

## Update and comment on Assisted Reproductive Technologies in New Zealand

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What do we live for if it is not to make life less difficult for each other.

It's easy finding reasons why other folk should be patient.

Both these George Eliot quotations appear in author Barbara Eck-Menning's well known writings for infertile couples. They epitomise the dichotomy facing us in New Zealand with the state of infertility services and of assisted reproductive technologies (ART) in particular. On the one hand, we wish to exhibit compassion, caring and to allow equity of access for people going through the trauma of infertility. On the other hand, the reason why we should be patient is because the ethical dilemmas are increasing as the technologies rapidly race into the distance and leave us in the dust. These dilemmas require urgent informed and wide public debate.

Currently there is a two person Ministerial Committee about to report to the Minister of Justice on the state of ARTs in New Zealand. They will be providing an extensive list of what is actually happening and what many people involved in the technologies, both consumers and providers, see as the future for ART in New Zealand.

There is also the recently formed Ministry of Health, Interim National Ethics Committee for Assisted Reproductive Technology (INECART). This Committee has been given a very narrow focus, ie to appraise protocols from infertility clinics. While it has developed a certain level of expertise, it may not have the resources yet to provide in depth recommendations or guidelines about the future practice and monitoring of ART.

The new procedure, micro injection of sperm into the cytoplasm of the egg itself (ICSI using IVF), is to be available in one Auckland clinic from July 1994. This technique is used in cases of severe male infertility.

"Compassionate" surrogacy using IVF is also another controversial issue that has arisen in the last year. Approval from INECART has not yet been given for this use of IVF to proceed in part because of the vacuum of specific legislative framework or guidelines. With IVF generally, there are still some concerns both nationally and internationally about the monitoring of the process itself and for the children who have been born of that process<sup>1</sup>.

The monitoring that occurs in New Zealand is an Australian based system. Accreditation by RTAC (Reproductive Technology Accreditation Committee of Australia) is a temporary framework accepted by Associate Minister of Health, Katherine O'Regan. Accreditation of any new procedures in a clinic by RTAC is contingent upon ethical appraisal by a recognised Ethics Committee.

It is important that New Zealand develop clear workable guidelines, both for the practitioners and for the consumers, and that the public at large is aware of or has some interest and input into the ethical and moral dilemmas, because ultimately questions about the beginnings of life, personhood and the nature of families are ones that face us all.

Daniels and Taylor (1993), address what they see as one of the most important problems in the area of assisted reproduction, namely the selection policies used by the providers of the services. They outline some of the difficulties involved in formulating policies in this area. They conclude that public involvement in decision making in this area is vital and that to facilitate this the issues (eg geographical limits, economic status, cultural issues, information, morality and gender), must be opened up to public scrutiny and debate. Such a debate would be a significant first step towards the implementation of policies which reflect the opinion of the entire community rather than just the professionals who provide the service, or sectional groups who manage to influence the professionals.

We have to "make life less difficult" for infertile couples in terms of access and equity: however, we must "be patient" while the whole of society works through the issues and comes to some type of consensus to which politicians will listen.

Mr Justice Kirby (a prominent Australian jurist) in his opening address to the American Society of Law and Medicine Conference 1990 (London) questioned the ability of democracies to deal with such controversial issues as ART and social policy, pointing out that politicians who are ever mindful of their need for re-election find it very difficult to take a position on such contentious issues. Dr Robyn Rowland (1993) also argues that society "find a balance between individual desires and a sense of community welfare". She suggests that "medical training and the influence of commercial liaisons may lead to women being experimented upon without their informed consent". The compassion of George Eliot's first statement still needs to be tempered with patience.

### Footnote

1 WHO Consultation on the place of In-Vitro Fertilisation in Fertility Care, Copenhagen, 18-22 June 1990, concludes "there has not been adequate research on the short term and long term risks associated with IVF".

### References

Daniels, K., and Taylor, K. 1993 Formulating Selection Policies for Assisted Reproduction *Social Science Medicine* 37 (12) : 1473-1480

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Rowland, R. 1993 "Women as Living Laboratories: The questionable ethics of In Vitro Fertilisation" International Keynote Address at *Ethics in Health Care Decisions*, University of Waikato, Hamilton