



City Fertility Submission to the Review of the A.R.T Act (1988) SA

Thank you for the invitation to make a submission to the review of the A.R.T Act (1988) SA. I am responding as the National Quality Manager for City Fertility Centre. Our fertility clinics are based in Queensland, South Australia, New South Wales and Victoria and are accredited to the RTAC code of practice which is recognised by the Commonwealth Health Insurance Commission and various State Health Departments.

Many of the issues that surround A.R.T (including surrogacy, eligibility, donor gametes, research etc) unfortunately still remain ethical issues as well as political and social. Uniform legislation across all states including registration and centralised databases for donors would assist in regulating Code of Practice, State Acts, Regulations and Guidelines. City Fertility supports the removal of the marital requirement in the pre 2010 Act – City Fertility Centre would like to be able to provide equal opportunity for same sex couples and heterosexual couples in gamete provision in ART Treatment.

The following summarises our responses to the review:

Welfare of the Child

The welfare of the child and ethical principles is the platform for the NHMRC Guidelines which City Fertility currently complies with as part of our RTAC Accreditation. City Fertility Centre strongly believes that the welfare of the child to be born is paramount when considering Fertility Treatment.

Replacement of the Previous Licencing Scheme with a Registration Scheme.

It is our belief that individual State Health can rely on the RTAC certification system for accreditation and licensing purposes. The RTAC Code of Practice is now an internationally recognised accreditation standard. State Health could confine their supervision of ART clinics via their Department of Health and simple registration – clinics could provide a copy of their annual RTAC Licences. Ideally a central national registration would be a better solution than individual state registration.

Dissolution of the SA Council and its Code for Ethical Conduct

NHMRC are the fundamental ethical guidelines on the use of assisted reproductive technology in clinical practice and research. City Fertility complies with these guidelines as part of our RTAC Accreditation. The SA Council Code of Conduct is no longer required as it has been superseded by the national NHMRC guidelines.

Access to ART

The eligibility for the access to ART is addressed in the NHMRC national guidelines which are currently under review.

We support the removal of marital requirement – However, if the term spouse or partner is used, City Fertility would like a more specific definition for these terms. We would like to suggest adding the words **female / male spouse or partner** to provide equal opportunity for same sex couples and heterosexual couples in gamete provision in ART Treatment.

Currently the Assisted Reproductive Treatment Act restricts access to ART for people without an infertility category.

For female same sex couples this means that the person seeking treatment needs to have an infertility issue even though the couple cannot become pregnant together. Same sex female couples should have access to the anonymous sperm donors available at ART clinics. Arrangements for sperm donors outside of ART clinics do not offer the same legal and health protections (blood and gene screening) as donors sourced through an ART provider. These issues are the same for single women without an infertility category who should also be granted access to these donors and ART services.

Same sex male couples should also be allowed to access ART services in South Australia. If they can make arrangements for a surrogate and donated oocytes they should not be discriminated against and should be allowed to access the necessary ART services to have a child.

To address these issues the laws governing access to ART in South Australia could reflect the Victorian framework which has non-discrimination on the basis of sexual orientation and marital status as a guiding principle.

City Fertility Centre will be launching its first dedicated fertility centres (Rainbow Fertility) for the LGBTI community in April 2016. While City Fertility Centre has been consulting to lesbian, gay, bisexual, transgender and intersex people for many years from their existing clinics, the Rainbow Fertility centres will provide a dedicated fertility service catering exclusively to the LGBTI community. We believe that everyone should be able to access ART treatments regardless of sex or gender.

Establishing a Donor Register

City Fertility Centre provides donor sperm, egg and embryo program for recipients. All donors are required to consent to release identifying information and provide all medical and family history. City Fertility Centre is required to provide the information (on request) to a person conceived through donor gamete at the age of 18 years or when person has acquired sufficient maturity.

City Fertility Centre also limits the number of persons born from a single donor, and keeps a record of the number and sex of persons conceived using the gametes provided by the same donor.

City Fertility Centre strongly believes there should be a centralised national register (not state by state) for donation records. The clinic would be responsible for reporting the donor records to a centralised national register.

What information should be kept on the register?

DONOR:

- Must disclose non-identifying information
- Must disclose identifying information
- Must disclose medical and family history
- Entitled to year of number, birth, gender, abnormalities/medical issues of the donor conceived children

- Entitled to donor conceive child's identifying information (name, date of birth, last known address) with parent's consent or the donor-conceived person's consent.

