Ethics Committee on Assisted Reproductive Technology

Annual Report
2008–2009

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Ethics Committee on
Assisted Reproductive Technology

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Chair's Foreword

On behalf of the Ethics Committee on Assisted Reproductive Technology (ECART), I am pleased to present the fourth Annual Report for the 2008/09 fiscal year; my first as Chair of ECART.

This year marks the first occasion that ECART has tabled its own Annual Report.

ECART has continued to review applications for assisted reproductive procedures (ARPs) in accordance with the Human Assisted Reproductive Technology Act 2004 (HART Act) and Advisory Committee on Assisted Reproductive Technology (ACART) guidelines issued in previous years. In November 2008 ACART issued new guidelines on *Embryo Donation for Reproductive Purposes* replacing the interim guidelines issued by the National Ethics Committee on Assisted Human Reproduction (NECAHR). ECART subsequently updated the application form after gathering responses from the fertility clinics and ACART and taking them into account.

On 29 March 2009 ECART received the final report, required under section 19(5) of the HART Act, for the research project approved in May 2008. The findings were reported on the Health and Disability Ethics Committee form and subsequently reviewed and approved by ECART in April 2009. ECART sent a copy of the findings to ACART pursuant to section 28(1)(c) of the HART Act.

The review of the research project in May 2008 prompted the need for updated guidelines and application forms. In July 2008 ACART issued advice to ECART relating to the use of *Guidelines for Research on Gametes and Non-viable Embryos*. These guidelines (completed in 2005) were based on the Medical Research Council's *Ethical Guidelines on the Use of Assisted Reproductive Technology in Clinical Practice and Research, 2004*.

No further applications for research have been received or reviewed by ECART.

ACART issued advice to ECART in November 2008 on the use of combined assisted reproductive procedures. The advice effectively allowed ECART to review and approve a combination of one or more assisted reproductive procedures (ARPs) with another procedure as long as each procedure meets the corresponding guidelines and/or regulations.

ECART has yet to receive any application for the combination of assisted reproductive procedures.

In February 2009 ECART was saddened by the loss of Eamon Daly, a highly skilled, qualified and knowledgeable member of ECART. The sudden passing of Eamon came as a great shock to the committee who fondly remembered his valuable and humorous contributions.

As well as being a member of ECART, Eamon was writing his PhD at the University of Canterbury, where he held a doctoral scholarship. Eamon was a member of New Zealand's Human Rights Review Tribunal, and previously of Toi te Taiao: the Bioethics Council. He held a Bachelor of Science (1991) and a Master of Science with First Class Honours (1996), was a Fulbright Graduate Scholar at the University of California, Berkeley (1997–2000), was

a Chevening Hansard Scholar at the London School of Economics and Political Science (2004), and had recently been appointed as President of the Disabled Persons Assembly.

In 2010 ECART will continue to face ongoing issues in meeting the needs of consumers for a flexible, swift and ethical approach to applications for assisted reproductive technology (ART). These issues are all the more evident given that advances in science and ART techniques inevitably move more rapidly than legislation. (For an overview of some of these issues, see 'ECART applications for Assisted Reproductive Procedures and Research on Non-viable Embryos' in the section on Progress in 2008/09.)

ECART's members remain committed to fulfilling their obligations outlined in section 28 of the HART Act. I wish to thank all ECART members for their hard work and commitment in 2008/09 and look forward to another successful year in 2009/10.

Kate Davenport
Chairperson
Ethics Committee on Assisted Reproductive Technology

Introduction

Purpose of this report

The Terms of Reference (see Appendix B) of the Ethics Committee on Assisted Reproductive Technology (ECART) require it to submit an annual report to the Minister of Health. The annual report must include information on:

- members
- assisted reproductive technology applications reviewed (which are set out in Appendix D); the Advisory Committee on Assisted Reproductive Technology (ACART) has a legislative responsibility for reporting on ECART's decisions
- training
- complaints received
- issues causing ECART difficulty in reviewing applications
- issues referred to ACART.

Background

ECART was established under the Human Assisted Reproductive Technology Act 2004 (HART Act).

ECART's functions

The functions of ECART are to:

- consider and determine applications for assisted reproductive procedures or human reproductive research
- keep under review any approvals previously given, including those applications approved prior to the existence of ECART and, without limitation, to monitor the progress of any assisted reproductive procedures performed or any human reproductive research conducted under current approvals
- liaise with ACART on matters relating to assisted reproductive procedures and human reproductive research, and to forward to the advisory committee reports received under section 19(5) of the HART Act together with any comments or requests for advice that ECART considers appropriate
- consult with any people who, in the opinion of the committee, are able to assist it perform its functions
- perform any other functions that the Minister of Health assigns to the committee by written notice.

ECART can only consider applications for approval of activities covered in guidelines or advice issued or given by ACART. If such guidelines or advice do not exist, ECART must decline the application and refer the matter to ACART.

Progress in 2008/09

ECART applications for assisted reproductive procedures and research on non-viable embryos

ECART met six times in 2008/09 to review 30 applications for assisted reproductive procedures, which comprised 18 applications for surrogacy arrangements, nine applications for within family gamete donation, and three for embryo donation. One application, for embryo donation, was declined on the basis that the recipients did not have a medical condition as defined in ACART's (2008) *Guidelines for Embryo Donation for Reproductive Purposes*. A summary of the 29 applications approved by ECART is included Appendix D.

Since November 2007 ECART has reviewed applications for assisted reproductive procedures based on guidelines that were developed by ACART. ACART issued new guidelines for the review of *Embryo Donation for Reproductive Purposes* on 28 November 2008. ECART updated the application forms for this procedure accordingly, with input from the fertility clinics and ACART.

ECART has reviewed two embryo donation applications since the introduction of these guidelines.

ECART has received a number of queries about procedures that do not currently have guidelines or advice from ACART that would enable ECART to review them. These issues have been forwarded to ACART and include the use of:

- cryopreserved ovarian tissue; letter dated 7 November 2008
- donated embryos created using donated gametes; letters dated 22 May and 3 November 2008
- donated sperm in conjunction with donated eggs; letters dated 11 June 2008, 30 April 2009, 18 June 2009 and 29 June 2009; email dated 15 June 2009
- frozen eggs for reproductive purposes as an established procedure; letter dated 5 January 2009 and telephone query on 5 March 2009
- an embryo donated within a lesbian relationship; email dated 6 March 2009.

