more attendees, and do not reflect formal agreement by the meeting as a whole.

General feedback

- Attendees appeared to be in consensus about all proposed amendments to the surrogacy guidelines and family eggs or sperm donation guidelines.
- Agreed with ACART's conclusion that the current surrogacy guidelines discriminate on the basis of sex and sexual orientation, and the discrimination was not justified in light of the principles of the Human Assisted Reproductive Technology Act 2004 (HART Act).
- Endorsed the view that surrogacy should not be used for reasons of convenience.
- Agreed with ACART's proposal that single men and male couples applying to ECART to enter a surrogacy arrangement should also be able to apply to use eggs donated by a family member.
- Agreed with ACART's proposal that single women and lesbian couples should be able to apply to ECART to use sperm donated by a family member without needing medical justification.
- Agreed with ACART's view that the use of eggs or sperm donated by a family member should be possible where intending parents do not have their own eggs or sperm, or if they do, that there is a medical reason for them not using their own eggs or sperm.

Surrogacy guidelines

- The attendees agreed the proposed amendments were positive because they encouraged people to use clinics. This would allow for the necessary checks and counselling available through clinics.

- The attendees also talked about how surrogacy arrangements should not develop as a norm. Instead, surrogacy should remain an option only where medically necessary. Thus, they were in support of ACART's position that surrogacy should not be used for reasons of convenience.
- The issue of mental health as a medical condition was also discussed. Given the scope of mental health, it would require balancing information, and seeking clinical advice to make that determination. For example, could there be an adverse mental health condition linked to physical appearance in the case of the big nose? Alternatively, within a condition, for instance post natal depression, there is a continuum of severity.
- Another issue attendees discussed was the consequences for the child if the woman suffers from a mental health condition. They were of the view that if the woman is unable to carry the baby because of a mental health condition, this raised questions about her capacity to cope with the stressful process of surrogacy itself.
- The attendees also considered it was important that the mental health of the surrogate was considered.
- In light of the discussion, the attendees felt reassured by ECART's case-by-case process.
- The attendees' view about age as a medical condition was that while there are particular clinical risks associated with having a child when older, age itself was a contributing factor only.

Family eggs or sperm donation guidelines

- The attendees were of the view that if a single woman was able to have children, a single man should also be permitted. In addition, the attendees considered that any adverse risks could be overcome through proper vetting and addressed through counselling.