

National Legislation on Assisted Human Reproduction – What Healthcare Professionals Think

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BACKGROUND

Assisted human reproduction (AHR) is one of the most rapidly evolving specialties in medicine (1), with infertility affecting at least one in six persons in Ireland. It is a major source of stress and disability for those affected. Ireland is one of the only countries in the EU which lacks specific AHR legislation.

The need for Irish legislation regarding AHR was recognised by the state in 2000. An expert panel named the Commission for Assisted Human Reproduction (CAHR) was established at this time with the aim to explore possible legislative approaches to AHR in Ireland. CAHR published a report in 2005 outlining recommendations to form regulations for all aspects of AHR in Ireland.

The General Scheme of an AHR Bill was published in 2017 and reviewed by the Oireachtas Joint Committee on Health in 2018/2019 (2). Several meetings over 2018 and 2019 have allowed recommendations for the legislation to be made by experts, however the Bill still awaits review by the Houses of the Oireachtas.

AIMS

The aim of this project was to investigate the attitudes of healthcare professionals (HCPs) towards the proposed national AHR legislation as defined in the General Scheme of an AHR Bill, 2017.

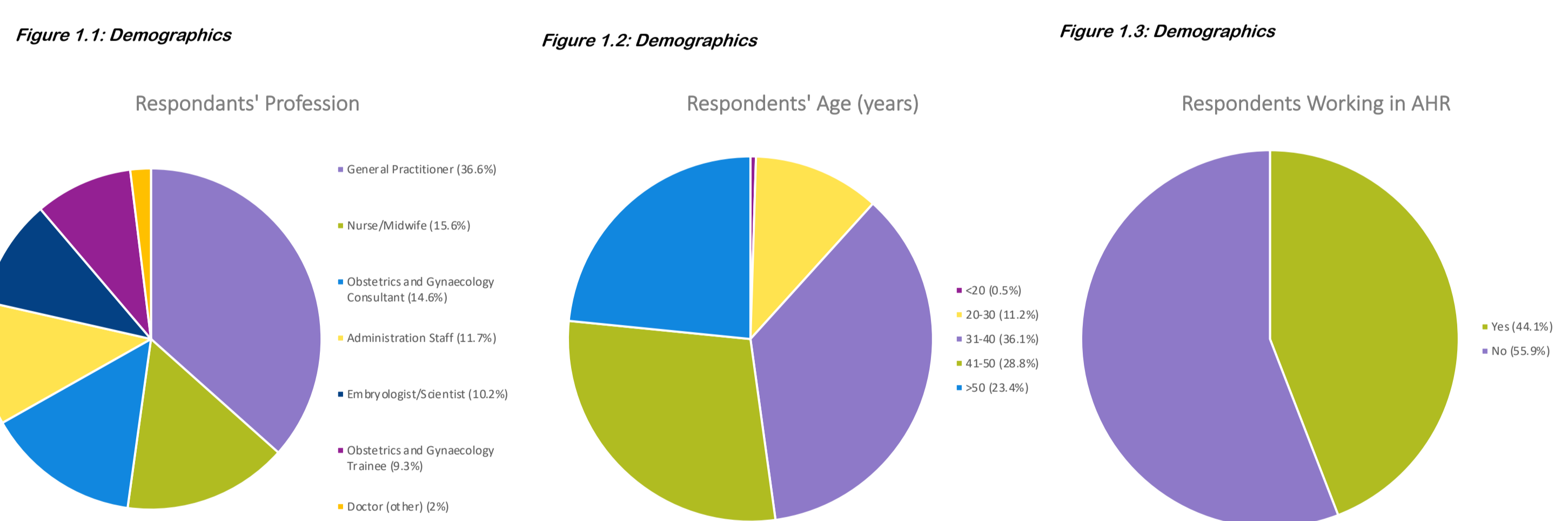
METHODS

A detailed 5-point Likert Scale questionnaire was developed based on all clinically relevant aspects of the draft Bill. The survey was designed to interrogate HCPs attitudes and perceptions towards a broad range of issues contained within the draft AHR Bill. Questions evaluated participant demographic information and participant attitudes towards legislation as it refers to topics including: a national AHR regulatory authority, AHR treatment type and availability, age limits for AHR treatment, number of embryos to transfer, posthumous conception, gamete and embryo storage and surrogacy