Monitoring of applications

'ECART is required to keep under review any approvals previously given and, without limitation, to monitor the progress of any assisted reproductive procedures performed under current approvals' (HART Act).

The predominant reason for monitoring is legal; specifically to determine whether there are benefits of assisted reproductive technology (ART), that health is being promoted and whether ART is progressing. However, there are also unstated clinical, ethical and moral reasons for monitoring ART.

In August 2008 a monitoring group consisting of ECART members John Hutton and Jackie Freeman met with members of Fertility Associates to determine why, when, who and what to monitor.

The monitoring report table determined at this meeting was approved by the committee in 2009, with the addition of the sentence marked *** in Appendix A. Copies of the monitoring report table (see Appendix A) are sent to clinics in June of each year for every application approved in the previous health fiscal year (1 July to 30 June); in addition clinics are asked to provide information on previously approved applications that had not been completed in time for inclusion in the previous annual report or that had been discontinued subsequently.

In particular ECART will want to know when a birth has occurred or when a treatment has been discontinued, and why.

Training

ECART did not receive any formal training for the period 1 July 2008 to 30 June 2009. ECART and ACART congregated in November for an informal gathering of the two committees.

Complaints

ECART did not receive any complaints for the period 1 July 2008 to 30 June 2009.

Alternative birth mothers

During the ECART meeting on 9 September 2008, the committee discussed the issue of using alternative birth mothers for second surrogacy arrangements.

ECART noted that, when it was reviewing any application that planned to use a different birth mother from the previous surrogacy arrangement(s), it would be useful for the clinic to include a statement, obtained directly from the previous birth mother, in the application. The statement should include details about the previous arrangement such as how the arrangement worked for the birth mother; whether the intending parents followed their agreed arrangements with regard to contact, photos, updates etc; and reasons for not being involved in the current surrogacy arrangement.

This information would be used to clarify the intentions of the intending parents and in many cases would enhance their application. If this information is not available, it would assist ECART if the clinic provided an explanation as to why the information could not be obtained.

Duration of approvals

In early 2008 ECART received a query from a fertility clinic that prompted the committee to formulate its policy on the duration of surrogacy approvals. ECART also considered whether it should set a limit on the duration of approvals for embryo donation and within family gamete donation.

At the ECART meeting of May 2008, the committee deferred stipulating a limitation on the duration of approvals for these procedures until the Ministry of Health had progressed thinking on section 10 of the HART Act, regarding the 10-year storage limitation on in-vitro gametes and embryos.

In 2009 the committee reviewed the decision to set a limit on the duration of approvals for the two procedures identified above. Concessions were made to ensure that if a gamete reached its 10-year limit during the approval period, the clinic must reapply to ECART for a storage extension. In addition, applicants wishing to extend the three-year approval must reapply to ECART by updating medical and counselling reports, in line with surrogacy limitation approvals. If ECART does not receive a reapplication or storage extension request, approval will expire with immediate effect upon reaching the end of the three-year approval or upon reaching the 10-year storage limit (whichever comes first). Currently ECART cannot approve any storage extension application as appropriate guidelines do not exist.

The following wording was added to all approvals:

> *This approval carries limitations (below) which would result in expiration of the approval. Reapplication after expiry would normally require updated independent medical and counselling reports, an updated joint counselling report, and the previous legal reports. However the clinic is encouraged to contact the ECART Secretariat to discuss what is most appropriate for the application in question.*
>
> *This approval will expire three years from the date of this letter. The approval will however immediately expire if the surrogate[1] or intending mother achieves spontaneous pregnancy, or any of the parties develop, or have a significant change of, a major medical or social condition. Examples of a significantly changed social condition may include, but are not limited to, any of the involved parties experiencing:*
>
> - *a permanent separation from a partner*
> - *the death of someone important to the application*
> - *a change of country of residence, or*
> - *stored gametes and embryos reaching the 10-year storage limitation under section 10 of the HART Act 2004.*[2]
>
> *ECART is required by Part 2 section 28(1)(b) of the HART Act to keep under review any approved proposals. Consequently you are required to provide the following information to ECART:*
>
> - *when the IVF programme begins*
> - *the outcome of the programme (ie, pregnancy or discontinuation)*
> - *any other significant events ECART should be made aware of; including any psycho-social issues which may arise between approval, commencement and conclusion of treatment*
> - *the outcome of the pregnancy.*
>
> *ECART requests that you immediately report any adverse outcome to any party or resulting child that is associated with the treatment or pregnancy.*

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1 In the case of gamete/embryo donation, 'the recipient woman'.

2 Final point included in the case of gamete/embryo donation.

Serious adverse event

In April 2009 ECART received notification of a Serious Adverse Event (SAE) in relation to an application that it had previously approved. A subcommittee reviewed the information received in order to enhance and strengthen ECART's policy, procedures and approvals.

Videoconference trial

In November 2008 it was decided that in order to reduce the operational costs of ECART, the committee would trial a virtual meeting utilising the video conference facilities available at the Ministry of Health and various District Health Boards (DHBs). The initial trial was arranged and conducted for the ECART meeting of 2 April 2009.

ECART agreed that the videoconference facilities could be used again as the facilities have a number of economic and social benefits including by reducing:

- the cost of flights
- the cost of venue hire
- travelling time for members
- environmental impact.

The committee was impressed with the videoconference facility, but had some concerns and reservations including:

- the quality of visual representation
- fragmented interaction
- ethical considerations in view of the enormity of the decisions being made
- small comments and body language being missed on occasion.

ECART concluded that the videoconference facility is a useful tool that can and should be used on occasions. The cost–benefit analysis demonstrates a clear monetary saving but fails to take account of the human element of the ethical decision-making framework. For an ethics committee, the importance of human contact cannot be underestimated, and interaction via face-to-face meetings is required on at least alternate occasions.

