



**National Council of
Women of New Zealand**

Te Kaunihera
Wahine O Aotearoa

National Office
Level 4 Central House
26 Brandon Street
PO Box 25-498
Wellington 6146
(04) 473 7623
www.ncwnz.org.nz

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**Submission to the National Ethics Committee on Assisted Human Reproduction,
Ministry of Health, on the Draft Guidelines for Non-Commercial Altruistic
Surrogacy Using IVF as Treatment**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 43 nationally organised societies. It has 34 branches spread throughout the country to which women from some 150 societies are affiliated.

Comments have been received from the Health Standing Committee members, from individual branch members and the health nucleus group.

NCWNZ has had policy for many years on issues closely aligned to this matter.

GENERAL COMMENTS

Our members commend the National Ethics Committee for developing these guidelines because there are a number of ethical issues involved in this area. Our respondents believe that there must be adequate legal structures in place so that the rights of children, parents and the birth mothers involved in these procedures are protected.

The other theme that became clear from those commenting was the importance of there being no monetary gain involved from surrogacy (in line with the position with respect to blood and organ donors) and it was held that commercial surrogacy should not be legalised.

It was felt strongly that it is right and proper that providers of help for those suffering from infertility need to submit each individual case for ethical review. This procedure would provide checks and balances which are liable to frequent change.

Provider (page 3)

Comments were received expressing surprise at the number of applications that the National Ethics Committee on Assisted Human Reproduction (NECAHR) receives, and many were gratified that the numbers rejected by the Committee signified that criteria are strictly applied. It is commendable also that clinics are notified early of any amendments to the guidelines.

Dot Point 4 (page 3)

NECAHR screens the birth mother's partner. Screening should also include checks for Hepatitis B as well as Hepatitis A.

All IVF surrogacy programmes must be monitored carefully because this area of health does not have a defined baseline in New Zealand.





Commissioning parents (page 3)

The majority of our members agree with the guidelines regarding the use of the gametes of one or both of the commissioning parents. Many respondents were adamant that it would be preferable that the birth mother be either a family member or a close friend of the family of the commissioning parents. This would be in keeping with the altruistic principle within these guidelines.

All those responding strongly believe that surrogacy open advertising should be illegal.

Several of our members expressed concerns about the strictness and suitability of screening of the commissioning parents. Three respondents were concerned about ensuring that there be no custody disputes as it was felt that the most affected person would be the child. While parent contracts were suggested by some, it was also questioned by others whether these would be legally enforceable.

Birth Mother and her Partner (page 4)

This section posed issues for many. It was felt that there could be extenuating circumstances for some with respect to surrogate mothers and their partners having completed families. An example might be a sister and her partner who have chosen not to have a family at all but then deciding to offer altruistic surrogacy to an infertile sister and her partner.

Legal Advisers (page 4)

All members support the idea that all partners receive independent legal advice in order that they understand all options and thus are properly and fully informed before signing consent forms.

Counselling (page 5)

Counselling is essential at all stages of this process and must be available for all parties. It is very pleasing to see that this is included in the guidelines. The long term effects of surrogacy using human assisted reproduction are not yet known and therefore a dispute resolution process needs to be put in place to address any issues promptly as they arise.

Further Considerations (page 6)

The guidelines must be flexible and reviewed on a regular basis. Technological, moral and ethical debates continue, and ideas change over time, and the guidelines need to reflect those changes.

Access to donor information was discussed by several of our members and it was suggested that such access ought to be restricted in terms of those who are entitled to this information and the age at which access can be gained. Another issue raised by three respondents was that of DNA testing at some later stage and it was considered that this issue needs to be included in the guidelines. It was agreed that genetic information should be available to adopting parents and ultimately the child. Genetic information could be given anonymously.

One respondent felt that it would be good to publish how the members of NECAHR are appointed and on what basis.



CONCLUSION

Members felt that these guidelines were well researched and comprehensive and NCW would like to commend NECAHR for this work.

Some members were concerned about the cost of these procedures and many felt they should not come out of the Health vote unless there were circumstances where the couple could not afford this type of care.

NCW NZ also thanks you for the opportunity to contribute to this very important document and looks forward to seeing the final version.

Barbara Glenie
National President

Elizabeth Bang
Convener, Health Standing Committee