

ANZICA Position paper – Donor Embryos

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1. Introduction

Embryo donation is a treatment with the potential to raise complex ethical and emotional issues for the donors, recipient couples and the staff involved in the donation. The debate on the benefit of donation to embryos and people born as a result is unresolved as is the management of embryos stored long term with no intention of use

Whilst embryo donation utilises relatively straightforward and frequently used technologies - cryopreservation and frozen embryo cycles, the ethical and counselling aspects are highly complex.

Embryo donation appears to provide a solution - for people who are troubled by having embryos that need to be used or discarded and for infertile people for whom other types of treatment are either not an option or have been unsuccessful.

Supporting people who wish to consider donation, to understand the implications of embryo donation is one of the roles of the counsellors. The issues are many and involve considering the best outcomes for the donors, their children, the recipients, and the people born as a result of the donation. This draws on knowledge from sperm and egg donation, adoption information and parenting information

2. New Zealand Situation.

August 8, 2005 the ethics committee (National Ethics Committee on Assisted Human Reproduction) announced permission for clinics to begin embryo donation. The Guidelines for Embryo donation were published for discussion in May 2004. From November 2004 there is a storage limit of 10 years.

Prior to this when couples had expressed an interest to donate their embryos it was suggested they continue to store them until the ethics committee had made a decision. Those wanting to receive embryos were told about the status in NZ.

Clinics now have to consider the implications in storage, cost and to plan the procedures including counselling for both sides of the equation.

The Human Assisted Reproductive Technologies Act (2004), the HART Act, states that all persons born as a result of donation made after August 22, 2005 are placed on a central register and they or their parents can access their identifying information about the donor. A requirement for embryo donation is that all parties have a joint meeting prior to going ahead.

The HART Act applies to all donations after August 22nd 2005, all embryos will be donated after this date even although they were made beforehand. The HART Act states that there can only be one donation, this precludes using donor eggs or sperm and then

donating the embryos. It also precludes double donation from donor egg or donor sperm to donor embryo and including donating on to another person or couple using donated embryos. The HART Act states that embryos can only be donated to one family. The Hart Act allows donating parents to provide directives to the clinic to help in the choice of the couple to whom they donate.

A Law Commission discussion document (2005) recommends that all children born as a result of donation, surrogacy and adoption have a statement on their birth certificate that 'further information is held by the Registrar General'. This is to ensure these people are able to obtain full information about their genetic and birth situations. This recommendation was not accepted by a Parliamentary select committee.

3. Australian Situation:

Each Australian state regulates reproductive technology in different ways. There are guidelines issued by the National Health and Medical Research Council (NHMRC) which provide guidance to those states without legislation. The NHMRC has produced guidelines, 1992, and a consultation document in 2003. It approves the practice of embryo donation for reproductive purposes and recognises the serious long term implications for all parties involved (section 11.3, NHMRC Guidelines). In some states there may be regulations, and the NHMRC have guidelines, against double or on-donation. The complex ethical issues raised by embryo donation such as placing full siblings in separate families means that some clinics have chosen not to offer embryo donation. This is compounded by the absence of legislation in some states.

The guidelines state that persons conceived using reproductive procedures are entitled to know the identity of their genetic parents (section 11.4). Different states vary in terms of their legislation.

4. Considerations:

4.1 For donors and their current children

- Stored embryos. Some couples either as a result of their beliefs or their personal points of view are reluctant to dispose of embryos or to offer them to research. In NZ research is not currently an option. Embryo donation offers a further option to these couples.
- Donors have undertaken IVF to achieve a family and most donors have children as a result. The issue of other families parenting their genetic offspring and their children's full siblings poses issues.
- Donors need to be supported to chose their recipients. Counselling may help them define the sort of couple and potential family they would wish their embryos to live within.
- The wishes of the donors needs to be reflected in the allocation of their embryos to a recipient couple
- Sense of loss about giving up the embryos and wonder about their future

- Guilt may be a factor in having to use only some of the embryos made by IVF
- Telling their children about the donation and siblings being parented by others.
- Curiosity from the children to complete their knowledge of the genetic family
- Ability to make full informed consent and to withdraw at a stage
- Support to think about their requirements for the recipient couple
- Where there is no option for donation to research the donors may feel 'coerced' into donation as it is the only alternative to not transferring the embryos
- Problems may arise if one of the donors children died
- Contact and relationship with recipient children

4.2 Recipients

- The shortage of embryos may mean recipients feel they have to accept the donation when offered. This may not be in the best interest of the child or other parties in the future. Recipients need support to discuss any issues they may have.
- Parenting children with no genetic relationship to either parent
- Anxiety the child/ren will reject them and wish to be with the donor family
- Sharing with the child its genetic origins
- Coping with the knowledge and helping the child/ren understand about full genetic siblings and being prepared for questions
- Information sharing with others
- Opportunity to carry a pregnancy with the inherent risk of doing so
- Possibility of abnormality or multiple birth
- Future contact and relationship with donors and their children and allowing for a relationship between the children