ECART membership

Table 1: Membership of ECART

	Expertise / perspective	Term of office expires
Lay membership		
Kate Davenport ° (Chairperson)	Law	2011
Philippa Cunningham ^ (outgoing Chairperson)	Law	2008
Eamon Daly *	Disability	2011
Lynley Anderson	Ethics	2011
Deb Rowe	Māori	2010
Rob Thompson	Community	2010
Huia Tomlins-Jahnke †	Māori	2009
Hazel Irvine †	Counselling	2009
Jackie Freeman	Consumer	2009
Non-lay membership		
Dr Christine Forster (Deputy Chairperson)	Assisted Reproductive Research	2010
Prof John Hutton	Human Reproductive Procedures	2011

Notes:
° First meeting September 2008.
^ Last meeting September 2008.
***** Passed away February 2009.
† Put forward for reappointment to the committee in 2009.

Table 2: Member attendance at ECART meetings 2008/09

Member	**Meetings attended (Total = 6)**						
	8 July 2008	**9 Sept 2008**	**13 Nov 2008**	**12 Feb 2009**	**2 April 2009**	**11 June 2009**	**Total**
Kate Davenport (Chairperson)	–	X	X	A	X	X	4/5
Philippa Cunningham (outgoing Chairperson)	X	X	–	–	–	–	2/2
Christine Forster	X	X	X	X	A	X	5/6
Deb Rowe	X	X	X	X	X	A	5/6
Eamon Daly	X	A	A	–	–	–	1/3
Hazel Irvine	X	X	X	X	X	X	6/6
Huia Tomlins-Jahnke	X	X	X	X	X	A	5/6
Jackie Freeman	X	X	X	X	X	X	6/6
John Hutton	X	X	X	X	X	A**	5/6
Lynley Anderson	A	X	X	X	X	T/C	5/6
Rob Thompson	X	X	X	X	X	A	5/6
Total members present	**9/10**	**10/11**	**9/10**	**8/9**	**8/9**	**5/9**	
Number of applications reviewed	**4**	**6**	**4**	**3**	**8**	**5**	**30**

Notes:
** Freddie Graham of Fertility Associates Auckland attended as human reproductive specialist, but did not take part in the decision-making of the committee.
– Not appointed to committee
A Apologies
X Present
T/C Via teleconference

Secretariat members

Bethany Van der Poest Clement	Policy Analyst (December 2007–September 2008)
Martin Dutton	Policy Analyst (September 2008–present)

Appendix A: ECART Reporting Table

Fill in all boxes, using N/A where applicable.

Clinic ref #			
ECART ref #			
Procedure			
Principle medical specialist			
Date first reviewed			
Date of final decision			
Date treatment commenced			
Previously received clinic comment			
Specify for each infant:			
gestation			
method of delivery			
maternal complications			
infant weight			
infant complications			
Is treatment covered by this ECART application considered finished?	Y	N	Comment:
Is treatment covered by this ECART application considered discontinued?	Y	N	If yes, please explain:
Ethical / psycho-social issues identified			
*** Over the reporting period have there been any significant life events affecting any of the parties to the application eg, death of family member, mental health concerns?			
General comments			

Appendix B: ECART Terms of Reference

Public Authority of the Ethics Committee on Assisted Reproductive Technology (ECART)

ECART is established and designated under section 27 of the Human Assisted Reproductive Technology (HART) Act 2004. These Terms of Reference outline the role and functions of ECART.

Relations with other public sector organisations

ECART shall liaise with other relevant ethics committees on matters of common interest, such as cases where jurisdiction is unclear. ECART shall inform the Ministry of Health and the Advisory Committee on Assisted Reproductive Technology (ACART) of any matters that arise in its operation that potentially have policy significance.

Functions of ECART

ECART has the following functions:

- to consider and determine applications for assisted reproductive procedures[3] or human reproductive research[4]
- to keep under review any approvals previously given, including those applications approved prior to the existence of ECART, and, without limitation, to monitor the progress of any assisted reproductive procedures performed or any human reproductive research conducted under current approvals
- to liaise with ACART on matters relating to assisted reproductive procedures and human reproductive research and to forward to the advisory committee reports received under section 19(5) of the HART Act together with any comments or requests for advice that ECART considers appropriate
- to consult with any persons who, in the opinion of the committee, are able to assist it to perform its functions
- any other functions that the Minister of Health assigns to the committee by written notice.

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[3] 'Assisted reproductive procedure':
(a) means a procedure performed for the purpose of assisting human reproduction that involves –
- the creation of an *in vitro* human embryo, or
- the storage, manipulation or use of an *in vitro* human gamete or an *in vitro* human embryo, or
- the use of cells derived from an *in vitro* human embryo, or
- the implantation into a human being of human gametes or human embryos, but

(b) does not include an established procedure.

[4] 'Human reproductive research' means research that uses or creates a human gamete, a human embryo or a hybrid embryo.

Guiding principles

ECART shall be guided by the following principles:

- the health and wellbeing of children born as a result of the performance of an assisted reproductive procedure or an established procedure should be an important consideration in all decisions about that procedure
- the human health, safety and dignity of present and future generations should be preserved and promoted
- while all persons are affected by assisted reproductive procedures and established procedures, women, more than men, are directly and significantly affected by their application and the health and wellbeing of women must be protected in the use of these procedures
- no assisted reproductive procedure should be performed on an individual and no human reproductive research should be conducted on an individual unless the individual has made an informed choice and given informed consent
- donor offspring should be made aware of their genetic origins and be able to access information about those origins
- the needs, values and beliefs of Māori should be considered and treated with respect
- the different ethical, spiritual and cultural perspectives in society should be considered and treated with respect.

Operation of ECART

ECART must operate:

- in accordance with the HART Act and any other enactment
- in accordance with these Terms of Reference
- in accordance with any guidelines or advice issued by ACART or transitional guidelines gazetted by the Minister of Health under section 79 of the Human Assisted Reproductive Technology Act
- in accordance with Chapters 1–4 of the *Operational Standard for Health and Disability Ethics Committees*; and
- expeditiously, having regard, in particular, to the effect that undue delay may have on the reproductive capacity of individuals.

On any point of conflict, the guidelines issued by ACART will have precedence over the *Operational Standard*.