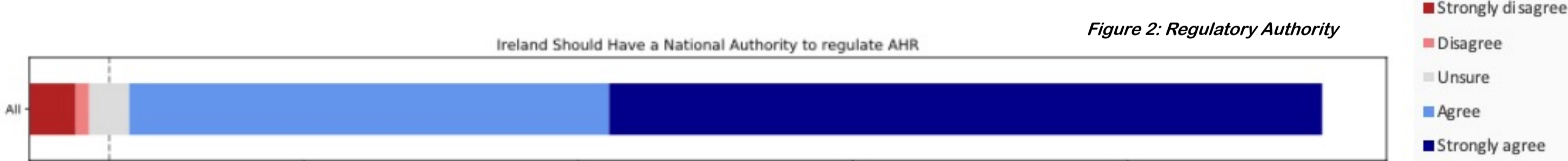
The survey targeted three groups of HCPs: HCPs working in obstetrics and gynaecology, General Practitioners and fertility clinic staff in Irish fertility clinics. The survey was designed using Survey Monkey and was distributed electronically. Ethics approval was obtained from the National Maternity Hospital Research Ethics Committee (EC19.2021).

RESULTS

To date, 206 responses have been received and analysed.



>90% of respondents are of the opinion that Ireland should establish a regulatory authority for AHR.



The majority of respondents support access to AHR treatment for all, regardless of relationship status or chosen gender.

Table 1: HCPs opinions regarding accessibility to treatments in Ireland

Treatment	STRONGLY AGREE	AGREE	UNSURE	DISAGREE	STRONGLY DISAGREE	TOTAL
Treatment to enable a child/family for opposite sex couples	82.61%	16.30%	0.54%	0.00%	0.54%	184
Treatment to enable a child/family for same sex females	76.09%	19.02%	3.26%	1.09%	0.54%	184
Treatment to enable a child/family for same sex males	71.20%	17.93%	6.52%	3.80%	0.54%	184
Treatment to enable a child/family for single women	66.85%	26.09%	5.43%	1.09%	0.54%	184
Treatment to enable a child/family for single men	50.27%	23.50%	18.58%	7.10%	0.55%	183
Treatment to enable a child/family for transgender men	45.11%	21.74%	22.83%	8.15%	2.17%	184
Treatment to enable a child/family for transgender women	45.65%	21.74%	22.28%	8.15%	2.17%	184

