Health Concerning Proposals for Legislation Covering Assisted Human Reproduction

Women are major stakeholders in the area of assisted human reproduction and the National Council of Women of Canada (NCWC) therefore welcomes the opportunity to present our views to the House of Commons Standing Committee on HealthÊon the Proposals for Legislation Governing Assisted Human Reproduction.ÊHowever, we much regret theÊvery short notice we received which means that we are not able to make as complete a response, as we would have liked.

The National Council of Women of CanadaÊis a federation whose members currently are five Provincial Councils of Women, eighteen Local Councils of Women in cities across Canada, two Study Groups, and twenty-seven independent national organizations.ÊNCWC has been an advocate on women's issues since its inception in 1893.ÊIts advocacy is based on policies, which are initiatedÊat the local level,Êcirculated to the membership, and debated and voted on at the Annual Meetings. They therefore represent the views of a large network of Canadian women.

Reproductive technology is a subject, which has been of interest to members of the National CouncilÊfor someÊyears.ÊIn 1988, Local Councils of Women across the country held educational programsÊto raise awareness among their members and the public about the new reproductive technologies, and some of the social, ethical and medical issues which they raised; this was followed by a comprehensive questionnaire to all members in 1989.

In 1991ÊNCWC presented a brief to the Royal Commission on New Reproductive Technologies followed by aÊresponse to the recommendations of the Commission in 1993, and a submission on Bill C47 in 1997.ÊThere has continued to beÊdiscussion and new resolutionsÊon this subject at recent NCWC Annual Meetings.ÊThis submission is based onÊpolicies, which have been developed through this process since 1989.

Before addressing the specifics of the proposed legislation, I want to point out that a major recommendation from NCWC to the Royal Commission in 1991 was the establishment of a National Council on Bioethics for ongoing study and evaluation of advances in biotechnology, which could offer advice to the government and develop national standards and guidelines for researchers and practitioners. We recommended that such a body should be made up of medical personnel with research experience, representatives of other disciplines such as law, philosophy, religion, nursing and education, that there should as well be some lay representation, and that women should represent at least 50% of the makeup of the Council.ÊÊÊÊ

We also recommended that there should be an ethics committee in every institution where human research is undertaken, to approve and monitor research. More recently, we urged the government to set up a parliamentary committee or task force to study the use of patents involving human biological material, and methods of ensuring that the results of basic research in this field remain in the public domain. We continue to urge the government to give serious consideration to these recommendations.

Prohibited Activities

NCWC policies would strongly support prohibition in the following areas:
- Cloning of human embryos for the purpose of creating another individual
- Fusion of a human cell or embryo with the cell or embryo of another species
- Trans-species fertilization involving human eggs and sperm
- Stem cell research which involves the use of stem cells to create human embryos solely for the purpose of research
- Sex selection except when related to health
- Selling or purchasing in vitro embryos or sperm or ova
- Surrogacy

As far as surrogate motherhood is concerned, we strongly agree with the proposal to prohibit commercial arrangements for surrogate motherhood, and to prohibit surrogate arrangements involving anyone under 18.ÊWe also believe thatÊcounseling must be provided toÊboth the commissioning couple and the surrogate mother before the completion of any surrogacy arrangements, and that there should be a waiting period after the birth of the child before the recognition of the child's new status is final.ÊWe recognize the intense desire to have children that motivates some infertile couples, but believe that much caution is indicated in a process that will almost certainly involve some bonding between the surrogate mother and the child in her womb, with unpredictable consequences after the child is born.

Controlled Activities

In 1999 NCWCÊurged the government to establish a regulatory body for reproductive and genetic technologies, which would set standards of practice and license clinics to carry out procedures, and would also monitor compliance with regulations and standards of quality. The new legislation begins to address these issues in terms of awarding licenses and monitoring compliance with the terms of the license, but does not set up a regulatory body outside the Ministry of Health, nor does it seem to address the question of standards.

NCWC believes that the interests of the child who is the product of the new reproductive technologyÊmust be taken into account and indeed are of the first importance.ÊThis has implications in several areas:
1. Donor screening: there should be comprehensive and nationally accepted standards of donor screening for artificial insemination procedures, including the keeping of comprehensive health records for each donor along with his genetic background, and regulations as to how often sperm from one donor may be used;
2. Clients of assisted human reproduction programs should meet the criteria for eligibility to adopt a child under current laws;
3. Provincial and territorial governments should adopt birth registration procedures for children produced through assisted human reproduction that would ensure the integrity of birth records through maintaining a record of both the biological and societal parents of the child;
4. Provincial and territorial governments should enact legislation and maintain the necessary records so that the child/adult born of these procedures will be able to determine his or her biological origins, under conditions established by the provincial or

territorial guidelines, but with the stipulation that no legal claims would exist between the child or adult and the donor.

Counseling

We also want to stress the importance of counseling by professionally trained counselors for everyone involved in research and application of assisted human reproduction.ÊThose undertaking itÊneed to understand the procedure involved, and the risks of the procedure, including the experimental aspects, the odds of success, and the legal implications. They will also need emotional counselingÊand help in consideringÊpossible psychological or genetic problems, which the child may face.

We understand that some of the risksÊassociated with in vitro fertilization are infection, vaginal bleeding, and/or multiple births. A woman undertaking assisted human reproduction should have a clear understanding of these risks, including the risks toÊher health and well-being, to the children's health and to the family¹s ability to cope, should the procedure result in multiple births.

Consent

In general, NCWC policy has stressed the importance of obtaining written consent before health information is shared.ÊIn the area of stem cell research using either human fetal tissue orÊhuman embryos left over from in vitro fertilization, we would want legislation to require that informed consent be obtained from the donor of tissue or embryo, the consent to be obtained under conditions where no pressure is involved.

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