Composition and membership

Guiding principle

The primary guiding principle for appointing members to ECART is to ensure that ECART has the appropriate expertise, skills, knowledge and perspectives to conduct ethical review of the best quality in accordance with its functions as defined by the HART Act.

Member numbers

ECART must consist of no fewer than eight and no more than 12 members appointed by the Minister of Health.

Lay/non-lay membership

At least one half of the total membership of ECART shall be lay persons, including a lay Chairperson and a non-lay Deputy Chairperson.

For the purposes of these Terms of Reference, a lay person is a person who, at no time during the person's membership of ECART or in the three years before becoming a member of ECART, is:

- a health practitioner within the meaning of the Health Practitioners Competence Assurance Act 2003, or
- involved in health research, or
- employed by or associated with, or has a pecuniary interest in, a provider.

Member categories

ECART's lay membership shall include:

- one or more members with the ability to articulate issues from a consumer perspective
- one or more members with the ability to articulate issues from a disability perspective
- one or more members with expertise in ethics
- one or more members with expertise in law.

ECART's non-lay membership shall include:

- one or more members with expertise in assisted reproductive procedures
- one or more members with expertise in human reproductive research.

Ex-officio attendance

The Chairperson of ECART, or a member of ECART nominated by the Chairperson of ECART for the meeting, may attend each meeting of ACART. The ECART member or Chair attending the ACART meeting is not a member of the committee.

The Chairperson of ACART, or a member of ACART nominated by the Chairperson of ACART for the meeting, may attend each meeting of ECART. The ACART member or Chair attending the ECART meeting is not a member of the committee.

Whole committee requirements

At any time, consistent with the requirements for District Health Boards under the New Zealand Public Health and Disability Act 2000, ECART shall have at least two Māori members. Māori members should have a recognised awareness of te reo Māori, and an understanding of tikanga Māori. All members of ECART are expected to have an understanding of how the health sector responds to Māori issues and their application to ethical review.

Members should possess an attitude that is accepting of the values of other professions and community perspectives, and it is important that ECART be comprised of people from a range of backgrounds and ethnicities.

Despite being drawn from groups identified with particular interests or responsibilities in connection with health and community issues, ECART members are not in any way the representatives of those groups. They are appointed in their own right, to participate in the work of ECART as equal individuals with sound judgement, relevant experience, and adequate training in ethical review.

Terms and conditions of appointment

Members of ECART are appointed by the Minister of Health for a term of office of up to three years. The terms of office of members of ECART shall be staggered to ensure continuity of membership. Members may be reappointed from time to time. No member may hold office for more than six consecutive years.

After serving the maximum six-year term, members shall not be considered for reappointment until at least three years after their retirement from ECART or any other health and disability ethics committee.

Persons who have served six consecutive years as members of the previous National Ethics Committee on Assisted Human Reproduction (NECAHR) shall not be eligible for appointment to ECART until at least three years after their retirement from NECAHR. Persons who have served less than six years on NECAHR will be eligible to be appointed to ECART for a term that is equal to six years minus the term already served by that person on NECAHR, or a shorter period.

A person may not be a member of ECART and ACART simultaneously.

Unless a person sooner vacates their office, every appointed member of ECART shall continue in office until their successor comes into office. Any member of ECART may at any time resign as a member by advising the Minister of Health in writing.

The Minister may, by written notice, terminate the appointment of a member or Chairperson of the advisory committee.

The Minister may from time to time alter or reconstitute ECART, or discharge any member of ECART, or appoint new members to ECART for the purpose of decreasing or increasing the membership or filling any vacancies.

Chairperson and Deputy Chairperson

The Minister must appoint a lay member of ECART to be its Chairperson. The terms and conditions of appointment for members of ECART also apply to the person appointed as Chair. The Chairperson shall preside at every meeting of ECART at which they are present.

ECART may appoint a non-lay member as Deputy Chairperson.

The Chairperson and Deputy Chairperson may act with the delegated authority of ECART between meetings.

Duties and responsibilities of a member

This section sets out the Minister of Health's expectations regarding the duties and responsibilities of a person appointed as a member of ECART. This is intended to aid members of ECART by providing them with a common set of principles for appropriate conduct and behaviour and serves to protect ECART and its members.

General

ECART members should have a commitment to protecting the interests of human participants, including a potential child when this is appropriate, while promoting excellence in research and innovative practice.

There is an expectation that members will make every effort to attend all ECART meetings and devote sufficient time to become familiar with the affairs of ECART and the wider environment within which it operates.

Members have a duty to act responsibly with regard to the effective and efficient administration of ECART and the use of ECART funds.

Conflicts of interest

ECART members should perform their functions in good faith, honestly and impartially and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest. Proper observation of these principles will protect ECART and its members and will ensure it retains public confidence.

ECART members attend meetings and undertake ECART activities as independent persons responsible to ECART as a whole. Members are not appointed as representatives of professional organisations or particular community bodies. ECART should not, therefore, assume that a particular group's interests have been taken into account because a member is associated with a particular group.

Members should declare, and the committee regularly review their actual and potential conflicts of interest. ECART must exhibit transparency in avoiding or managing any real or perceived conflict of interest.

When ECART members believe they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity consistent with the committee's functions, they should declare that conflict of interest and withdraw themselves from the discussion and/or activity.

A member of ECART who has a proposal before ECART or who has an involvement in the proposal such as a supervisory role shall not take part in ECART's assessment of that proposal. The member may be present to answer questions about a proposal but should take no part in the discussion surrounding the consideration of the proposal or any decision relating to the proposal. This will allow the proposal to be considered in a free and frank manner.

ECART must exhibit transparency in avoiding or managing any real or perceived conflict of interest.

Confidentiality and information sharing

Agendas and minutes of all ECART meetings should be available to the public. Copies of applications may be made available to individuals outside ECART on request, subject to the Official Information Act 1982.

It is desirable for the members of ECART to have an opportunity to discuss issues arising from applications with key contacts and support people prior to the consideration of proposals. This process should be encouraged. However, due to the need to protect any personal information, names or identifying details should not be circulated or made known outside ECART. ECART will need to consider the Privacy Act 1993 and the Health Information Privacy Code 1994 in developing these processes.