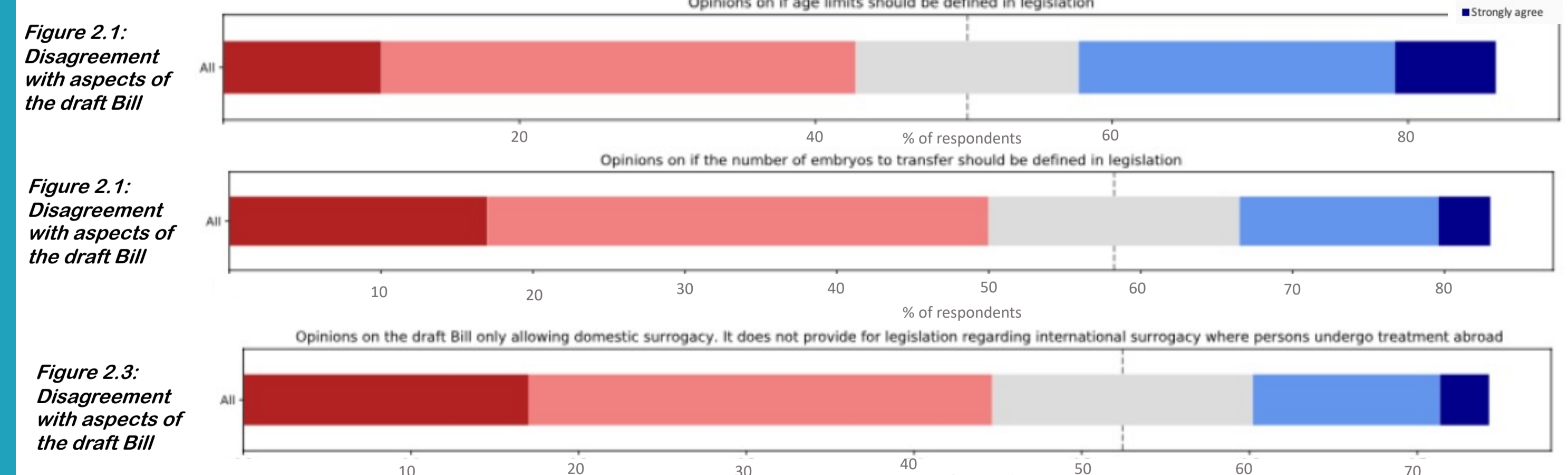
RESULTS

>90% of respondents also support a wide range of AHR treatments including; IVF, egg, sperm and embryo freezing, egg and sperm donation and pre-implantation genetic testing. A majority also support surrogacy, embryo research and new technologies.

Table 2: HCPs opinions regarding AHR treatments

Treatment	STRONGLY AGREE	AGREE	UNSURE	DISAGREE	STRONGLY DISAGREE	TOTAL
IVF (in-vitro fertilisation)	92.39%	7.61%	0.00%	0.00%	0.00%	184
Sperm freezing	87.43%	12.57%	0.00%	0.00%	0.00%	183
Egg freezing	86.89%	10.93%	1.09%	0.00%	0.00%	183
Sperm donation	70.49%	18.58%	8.20%	1.64%	1.09%	183
Egg donation	67.93%	21.20%	8.15%	1.63%	1.09%	184
Embryo donation to another person/s for use in conception (of superumerary embryos formed for a couple's/person's use but no longer required)	51.91%	22.40%	19.67%	5.46%	0.55%	183
Surrogacy	57.38%	30.05%	8.74%	2.19%	1.64%	183
Pre-implantation genetic diagnosis (genetic analysis of embryos to screen for specific genetic conditions)	64.48%	32.24%	2.19%	1.09%	0.00%	183
Pre-implantation genetic screening (genetic analysis of embryos to screen for aneuploidy, translocations, etc)	59.02%	31.69%	7.65%	1.09%	0.55%	183
Sex selection of embryos in the case of serious sexlinked disorders	51.91%	36.61%	9.29%	1.64%	0.55%	183
Sex selection of embryos for "family balancing"/choosing sex of children	5.46%	5.46%	12.02%	27.32%	49.73%	183
The donation of superumerary embryos for use in research which has been approved by an appropriate ethics committee/body	35.87%	33.70%	20.11%	6.52%	3.80%	184
New techniques such as mitochondrial donation and replacement if approved by the regulatory authority and its ethics committee	28.80%	38.04%	31.52%	1.09%	0.54%	184

A significant number of respondents disagreed with some of the Bill's proposals e.g. defined age limits for AHR treatment, the number of embryos allowed at any one transfer and aspects surrounding proposed surrogacy legislation.



CONCLUSION

The results of the questionnaire show that HCPs have a significantly positive attitude towards AHR treatment in Ireland. The findings support the argument that national legislation on AHR is both needed and desired by HCPs working in Ireland, and that the idea of forming a National Authority is favoured. The evidence also shows that some aspects of the draft Bill should be amended prior to the Bill being signed into law.

It is hoped that the results of this study will help inform the proposed national AHR legislation as it nears completion. The approval of such legislation would ensure that the rights of parents, donors and the clinics providing AHR treatment services are recognised and protected.



References:
 1. Kamel RM. Assisted Reproductive Technology after the Birth of Louise Brown. J Reprod Infertil. 2013;14(3):96-109.
 2. Joint Committee on Health. Report on Pre-Legislative Scrutiny of the General Scheme of the Assisted Human Reproduction Bill. Oireachtas.ie 2019