

Consultation on import and export of gametes and embryos

Notes of meeting with consumers, Auckland

4 June 2013

Present

Five people who have either used offshore fertility services or are planning/anticipating using offshore fertility services

Dr John Angus, Chair, ACART

Nikki Horne, Member, ACART (consumer perspective)

In attendance

Betty-Ann Kelly, ACART Secretariat

Stella Li, ACART Secretariat

Note that three of those who attended have also made submissions

Note: The points listed below reflect comments by individuals and should not be taken as a consensus by meeting attendees.

Choices about surplus embryos stored overseas

- Some people would like to bring the surplus embryos back to New Zealand for donation to others. This might assist New Zealand couples who would otherwise need to travel overseas for treatment.

Reasons for going overseas

- Going overseas is very much a last resort.
- While there are some egg donors available in New Zealand, they tend to be in the same age group as the women who need donated eggs – so outcomes won't be as good as using donated eggs from younger women as are available in the United States.
- A further constraint here on supply and the age of donors is that clinics in New Zealand prefer donors to have completed their family.
- If people could be treated in New Zealand instead of having to go overseas, there would be more donors who are identifiable.
- People will make trade-offs to achieve their goal of having a child e.g. use an anonymous donor.
- The pool of egg donors available in overseas clinics isn't necessarily as large as might be imagined. There are different categories of donors.

Payments to donors

- Recipients should be able to pay donors: this would create opportunities for both donors and recipients. For instance, payment for egg donation would provide an opportunity for university students to fund their education.

- There needs to be discussion and movement on the matter of compensation to donors – a small shift now could eventually lead to substantial change.
- While there are ethical issues associated with payment, the current restriction needs to be eased. Social change happens in other contexts.
- Payment of \$1500 to \$2000 seems reasonable, and would be sufficient to attract more interest in donation. Even if some of those initially interested did not go through to donate, there would be an increase in the pool of donors.
- Payments could change attitudes to donation. People who were “proven” donors because of past outcomes could be paid more. We would have a society of wanted children.
- More and more people are going to need donated eggs.
- Money is inherently neither good nor bad.

Donors and attitudes

- Egg donors here sometimes appear to want to donate for psychological reasons e.g. to find a family.
- In a commercial donation situation, the motives are clear. A market exchange removes the emotional baggage.

Public knowledge about fertility issues and donation

- There is a total lack of awareness in the community about the shortages of donated sperm and eggs.
- We need to look at educating teenagers, so people understand the difficulties that can be faced in trying to have children later in life.
- People don't know much about infertility.

Routes to parenthood in New Zealand

- Clinics in New Zealand have too much control over consumers. There is a need for more competition.
- Everything feels too hard e.g. adoption, surrogacy, use of donated material.
- One consumer was told that because she found her own surrogate, it was up to her to find her own egg donor.
- Clinics don't give people the benefit of the doubt. Everyone has done their own homework, and knows what they are getting into.
- Clinics are not encouraging younger donors.
- On-line forums are often used to find donors.
- Clinics seem to put donors off at times, with a negative attitude.
- Some clinic employees seem to have their own agendas.

Decisions about fertility treatment

- Pressure on a marriage can lead people to decide to give up trying to have a child.
- People live with hope that in the end they will have a child.
- It can be hard to accept that one needs to use a donor – it can take a while to accept that this is the situation.
- When all else fails, if people can afford it, they will eventually be able to have a child.