Within ECART, members with expertise in particular communities of interest should be consulted and should provide advice on the appropriate consultative process for all ethical issues concerning that community.

Committee meetings

Meetings of ECART shall be held as regularly as needed, as determined by the workload.

When ECART has 12 members, at least seven members must be present to constitute a quorum. When the number of appointed members is fewer than 12, a quorum is the minimum number constituting a majority. The quorum must include a reasonable representation of members with health practitioner, research, ethical and community/ consumer expertise, knowledge and perspectives.

As part of the accountability to the public the committee protects, it is desirable for the meetings of ECART to be open to the public. Meetings of ECART should therefore be:

i. open meetings for the discussion of broad issues, particularly if ECART is reviewing human reproductive research

ii. closed meetings when necessary to ensure the privacy and confidentiality of participants

iii. closed meetings when applicants provide good and sufficient reasons for this to occur, and the minutes of the meeting should reflect these reasons.

Information about the dates and times of committee meetings, including the closing date for the agenda, should be made available to the public.

Subject to the provisions set out in this document, ECART may regulate its own procedures.

Decision-making process

Wherever possible, ECART should determine matters by consensus decision. Where a consensus cannot be reached, a vote shall apply, with a two-thirds majority of those voting required for any decisions.

In relation to specific research or specific treatment involving Māori participants, it is important that Māori expertise be available to ensure that all issues are appropriately considered. Where it is not possible for Māori members to attend an ECART meeting or for those members' views to be sought and represented at the meeting, the matter should be deferred.

On occasion, individual members may wish to abstain from some or all of the decision-making process for strong moral or religious reasons. Such abstentions shall not affect the approval process.

Advice from ACART

At any stage in its deliberations, ECART may seek advice from ACART on the interpretation of ACART's guidelines.

ECART actions

ECART may give its written approval:

- for the performance of assisted reproductive procedures by a nominated person, or
- for the conduct of human reproductive research by a nominated person.

ECART may not give its approval unless it is satisfied that the activity proposed to be undertaken under the approval is consistent with relevant guidelines or relevant advice issued or given by the advisory committee.

ECART may cancel an approval, in whole or in part, if it is satisfied:

- that one or more conditions stated in the approval have been breached, or
- that the activity undertaken, or purportedly undertaken, under the approval:
  - is inconsistent with any relevant guidelines and advice issued by the advisory committee on or before or after the date on which the approval was given, or
  - is inconsistent with the description set out in the application in which the approval was sought, or
  - breaches or has breached the HART Act or regulations made under section 76 of the HART Act, or
- that, since giving the approval, the ethics committee has become aware that the activity to which the approval relates poses a serious risk to human health and safety.

The actions of ECART in relation to applications are set out in sections 19 to 23 of the HART Act.

For each application it reviews, ECART must state to the applicant whether its action is to Approve, Approve subject to conditions, Defer, or Decline that application. It should state its grounds for any action to Defer or Decline. For any action to Approve subject to conditions, ECART should specify the conditions, the grounds for these, and its process for assessing whether these conditions are subsequently met. In all cases, it should state which matters its action is based upon, and which are instead matters of comment, information or advice to its applicant.

As soon as practicable after ECART grants an approval, it must give a copy of the approval and the relevant proposal to ACART.

Expert advice and consultation

Members may wish to consult on ethical issues with, for example, individuals, groups, iwi and hapū, and this should be encouraged and supported. Consultation should be carried out in a timely manner.

Where the Chairperson or quorum of ECART members believes there is insufficient expertise on ECART to assess an application or an issue, the committee should seek additional expert advice.

Advice may be sought from recognised experts with:

i. specialist knowledge in the field of assisted reproductive technology
ii. knowledge of the experiences and perspectives of people with infertility
iii. knowledge of the experiences and perspectives of people with disabilities
iv. awareness of gender health perspectives
v. consumer and/or research participant perspectives
vi. an understanding of community health issues
vii. an understanding of relevant cultural perspectives
viii. an understanding of developing Māori research methodologies
ix. expertise in te reo Māori
x. expertise in ethical theory
xi. expertise in child and family health and wellbeing.

It should be noted that the above list gives examples, without restricting the range of external expertise that may be sought.

Where external consultation has taken place or advice has been sought, this should be documented, and recorded where appropriate in ECART's decision on a proposal.

Training for members

Training should be provided for new members and chairpersons within six months of appointment to ECART. Reasonable expenses incurred in attending training will be paid for, but a meeting fee is not paid for training.

Reporting requirements

The following provides a checklist of requirements for annual reporting. Annual reports should be submitted to the Minister of Health and will be tabled by the Minister of Health in the House of Representatives.

The annual report shall include information on the membership of ECART, including any change in ECART's membership or other substantive changes ECART or its Chairperson feels should be noted.

The annual report should also include a list of the assisted reproductive technology proposals reviewed in the preceding year, outlining the following details:

i. the research title or the type of treatment
ii. principal investigator
iii. institution where the research is to be/has been undertaken
iv. date of first review
v. date of final outcome
vi. outcome (which will be one of: Approved, Approved subject to conditions, Deferred, Declined)
vii. for each protocol deferred or declined, the reasons for the decision.

The annual report shall also include:

i. a list of training undertaken by ECART members, and a statement on processes for orientation and training of new ECART members

ii. a list of complaints received by ECART (if any), the actions taken to resolve the complaint and a comment on the outcome of the complaint(s)

iii. any areas of review that caused difficulty for ECART in making a decision on any particular protocol(s), and any questions on policy or other matters ECART referred to ACART for comment or guidance.

In compiling annual reports, ECART should take care not to provide information that would involve a breach of the Privacy Act 1993 and/or the Health Information Privacy Code 1994.

Fees and allowances

Members of ECART are entitled to be paid fees for attendance at meetings. The level of attendance fees is set in accordance with the State Services Commission's framework for fees for statutory bodies.

The Chairperson shall receive an attendance fee of $330 per day (plus half a day's preparation fee). The attendance fee for members is set at $250 per day (plus half a day's preparation fee). The Chairperson and Deputy Chairperson shall receive an allowance of up to one extra day each per month to cover additional work undertaken under the delegated authority of ECART. The Ministry of Health shall pay actual and reasonable travel and accommodation expenses of ECART members.

