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The **IMFC eReview** provides analysis on public policy relating to Canadian families and marriage. Below please find a brief analysis of why we need an Assisted Human Reproduction Agency in Canada.

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Which comes first--the agency or the egg?

The creation of the Assisted Human Reproduction Agency Canada is almost two decades overdue. Why the delay?

By Kate Fraher, Researcher, Institute of Marriage and Family Canada

Assisted human reproduction (AHR) is a burgeoning and controversial field. So it was back in 1993 that a commission of doctors, ethicists, politicians and citizens made the first official call for a regulatory body to oversee AHR in Canada. [1] Over a decade later, there is still no one to occupy the proposed federal body.

The Agency came to exist on paper with the passing of Canada's Assisted Human Reproduction Act on March 29, 2004. While the creation and passage of this legislation was fraught with disagreement, the need to create a federal level regulatory body was something all could agree on. The Act attempted to integrate both health and ethics in a cohesive policy [2]; it prohibited human cloning, identifying the sex of an embryo, creating embryos for reasons un-related to human reproduction (i.e. research), combining human gametes with those of another species, paying for surrogacy, and the buying or selling of eggs or sperm [3]. The Act also laid out the objectives of the Agency which are "(a) to protect and promote the health and safety, and the human dignity and human rights, of Canadians, and (b) to foster the application of ethical principles, in relation to assisted human reproduction and other matters to which this Act applies." [4] Today, years after the initial idea, there is no agency to answer some critical questions: What are the physical, emotional and psychological effects on women and the children conceived by these technologies? What constitutes an ethical use of the technologies we possess? And how will an ethical practice be monitored and enforced?

For women, the effects of drugs in order to undergo egg harvesting treatments are still unknown. Diane Beeson, Professor at the Department of Sociology and Social Services at California State University and Abby Lippman, Professor at the Department of Epidemiology, Biostatistics, and Occupational Health at McGill University are concerned that the hormonal drugs used in fertility clinics to harvest eggs from women have not been adequately studied for their long-term effects on women's health. [5] In their report, "Egg Harvesting for Stem Cell Research: Medical Risks and Ethical Problems," [6] they highlight research that has linked infertility treatment with ovarian and other cancers as well as a variety of other

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serious health problems. [7]

Possible health risks incurred to women are a topic of much concern. Another topic of concern is the possible psychological and emotional affects of Assisted Reproduction Technologies (ART) on donor-conceived children. Elizabeth Marquardt, an affiliate scholar at the Institute for American Values and the Director of the Centre for Marriages and Families, says it's possible that the emotional and psychological needs of children born using donor sperm or eggs have been over-looked. In her new report, [8] she says "Donor-conceived young people point out that the informed consent of the most vulnerable party-the child- is not obtained in reproductive technology procedures that intentionally separate children from one or both of their biological parents." [9] They question how the state can defend a practice that bars them from information about their biological parents when a donor's records are confidential.

Finally, few can even agree what constitutes ethical practice of Assisted Reproduction Technologies. Few disagree that the exploitation of women for eggs or wombs is ethically unacceptable. The market for eggs and wombs is lucrative and legal just south of the border. This is concerning because as some point out, women who provide reproductive tissues or services frequently come from lower socioeconomic groups. [10]

But there is more disagreement on the status of the embryo. This will be central to determining regulations governing their creation and use of them. Leading ethicist Margaret Somerville believes that one of the reasons for "subordinating the concept of respect for life [in the area of reproduction technologies] is that people who support abortion rights fear that otherwise there could be restrictions on access to abortion." [11] She states that if respect for life was as important as a women's right to choose, a woman's extrinsic dignity (based on her situation) could be questioned when an embryo's intrinsic dignity (based on its human nature) is determined present at the very first stages of human life. [12]

In terms of law enforcement, the AHR Act provided a basic list of dos and don'ts, but regulations dictating how the Act will be enforced still need to be written. In a survey of IVF clinics published in 2005, researchers found only one Canadian IVF clinic used donor consent documents that would make their 'leftover' embryos eligible for stem cell research under to the law (clinics are the only place researchers can obtain embryos). [13] It's possible that other illegal practices are being performed under the government's nose despite the existence of the Act.

Although the Agency was established under the Act in March of 2004, it still has no president, no chairperson and no board members. Health Canada is currently drafting regulations to flesh out the rest of the Act without the guidance of the Agency. It's crucial that members of the Agency are appointed so that it can finally begin to deliver research and leadership that has been sadly lacking for almost two decades.

[1] In 1993, the Royal Commission on New Reproductive Technologies published a report called *Proceed with Care*. The report included 293 recommendations and emphasized the need for a federal-level regulatory body.

[2] The process of compiling legislation has been fraught with disagreement and delay on the part of the government bodies assigned to the project. On an issue as controversial as the moral status of the embryos used in in-vitro fertilization and 'leftover' embryos designated to scientific research, it was a

challenge finding legislation that all camps could agree on.

[3] *The Assisted Human Reproduction Act*, S.C. 2004.

[4] *The Assisted Human Reproduction Act*, S.C. 2004. Chapter 2 section 22.

[5] Beeson, Diane & Abby Lippman. (2006). *Egg Harvesting for Stem Cell Research: Medical Risks and Ethical Problems*. Reproductive BioMedicine Online, Vol. 13, No 4. 573-579.

[6] Ibid.

[7] Athuis MD, Moghissi KS, Westhoff CL *et al.* 2005 Uterine cancer after use of clomiphene citrate to induce ovulation. *American Journal of Epidemiology* 161, 607-615. Brinton LS, Kamran S. Moghissi MD *et al.* 2005 Ovulation induction and cancer risk. *Fertility and Sterility* 83, 261-274. Questionable: Ness RB, Cramer DW, Goodman MT 2002 Infertility, fertility drugs, and ovarian cancer: a pooled analysis of case-control studies. *American Journal of Epidemiology* 155, 217-224.

[8] Marquardt, Elizabeth. (2006). *The Revolution in Parenthood: The Emerging Global Clash between Adult Rights and Children's Needs*. New York: The Institute for American Values. Retrieved from <http://www.imfcanada.org/issues/revolution-parenthood>

[9] Ibid.

[10] Dr. Shanner, Associate Professor at the John Dossetor Health Ethics Centre and Department of Public Health Sciences at the University of Alberta and Dr. Jeffrey Nisker, a Professor of Obstetrics and Gynaecology and Coordinator of Bioethics and the Faculty of Medicine and Dentistry at the University of Western Ontario co-authored the review "Bioethics for Clinicians: 26. Assisted Reproductive Technologies." *Canadian Medical Association Journal*; May 29, 2001; 164, 11: ProQuest Psychology Journals.

[11] Somerville, Margaret. (2006). *The Ethical Imagination: Journeys of the Human Spirit*. Toronto: House of Anansi Press, 119.

[12] Ibid. 120.

[13] Baylis, Françoise & Ram, Natalie. (October, 2005). Eligibility of Cryopreserved Human Embryos for Stem Cell Research in Canada. *Journal of Obstetrics and Gynaecology*, 27(10): 949-955.

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