Submission to the
Commission on Assisted Human Reproduction
December 2001

We believe that the following core principles should govern public policy related to Assisted Human Reproduction:

1. Assisted human reproduction services should be provided within a framework that respects the rights of all individuals concerned, including egg and sperm donors, surrogates and those who will bring up any children born as a result of these services; the rights and best interests of such children must at all times take priority.

2. Assisted human reproduction services should be made available in Ireland within the public health system on a non-discriminatory basis in line with the principles set out in equal status legislation.

3. Assisted human reproduction services should be made available only on the basis of free and fully informed consent.

4. In general, scientific advances in the field of assisted human reproduction should be welcomed and seen as positive.

In light of these underlying principles the IFPA makes the following comments on specific matters which have been referred to the Commission.

Medical Advances

The IFPA believes that scientific advancements enabling those experiencing infertility to overcome their difficulties should be welcomed and seen as positive. The IFPA believes that such services should be available to all persons irrespective of their marital status and that such services should be available within the public health system in Ireland.

IVF and Zygote Freezing
The IFPA believes that In Vitro Fertilisation is a key and fundamental part of the battle against infertility for many prospective or intending parents in Ireland. It is a procedure, generally speaking, of last resort and occurs against a turbulent emotional backdrop for those involved and their families. To the extent that Zygote freezing increases the chance of success, while minimising the number of treatments and procedures to be undergone by a woman, it must be seen as beneficial to the prospective parents.

The IFPA believes that no laws should be enacted which prohibit the freezing of embryos, while recognising that it is in the interests of the prospective parents concerned for regulations to be developed which guarantee the quality of storage facilities and their (the prospective parents’s) “ownership” rights over the zygotes. Such Zygote's should not be available to be used for any purpose not in conformity with the wishes of the prospective parent(s) concerned. Pre-counselling and informed consent procedures should assist the prospective parent(s) to express their views about the length of time the embryos should remain frozen and the procedure to be followed in the event of the death of one or both prospective parent(s).

The IFPA further believes that there should not be a barrier to removing such zygotes from the state. Such a procedure may be necessary in the event or immigration or to avail of infertility services abroad.

**Freezing of Sperm or Ova**

The IFPA believes that the freezing of sperm or ova should be facilitated in the state on the basis of the informed consent of the parties concerned. Any fertile person should be able to use this technique to preserve their fertile potential beyond any status altering event.

**Artificial Insemination by donor**

The IFPA believes that for some the only hope of overcoming infertility is artificial insemination by donor. This should be facilitated within the state. In our view the Commission should undertake research to determine international best practice with regard to the issue of anonymity of donors. Regulations should govern the quality of services to be provided and provide for fully informed consent on the part of the donors and the recipients and for all possible medical safeguards to be in place, consistent with further advances in scientific knowledge and technical ability.
Restrictions on who may avail of services

The IFPA believes that assisted human reproduction services should be available on the basis of equal access having regard, in particular, to the Equal Status Act, 2000.

All services should be made available only on the basis of free and fully informed consent. In our view counselling is prerequisite to such consent and access to ongoing counselling should be incorporated in all Assisted Human reproduction services.

Commercial Exploitation

The IFPA is opposed to the commercial exploitation of assisted human reproduction by organisations or individuals, including potential donors.

Sperm Donation

The Association believes that sperm donation within Ireland should be facilitated. The question of anonymity should be considered in light of international best practice. Medical screening, history taking and genetic screening should be included in the process and such information should be available to the prospective parents and the resulting child.

Sperm donation should be on the basis of full counselling and free and informed consent.

In this context all donors should be capable of giving such consent, and should have given such consent, prior to any donation or harvesting. Such consent should include any limitation on the use of such donated sperm and any restrictions on such use should be respected.

Ovum Donation

The Association believes that ovum donation within Ireland should be facilitated. The question of anonymity should be considered in light of international best practice. Medical screening, history taking and genetic screening should be included in the process and such information should be available to the prospective parents and the resulting child.
Ovum donation should be on the basis of full counselling and free and informed consent.

In this context all donors should be capable of giving such consent, and should have given such consent, prior to any donation or harvesting. Such consent should include any limitation on the use of donated Ova and any restrictions on such use should be respected.

**Surrogacy**

The IFPA is not opposed in principle to non-commercial surrogacy and believes that some people could benefit from access to surrogacy services.

**Screening of Embryos**

Screening is now widely used in utero. The IFPA believes that such screening in an IVF process presents no greater or different ethical or moral issues than does in utero screening.

Screening is often used to achieve peace of mind that all is well. In individual cases some may make decisions, arising from the information obtained, that others find to be wrong or distasteful. Any decision is the result of intellectual and free will decision making capacity of the prospective parent(s) and is not the result of the availability of screening *per se*.

**Cloning**

The Association does not support efforts to clone human beings.

**Parental Rights**

The Association believes that any arrangement to achieve human reproduction through any form of donation should be protected by laws which provide clarity as to the parental rights of all those involved and which are capable of providing a stable ongoing environment in this regard. The rights and needs of the planned child or children should be uppermost.
The Right to Avail of Assisted Reproduction

The IFPA believes that there should be no arbitrary discrimination between persons wishing to avail of assisted human reproduction services. We further believe that such services should be available through the public health system.

This approach does not exclude the necessity for the state to regulate access to such services in accordance with the best interests of any resulting children. Child abusers, for example, might properly be subject to such regulations.

Regulation

The IFPA believes that it is appropriate to regulate assisted human reproduction in the state in a way which support access to the benefits of scientific and technical progress and which benefits those who might otherwise be subject to unresolved infertility.

Any such regulations must not unreasonably interfere with the research necessary to achieve such progress.

Any such regulations should govern quality of care and should seek to protect the later interests and safety of any resulting children.

Resources

The Association recognises that Assisted Human Reproduction is an expensive procedure. As with all aspects of public healthcare resource priorities will have a bearing on the extent of the service that can be provided and access to it.

We wish members of the Commission success in their task and are willing to participate further in any way that may be considered helpful.