Servicing of ECART

The Ministry of Health shall employ staff and provide resources to service, advise and administer ECART out of the allocated budget for ethics committees.

Appendix C: ECART Member Biographies

Kate Davenport (Chairperson) is a Barrister Sole dealing with commercial and civil litigation, medico-legal litigation, regulatory work and family law (1989–present). She has an LLB (Hons) and Master of Jurisprudence (with distinction) from the University of Auckland and is enrolled in a postgraduate Diploma in Health Science (Ethics). Kate is currently Deputy Chair of the Health Practitioners Disciplinary Tribunal (2004-present) and Deputy Chair of the Registered Architects Board. She is a council member of the New Zealand Bar Association, a previous member of the Audit Group Royal College Obstetricians and Gynaecologists (2003–2005) and previous convener of the Ethics Committees of the Auckland District Law Society (2002–2005), and a former vice president of New Zealand Law Society.

Christine Forster (MNZM) (Deputy Chair) is a general practitioner in Auckland, and prior to medical training was a researcher in the area of reproductive endocrinology. She has been the Chairperson of the Abortion Supervisory Committee for six years and was previously a member of NECAHR and the Auckland Regional Ethics Committee. Christine completed the postgraduate Diploma in Professional Ethics in 2004.

Lynley Anderson is employed as a senior lecturer at the Bioethics Centre at Otago University. As part of her role she teaches ethics and professional development within the medical, physiotherapy, dentistry and midwifery schools at Otago. Lynley is the former and founding editor of the *Journal of Bioethical Inquiry* and the *New Zealand Bioethics Journal*. She is on the University of Otago Human Ethics Committee and is the former Chair of the Ethics Committee of the New Zealand Society of Physiotherapists. She is married with three sons.

Huia Tomlins-Jahnke is Ngāti Kahungunu, Ngāi Tahu, Ngāti Toa Rangatira and Ngāti Hine. She is currently an Associate Professor of Māori Education in the College of Education at Massey University. Huia trained as a teacher and holds professional qualifications in education (BEd, MEd Hons). She worked for 12 years as a lecturer in Te Putahi a Toi School of Māori Studies at Massey which has a strong focus on health research and development. She has extensive experience in iwi research and has a PhD that investigated the nature of tribal service provision in health and social services. She has expertise in Māori theoretical, methodological and ethical frameworks and working with Māori communities. Huia was Deputy Chair of the Massey University Human Ethics Committee and is a member of the Social & Human Sciences Sub Commission of the New Zealand National Commission for UNESCO which has as a key focus the ethics of knowledge production. Huia is also a member of the Sub Commission's Pacific Ethics Consultation Steering Committee.

Jackie Freeman (MTchLn, BEd, Dip Teaching) is a part-time teacher who has taught mainly primary school children for 16 years. For the last 13 years, Jackie has been a consumer of fertility services in New Zealand. Jackie is an active member of Fertility New Zealand. She is the key contact/representative for the Canterbury region and works closely with other ART consumers by facilitating contact groups and offering support. Recently Jackie has taken on a role as a consumer auditor for the Reproductive Technology Accreditation Committee (RTAC) accreditation process. She is married with three daughters.

John Hutton (PhD, FRANZCOG, CREI) is a clinician specialising in reproductive medicine. Until 2008 he was the Medical Director of Fertility Associates Wellington where he still works. He is also Professor of Reproductive Endocrinology and Infertility at the Wellington School of Medicine and Health Sciences and was the Professor of Obstetrics and Gynaecology there between 1983 and 1994.

Hazel Irvine is a registered nurse, midwife, ACC-registered counsellor and psychotherapist. She was a founding member in 1979 of a women's health collective offering information, counselling and advocacy to women. Hazel has worked in the public hospital system as a nurse-midwife and as a manager. She has also had several years of private practice in which the main clientele were women, couples and families coping with fertility issues, pregnancy loss, childbirth and postnatal depression. In 1996 she travelled to the United Kingdom on a Churchill Fellowship to study the implementation of professional supervision for nurses and midwives. In 2004 Hazel was one of a technical group formed by the Abortion Supervisory Committee to produce Guidelines for Mifepristone Medical Abortion in New Zealand. Hazel is also a member of the Health Practitioners Disciplinary Tribunal.

Robin (Rob) Thompson (Ngāti Kahungunu) is currently a property consultant and development and construction project manager (1996–present). He has completed a graduate Diploma in Public Health (Engineering). Rob is currently a community representative on Ngā Kai Tātaki Māori Health for the Waitemata District Health Board. Previously he was a councillor and Chairman of the Taupo Borough Council, founding councillor for the Tongariro United Regional Council and a councillor and Chairman for the Rodney District Council. He was a founding board member of the Tauhara College Board of Governors and is a past president and past district Chairman of Rotary in New Zealand. As a former social worker he was also involved with adoptions, fostering, families and the Youth Court. Rob has extensive personal experience with in vitro fertilisation: his brother and sister-in-law were the first to have IVF children successfully in Australasia, his eldest son and his wife have a child through IVF, and his daughter also has two children through IVF.

Deborah Rowe (Ngāi Tahu) is currently a nurse consultant for the Auckland District Health Board, an undergraduate and postgraduate lecturer at the University of Auckland and a senior staff nurse at the Women's Health Neonatal Intensive Care Unit (2005–present). Prior to these appointments she was a clinical charge nurse at National Women's Hospital (1997–2005) and a research fellow at the Liggins Institute of Research. Deborah was appointed as Deputy Chair of the Nursing Council of New Zealand in January 2009.

Deborah is completing a PhD in Management and Nursing and has completed a Master of Health Science and Management, a postgraduate Diploma in Health Management at the University of Auckland, a Bachelor of Health Science Nursing at Auckland University of Technology and a Diploma in Registered Comprehensive Nursing at Auckland Institute of Technology. She is a member of the Māori Advisory Committee National Screening Unit (2007–present), a Māori representative on the Newborn Screening Advisory Committee (2006–present), a member of the Auckland District Health Board Māori Nurses Group and a member of the Nursing Council. Deborah is the previous Chair of the Regional Committee of the Richmond Fellowship of New Zealand and was a part-time community support worker for the Intellectually Handicapped of New Zealand.

