Feedback form

Please provide your contact details below.

Name:	[redacted]
If this feedback is on behalf of an organisation, please name the organisation:	N/A
Please provide a brief description of the organisation if applicable:	N/A
Address/email:	[redacted]
Interest in this topic (eg, user of fertility services, health professional, researcher, member of the public):	User of fertility services

We will place all feedback on ACART's website, except where we are asked that feedback be withheld in full or part for reasons of confidentiality. We will remove contact information from all feedback.

[ ] I **request** that my feedback be withheld in full or part from publication on ACART's website (if you wish a part to be withheld, please clearly indicate which part).

Please note that all feedback may be requested by any member of the public under the Official Information Act 1982 (the Act). If there is any part of your feedback that you consider should be properly withheld under the Act, please make this clear in your feedback, noting the reasons.

If information from your feedback is requested under the Act, the Ministry of Health (the Ministry) will release your feedback to the person who requested it. The Ministry will remove your name and/or contact details from the feedback if you check one or both of the following boxes. Where feedback is on behalf of an organisation, the Ministry will not remove the name of the organisation.

[x] **I do not** give permission for my name to be released to persons under the Official Information Act 1982.

[x] I **do not** give permission for my contact details to be released to persons under the Official Information Act 1982.

We will acknowledge all feedback.

Questions about the proposals discussed in the paper

Question 1: Import and subsequent use of gametes and embryos

Do you agree that the principles and requirements of the Human Assisted Reproductive Technology Act 2004 should apply in all cases where people wish to import into and use in New Zealand gametes and embryos sourced or created in other countries?

Yes [ ] No [x]

Please give reasons for your views.

Although admittedly I have not read the HART Act 2004 in its entirety, I disagree with certain aspects of it, including the use of an "Ethics Committee". There needs to be modern legislation put in place reflecting the current trends in fertility issues and treatment. Having undergone assessment by ECART for a surrogacy agreement, I feel that it is an archaic way of making decisions regarding who is eligible for fertility treatment through surrogacy, egg / sperm donation etc and is more an exercise in hoop jumping than anything.

Question 2: Export of gametes and embryos

Do you agree that export of gametes and embryos should be possible, provided that:

- the subsequent use of gametes or embryos is consistent with the principles and requirements of the Human Assisted Reproductive Technology Act 2004, including any prohibitions, and
- all gamete providers, including donors, have given informed consent to the export of their gametes or of embryos created from their gametes?

Yes [x] No [ ]

Please give reasons for your views.

I agree that if the HART Act is updated then yes, it could be the overarching guide to how NZ-created gametes and embryos are used internationally and I also agree that providers need to give informed consent.

Question 3: Decisions about import and export for assisted reproductive procedures

Do you agree that fertility services providers should continue to make decisions about whether the import and export of gametes and embryos for assisted reproductive procedures is consistent with the principles of the Human Assisted Reproductive Technology Act 2004 and New Zealand requirements?

Yes [x] No [ ]

If you disagree with the proposal, who or what should make decisions about whether the import and export of gametes and embryos for assisted reproductive procedures is consistent with New Zealand requirements?

Please give reasons for your views.

Question 4: Decisions about import and export for human reproductive research

Do you agree that the role of the Ethics Committee on Assisted Reproductive Technology in respect of human reproductive research should explicitly include considering and deciding applications to undertake human reproductive research involving imported and exported gametes and embryos?

Not sure / no informed opinion

Yes ☐ No ☐

If you disagree with the proposal, who or what should be responsible for making decisions about research involving imported and exported gametes and embryos?

Please give reasons for your views.

Question 5: Regulations

Do you agree that regulations should be made about the requirements for the import and export of gametes and embryos?

Yes [x] No [ ]

If you disagree with the proposal, how should requirements for import and export be set out?

Please give reasons for your views.

Regulations should be made as long as they are progressive and take into consideration the current situation of those requiring fertility treatment in this country and overseas.

Question 6: Donor compensation

Do you agree that the Ministry of Health should be asked to consider guidance to fertility services providers that allows for increased levels of donor compensation, particularly for egg donors?

Yes [x] No [ ]

Do you agree that such guidance should, for consistency, include the expenses available to surrogates?