4.3 People born as a result of the embryo donation

- Possible grief for loss of life with their genetic family and genealogical bewilderment
- Finding emotional accommodation about the selection/nonselection of embryos used by their genetic parents – the child's perspective of being 'surplus'
- Relies on openness and honesty of parents to provide information about the donation
- Share similarities with adopted persons however the legal framework is not there to support them in many states in Australia
- May view the genetic family with contempt / jealousy etc
- May feel significantly different from social family
- May have identity / attachment issues
- May experience feelings of abandonment or rejection
- Possibility they may not be able to meet their genetic parents due to death etc
- Secrecy or wish by donors not to have contact

4.4 Considerations for Staff

- Embryo donation 'falls somewhere between adoption and egg donation' (de Lacy, 2005). The debate about the status of the embryo will trouble some staff.

- The legal status of the embryo comes into doubt if embryo donation is likened too closely to adoption. This would raise doubts about the status of all other embryos held in clinics
- Choice of recipients and profiling may be difficult when there are few embryos for donation.
- What criteria will be used for allocation – top of list, physical similarity, preferences of donors.
- How will these criteria be decided and should there be consistency among providers
- Who will be responsible for putting the criteria in place within the clinic – what systems do they use, can the system be justified if required
- Social and ethical considerations are extensive and require significant time and counselling. The costs of this will preclude some recipients.
- Those born as a result of the donations may need support for developmental and emotional issues as they mature – without governmental support as is provided in adoption who do these persons seek support from
- How do the clinics provide information and answer the questions of the persons born as a result of these donations
- How do the clinics provide support to the donors and recipients if they need it following a successful donation, this may be needed years after the donation
- Who is responsible for the research that will provide information for the future on embryo donation and its impacts
- In 20 years or more will clinics be blamed for providing a service that leads to psychological damage?
- Is known donation between family and friends a sensible issue. What assumptions exist between these groups about the donation and parenting of the child/ren.
- How many embryos are required to make a donation worthwhile?

5. Counselling

Counselling must clarify issues and provide information to all parties involved in the potential donation. Counselling needs to keep in mind the best interests of the current children of the donors and prospective child for the recipients – all of whom are able to consider the issues yet are affected by the donation.

ANZICA Guidelines for Professional Standards of Practice Infertility Counselling outline the issues to be discussed in counselling.

A joint interview may be held to establish common understanding of the issues and the agreements between the parties. In NZ all people born as a result of embryo donation will be able to access the identity of the donors when the young person is 18 or prior to this age if their parent accesses it on their behalf.

5.1 Considerations for counsellors

- Will counsellors be blamed for taking part in a process that leads to psychological damage?
- Will clinics see counselling as a means to preventing donation
- Who is the client? The donors (already patients of the clinic who have been the client), the recipients OR the as yet unborn child
- If not the latter who will be the advocate?
- Conflict of interests – donors and recipients. Should there be different counsellor for each party
- Importance of a facilitated meeting between donors and recipients to discuss the future
- Allocation of embryos will be difficult, achieving a representative profile and allocating embryos to achieve the best possible ‘fit’ is a time consuming activity
- Outcomes for all parties will only be known when children have reached adulthood so no actual experience to guide us
- Experience and research from related fields tells us to be cautious
- Costs and payment for adequate counselling

6. Summary Position of ANZICA

ANZICA membership acknowledges that embryo donation has particular issues which affect all parties. These issues are lifelong for the participants. There are few structures or research to support the participants, counsellors and other staff. There is no evidence that embryo donation will justify the potential benefits.

The membership is of the opinion that the potential risks associated with the donation do not justify the potential benefits.

ANZICA wishes to stress that at all times the best interests of the persons conceived as a result of the donation needs to be the first consideration.

There are potential difficulties in those states without legislation to protect the rights of all parties, particularly those born as a result of the donation.

ANZICA acknowledges that embryo donation will be practiced within some clinics despite the concerns of ANZICA counsellors. When this occurs:

- ANZICA recognises that counsellors working within these clinics will need to be well informed of the issues and have guidelines to enable them to provide effective implications counselling for the couples involved.
- ANZICA recognises the issues are complex and will require significant time in counselling and believes the clinics will need to acknowledge this and provide time and resources to enable counsellors to do the best possible work

- Some staff and some counsellors may not be comfortable with embryo donation and may require support and discussion with other clinic staff

ANZICA recognises that embryo donation is a relatively simple medical process and has advantages over more complex treatments such as surrogacy. This needs to be balanced by the recognition of the complex and emotive ethical and social considerations.

Couples considering embryo donation need to be fully informed about the longer term consequences of the donation for all parties and to be aware that many couples withdraw from donating upon understanding the implications.

ANZICA believes that all people have the right to their genetic information and people involved in embryo donation should have the opportunity to meet prior to the donation to facilitate an open relationship for the child when it is needed.

7. References:

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