Appendix D: Applications for Assisted Reproductive Procedures Approved by ECART during the 2008/09 Financial Year

Date of first review	Final decision	Procedure	Decision	Duration of approval	Date commenced	Outcome	Is application finished?
11/06/09	11/06/09	Donation of gametes between certain family members	**Approved**	3 years	July 2007	Treatment started	No
11/06/09	11/06/09	Donation of gametes between certain family members	**Approved**	3 years	Not started yet	Plan to start treatment October 2009	No
11/06/09	11/06/09	Donation of gametes between certain family members	**Approved**	3 years	June 2009	Treatment started	No
11/06/09	11/06/09	Clinic-assisted surrogacy	**Approved subject to:** receiving and approving a further counselling report regarding the psychological impacts for birth mother of the first surrogacy arrangement, miscarriage and issues arising from her change of location.	3 years	Not started yet	On hold while intending mother is dealing with ongoing health issues	No
11/06/09	11/06/09	Donation of gametes between certain family members	**Approved recommending:** Sperm donor's existing children are informed of the decision to donate prior to the donation. This is in line with ECART's policy of openness within the family.	3 years	July 2009	Ongoing donor insemination cycles	No
02/04/09	02/04/09	Clinic-assisted surrogacy	**Approved**	3 years	June 2009	Treatment started	No
02/04/09	02/04/09	Embryo donation	**Approved**	N/A	May 2009	Ongoing singleton pregnancy. Further embryos remain cryopreserved	No
02/04/09	02/04/09	Clinic-assisted surrogacy	**Approved**	3 years	June 2009	No pregnancy established so far	No

Date of first review	Final decision	Procedure	Decision	Duration of approval	Date commenced	Outcome	Is application finished?
02/04/09	02/04/09	Clinic-assisted surrogacy	**Approved**	3 years	Not started yet	Not started yet	No
02/04/09	02/04/09	Clinic-assisted surrogacy	**Approved recommending:** birth mother and her partner consider taking out life insurance to ensure the wellbeing of their children; in case something was to happen to birth mother during or post pregnancy.	3 years	May 2009	No ongoing pregnancy. No more stored embryos. Planning an application for extension to ECART using different egg donor and same birth mother and partner or going to USA	No
02/04/09	02/04/09	Donation of gametes between certain family members	**Approved subject to:** • both the recipient parents and donor/partner receiving medical counselling to make them aware of the risk and probability of DNA fragmentation due to using a sperm donor aged over 45 years • the clinic sending a copy of the record of this counselling to ECART once complete • ECART confirming receipt and confirming the condition has been satisfied in writing prior to commencement of the procedure.	N/A	Not started yet	Not started yet	No

Date of first review	Final decision	Procedure	Decision	Duration of approval	Date commenced	Outcome	Is application finished?
02/04/09	11/06/09	Clinic-assisted surrogacy	**Approved subject to:** • confirmation that regular contact will be established between the counsellors and the birth mother • confirmation that counselling will be made freely available to the birth mother during her pregnancy • confirmation that the intending mother and her partner are aware that additional counselling costs for birth mother may be incurred and charged to them • ECART's confirmation of receipt and confirmation that the condition has been satisfied in writing prior to commencement of the procedure.	3 years	July 2009	Poor response. Only one egg recovered on maximum stimulation dose. This egg did not fertilise so was not transferred to surrogate	Yes
02/04/09	02/04/09	Clinic-assisted surrogacy	**Approved subject to:** the medical report for the birth mother and her partner being countersigned by the person responsible for the application, ie, a vocationally qualified specialist, to confirm that they agree with the report.	3 years	May 2009	The intending parents have decided that their family is complete and are not pursuing further IVF with a surrogate. Nil remaining embryos	Yes
12/02/09	12/02/09	Clinic-assisted surrogacy	**Approved**	3 years	April 2009	Intending parents to try one more time without the use of the birth mother. IVF embryo transferred to intending mother	No
12/02/09	12/02/09	Donation of gametes between certain family members	**Approved**	N/A	June 2009	Treatment started	No
12/02/09	12/02/09	Clinic-assisted surrogacy	**Approved recommending:** additional life insurance is taken out to ensure the wellbeing of the three existing children, in case something was to happen to birth mother during or post pregnancy.	3 years	Not yet commenced	Birth mother is currently pregnant having conceived unexpectedly herself and her expected date of delivery is 31/12/09	No

Date of first review	Final decision	Procedure	Decision	Duration of approval	Date commenced	Outcome	Is application finished?
13/11/08	22/12/08	Clinic-assisted surrogacy	**Approved subject to:** • a full independent medical report for the intending mother and her partner using section 2A of the surrogacy application form • further information regarding the former miscarriage • further information concerning male fertility. **Approved** by subcommittee 22/12/08.	3 years	January 2009	Birth mother pregnant. Expected date of delivery November 2009	No
13/11/08	13/11/08	Clinic-assisted surrogacy	**Approved**	3 years	January 2009	Birth mother pregnant. She developed medical problem, but TER occurred in May following specialist clearance	No
13/11/08	20/01/09	Clinic-assisted surrogacy	**Approved subject to:** an updated medical report for the intending mother and her partner confirming that no issues have occurred since the original medical review. **Approved** by subcommittee 20/01/09	3 years	February 2009	Birth mother pregnant	No
09/09/08	09/09/08	Clinic-assisted surrogacy	**Approved**	3 years	February 2009	No pregnancy achieved yet. 12 embryos remain in storage	No