Yes [x] No [ ]

If you agree with the proposals, do you have a view about appropriate maximum levels of compensation to donors?

I STRONGLY agree with compensating egg / sperm donors and surrogates. Having experienced surrogacy arrangements both here and overseas, I can attest to the importance for surrogates to be compensated in some way monetarily for their services. Our New Zealand experience ended in disaster as our surrogate pulled the pin at the last moment (After we spent $4000 on lawyers, counselling and the ECART approval) as felt she was giving too much and not receiving anything in return, despite the fact that she had volunteered to do the surrogacy (admitedly, it became evident that she was emotionally unstable and was not an appropriate candidate for surrogacy despite "passing" all counselling sessions and the Ethics Committee approval). In my opinion, if she had been getting some compensation then she would have felt more motivation to do the surrogacy and perhaps not felt "taken advantage of". Our overseas surrogacy experience has been completely the opposite although it is also consdered an "altruistic surrogacy". We are allowed (through our lawyers' contract) to reimburse her for more than the minimal amounts allowed in NZ and so we have had a wonderful experience with a very happy and obliging surrogate who does not feel "taken advantage of". Personally, I don't think anyone does surrogacy altruistically, they all do it partly for themselves in some capacity, and they should be compensated for it. I would allow for a maximum of somewhere between $10 000 - $20 000 plus expenses for the entire pregnancy. As for egg and sperm donor, I also sought a sperm donor a few years ago and if I didn't have a friend offer, I would have been out of luck. I think compensating donors, as they do in the UK, would be a great incentive for more donors to come forward. I spoke with male friends about this around the time I was going through it and many did say that if there was some incentive, like compensation, they may consider it but without any incentive then…why bother?!

Please give reasons for your views.

Question 7: Public health information

Do you agree that the Ministry of Health should be asked to consider public health information about:

- the impact of age and other factors on fertility, and
- gamete donation?

Yes [x] No [ ]

Please give reasons for your views.

The more information and research and awareness of infertility, the better. It has long been swept under the carpet and a bit “taboo” to discuss and this needs to change as the age that women are starting families increases.

Question 8: Data about offshore fertility treatment and outcomes

Do you agree that the Ministry of Health should be asked to consider strategies for collecting data about the use and outcomes of offshore fertility treatment by New Zealanders?

Yes [x] No [x]

If you agree, do you have ideas about how such information could be collected?

A difficult task without breaching the privacy of individuals.

Please give reasons for your views.

I don't think it's the Ministry of Health's business to delve into the lives of those going offshore for treatment. Most people go offshore for treatment because the New Zealand system has failed them in some way.

However, I think if people are going offshore then it would benefit the Ministry to know why and what is lacking in the NZ system that is causing people to do so. Perhaps that will lead to change here. If it could lead to better knowledge that could aid fertility treatment seekers in NZ then that would be a good thing.

Question 9: Comments or suggestions

Do you have any other comments or suggestions about the issues discussed in this proposed advice paper?

I think until the Adoption Act of 1955 is updated and proper legislation for surrogacy in NZ is implemented and considered as different from adoption, and treated as such, there will be more and more couples going offshore to seek fertility treatment. New Zealand makes it as difficult as possible for infertile couples who need more than just IVF with their own gametes. It is virtually impossible to adopt (with CYFS pushing "Home For Life"), almost impossible to arrange surrogacy agreements with no proper legislation or incentives for surrogates as well as this archaic "ethics committee" approval requirement and CYFS being unnecessarily involved in the process. And, without access to embryos or semen (unless through a friend or relative), then it's no wonder that more and more people are going overseas. I can directly compare surrogacy between NZ and Canada and say that, without stepping foot in Canada through our surrogacy arrangement until the birth of the baby, it was undoubtedly 100% simpler than going through it in NZ.

I really do hope that New Zealand catches up with the rest of the developed world with regards to Assisted Reproduction, drops the Ethics Committee requirement and leaves it up to proper and prefessional legislation to direct the process. It is certainly good to see discussion surrounding the topic in the form of this document as such discussions can only serve to further awareness and hopefully result in changes to the current situation which, in my opinion, is dire.