

**Summary of Discussions on Sex Selection
in the Provisional Council on Reproductive Technology**

General

- majority of members considered that gender selection through RT means for social reasons should be prohibited. It was commented that its practice for social reasons would upset the balance of human race and perpetuate sex discrimination.

Proposed list of severe sex-linked genetic disease

Preliminary views on the need of a list of severe sex-linked genetic diseases-

- it was considered that a list of severe sex-linked genetic diseases would help to prevent the possibility of abuse if sex selection was allowed for medical grounds;
- the list could be transparent and subject to public debate and scrutiny;
- the recognised list might be more than just a guidance for the service providers to follow;
- although the list could not be exhaustive, there might be some form of vetting mechanism.

After consulting the Hong Kong College of Paediatricians, the UK Human Fertilisation & Embryology Authority and the Fertility Society of Australia with regard to the drawing up of such a list, members found that-

- it would be difficult to draw up an exhaustive list of severe sex-linked genetic diseases because-

- many rare diseases might be excluded;
 - the list might have to be changed from time to time due to medical advancement;
 - it would be difficult to define “severity of diseases”;
 - different people would have different perception and acceptance level of the severity of a sex-linked genetic disease, and it would depend more on the counselling process;
 - the decision on whether to perform sex selection also depended on factors such as the parents’ acceptance of the procedure, their willingness to raise a handicapped child and their ability to cope with such situations. Counselling played a very important part in helping the parents to make an informed decision.
- it was recommended that a non-exhaustive list of sex-linked genetic diseases without defining the severity of diseases would be provided in the code of practice for reference purpose.

Views on Clause 13(3) of the Human Reproductive Technology Bill

- the clause should be drafted to specify that sex selection should only be allowed to prevent the conception of an embryo with severe sex-linked genetic diseases;
- to provide better control, clause 13(3) should require not less than 2 registered medical practitioners to each state in writing that the selection is for that purpose.

Sperm sorting technique

- it was noted that under the UK Code of Practice, licensed centres should not select the sex of embryos for social reasons and they should not use sperm sorting technique in sex selection. Besides, it

was pointed out that the success rate of sperm sorting technique was claimed to be around 70% by the person who developed the technique. However, other established research centres were not able to reproduce such a success rate.

Counselling

- appropriate counselling and explanation on the implications of the procedure (eg. sex selection through sperm sorting technique or pre-implantation genetic diagnosis) should be provided to clients so that they could make an informed decision.

Control on sex-selective abortion

- some members considered that the purpose of sex selection was to avoid the need for abortion which was unacceptable to some people;
- some members worried about the abuse of sex selection through abortion;
- if the criteria for sex selection was too strict which only allowed avoiding several severe sex selected genetic diseases, people might resort to abortion as an alternative;
- a means of control, such as requiring submission of information on cases resorting to sex-selective abortion to the future Council, would be necessary to prevent abuse as far as possible.