RECIPIENT:

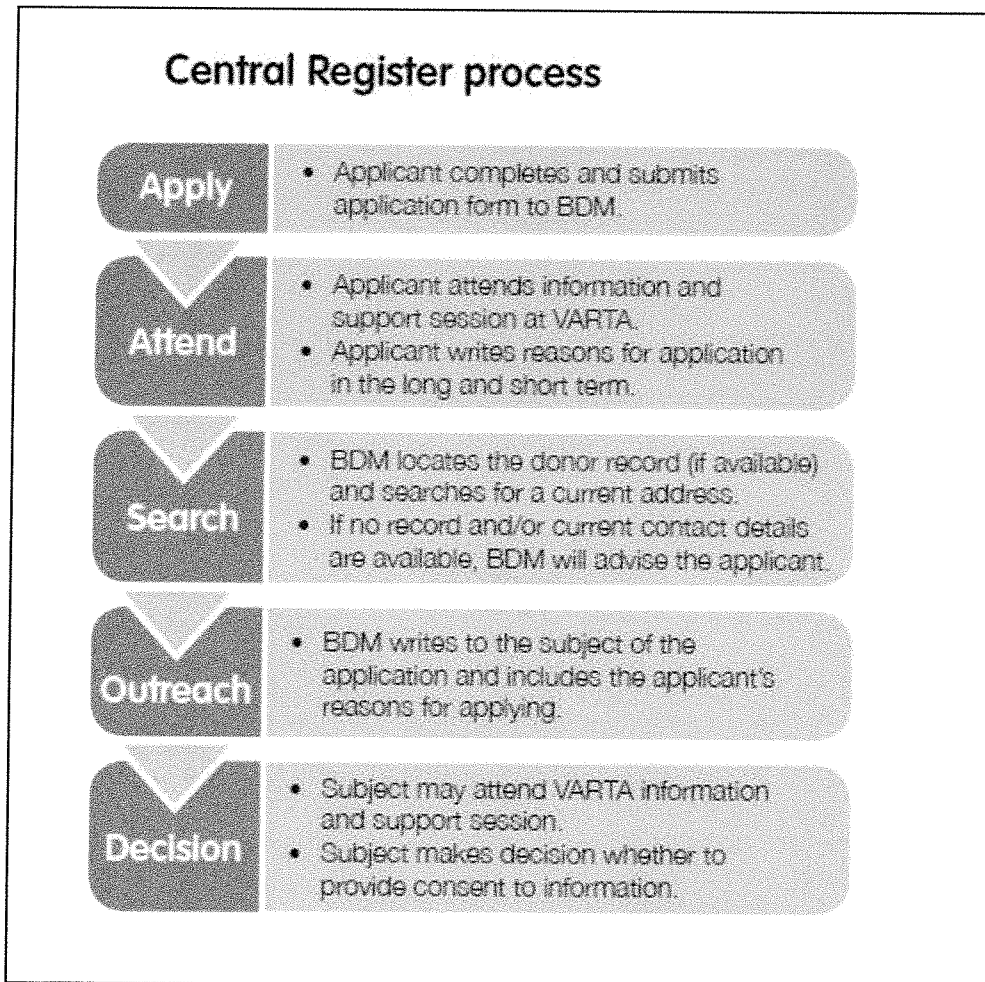
- Must report month, year of birth, sex and the number of children born to each recipient mother (through the clinic)
- Entitled to non-identifying information about the donor
- Entitled to non-identifying information about genetic half-siblings

DONOR CONCEIVED CHILDREN:

- Entitled to all above information about donor
- Entitled to non-identifying information about genetic half-siblings
- Entitled to identifying information about genetic half-siblings with parent's consent or the donor-conceived person's consent

How should the register work? (For example, what conditions, if any, might support release of information?)

The Victorian Assisted Reproduction Authority (VARTA) promotes a Central Register Process which could be reflected. As outlined below



Should all donor conceived people have the right to request information? If yes, how should this happen? If no, why not?

Yes.

As per Victorian Central Register Process

Record Keeping and Confidentiality

Record Keeping and Confidentiality is addressed in the NHMRC national guidelines which are currently under review. This criteria is also addressed in RTAC code of practice where it refers specifically to the disposition of records and cryopreserved material under 'Good Practice" criteria.

City Fertility complies to the criteria and code via patient registration forms, procedures, policies, consent forms, patient identification and security. I am not sure of the value it will add to the ACT if these elements are defined as they are prescribed in the above guidelines and code.