

**The Government's Policy on the provision of
Reproductive Technology Services**

Introduction

At the last Bills Committee meeting held on 3 March, Members considered the paper "Limiting Reproductive Technology services to infertile couples" and the desirability of adding an explicit clause in the Human Reproductive Technology Bill (the "Bill") to limit RT services to infertile couples. At the request of the Chairman, the Administration undertook to consult specialists in the appropriate fields with a view to identifying a commonly-accepted definition for "infertility". This paper sets out the findings and the problems envisaged, if such requirement is explicitly stated in the Bill.

Definition of infertility

2. The medical profession generally defines infertility as the inability (because of medical reasons) to conceive after having regular intercourse for one or two years. While it is reasonable, in certain cases such as the number of sperms of the husband is insufficient to result in a natural conception, to wait for a period of time before resorting to RT procedures, this definition could cause a lot of frustration in other cases. For instance, for patients with obvious known underlying disease or abnormality such as previous tubal disease / surgery or ovarian failure, it should not be necessary to wait for one or two years of regular intercourse before RT treatment can be provided. In addition to this

problem, if such definition were to be incorporated in the Bill, it would in effect preclude the application of RT procedure to avoid the birth of a child with sex-linked genetic diseases if one party of the couple is a carrier of genetic disorder, such as abnormal gene, but does not fall within the definition of an “infertile” couple.

Relevant RT activities

3. There are activities such as gametes storage, embryo research and others which are defined as relevant RT activities and controlled by the Bill. If we were to include in the Bill an explicit clause to restrict the application of RT activities to only “infertile” clients, we would require to provide specific exemptions in the Bill to allow such RT activities to proceed, in cases where no “infertile” clients are involved.

A plausible alternative

4. An alternative to including such an explicit clause in the Bill would be to set out this policy directive on the provision of RT services in the preamble of the Bill without being part of the main legislation. This approach is being adopted in Western Australia. Enabling provisions could be added to the Bill to allow the Secretary for Health and Welfare/ the future Council on Reproductive Technology to make regulations on the restrictive use of RT services as and when necessary. The merit of this approach is to provide greater flexibility in the legislation without unduly precluding the application of RT services to genuine and deserving cases.

Advice sought

5. Members' views are sought on the proposed alternative set out in paragraph 4.

Health and Welfare Bureau

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