Date of first review	Final decision	Procedure	Decision	Duration of approval	Date commenced	Outcome	Is application finished?
09/09/08	14/11/08	Clinic-assisted surrogacy	**Deferred** in order to receive the following information: • an independent medical report for the birth mother • confirmation that the intending mother understands the potential risks of the egg pick-up • further counselling reports if the parties involved feel that further counselling sessions should be undertaken after the birth mother has received independent medical advice • confirmation that the parties understand that the child cannot be registered under the intending parents' names until an adoption order has been finalised. **Approved** by subcommittee 14/11/08	3 years	March 2009	No pregnancy achieved yet. 9 embryos remaining in storage	No
09/09/08	13/11/08	Donation of gametes between certain family members	**Approved subject to:** receiving confirmation that the medical risks have been fully explained to the egg donor before commencement of the procedure.	N/A	July 2009	Treatment started	No
09/09/08	13/11/08	Clinic-assisted surrogacy	**Approved recommending:** independent counselling for the birth mother is made available during and after the pregnancy.	3 years	December 2008	No pregnancy achieved yet	No
09/09/08	09/09/08	Clinic-assisted surrogacy	**Approved**	3 years	June 2009	No pregnancy achieved yet. Frozen embryos remain for TER	No
09/09/08	28/10/08	Clinic-assisted surrogacy	**Approved subject to:** an updated medical report for the birth mother on the current application form. **Approved** by subcommittee.	3 years	November 2008	Cryopreserved embryos did not survive thawing. No remaining embryos	Yes

Date of first review	Final decision	Procedure	Decision	Duration of approval	Date commenced	Outcome	Is application finished?
08/07/08	08/07/08	Clinic-assisted surrogacy	**Approved**	N/A	October 2008	Surrogate miscarried final pre-implantation genetic diagnosis (PGD) embryo. Application extended in 2009 to include sperm donation (see app E09/13)	Yes, now application E09/13
08/07/08	08/07/08	Embryo donation	**Approved**	N/A	August 2008	No pregnancy. Poor cryosurvival of embryos. No embryos left	Yes
08/07/08	08/07/08	Donation of gametes between certain family members	**Approved**	N/A	October 2008	2 eggs donated. No pregnancy. Recipients proceeding with other treatment options	Yes
08/07/08	08/07/08	Donation of gametes between certain family members	**Approved**	N/A	August 2009	Miscarriage. Intending parents plan to adopt	Yes

Appendix E: Update on Applications for Assisted Reproductive Procedures Approved by NECAHR and ECART prior to July 2008

Date of first review	Final decision	Procedure	Decision	Duration of approval	Date commenced	Outcome	Is application finished?
15/05/08	15/05/08	Embryo donation	**Approved**	N/A	June 2008	No pregnancy. None of the frozen embryos survived thawing	Yes
15/05/08	15/05/08	Embryo donation	**Approved**	N/A	June 2008	Pregnancy resulted in miscarriage. Other embryos available for use	No
15/05/08	15/05/08	Donation of gametes between certain family members	**Approved**	N/A		No pregnancy. No frozen embryos remaining	Yes
15/05/08	15/05/08	Donation of gametes between certain family members	**Approved**	N/A	February 2009	Endometrial polyp diagnosed. Awaiting treatment for this before any further ART	No
15/05/08	15/05/08	Donation of gametes between certain family members	**Approved**	N/A	June 2008	Recipient woman pregnant November 2008. EDD August 2009	No
15/05/08	15/05/08	Clinic-assisted surrogacy	**Approved subject to:** receiving information from the birth mother's medical specialist about the birth mother's health.	3 years	August 2008	No pregnancy. No more embryos remaining	Yes
15/05/08	15/05/08	Embryo donation	**Approved**	N/A	July 2008	Birth at 38 weeks. Embryos remaining for further usage	No
15/05/08	15/05/08	Clinic-assisted surrogacy	**Approved**	3 years	First cycle October 2008 Second cycle April 2009	No pregnancy. No further embryos remaining. Counsellor has kept in contact with intending parents throughout disappointing period	Yes

Date of first review	Final decision	Procedure	Decision	Duration of approval	Date commenced	Outcome	Is application finished?
11/3/08	11/3/08	Donation of gametes between certain family members	**Approved**	N/A	April 2008	Birth at 40 weeks. No remaining embryos	Yes
4/2/08	4/2/08	Donation of gametes between certain family members	**Approved**	N/A	April 2008	No pregnancy. No remaining embryos. Planning third egg donation cycle	No
4/2/08	4/2/08	Clinic-assisted surrogacy	**Approved**	N/A	April 2008	Single embryo transfer. No pregnancy. No frozen embryos. May consider further surrogacy cycle	No
4/2/08	4/2/08	Clinic-assisted surrogacy	**Approved**	N/A	April 2008	Birth at 38 weeks	Yes
20/11/07	20/11/07	Embryo donation	**Approved subject to:** • donors being informed that, in keeping with the Guidelines, their consent to donate can be withdrawn up until transferral of the embryo to the recipient woman • clarification from the applicant on whether the issue of disposal of surplus embryos had been discussed and agreed to by all parties.	N/A	January 2008	No pregnancy from embryo transfers	Yes
20/11/07	4/2/08	Clinic-assisted surrogacy	**Approved subject to:** clarification of whether the resulting child will be adopted or provisions made for guardianship and day-to-day care under the Care of Children Act 2004.	N/A	February 2008	Miscarriage. Treatment continuing with remaining embryos	No

Date of first review	Final decision	Procedure	Decision	Duration of approval	Date commenced	Outcome	Is application finished?
20/11/07	20/11/07	Embryo donation	**Approved subject to:** • the donors being informed that, in keeping with the Guidelines, their consent to donate can be withdrawn up until transferral of the embryo to the recipient woman • clarification from the applicant on whether the issue of disposal of surplus embryos had been discussed and agreed to by all parties.	N/A	March 2008	Miscarriage. No embryos remaining	Yes
20/11/07	20/11/07	Donation of gametes between family members and sperm donation	**Approved** ECART agreed that this was a combination of an established procedure (sperm donation) and an assisted reproductive procedure.	N/A	January 2008	No pregnancy. No remaining embryos. No further donor egg cycles intended	Yes
20/11/07	20/11/07	Clinic-assisted surrogacy with egg donation	**Approved**	N/A	July 2008	ECART notified of significant adverse medical event. No pregnancy achieved yet. Remaining frozen embryos to be used	No
20/11/07	20/11/07	Clinic-assisted surrogacy	**Approved**	N/A	February 2008	Two IVF cycles unsuccessful. Third cycle to be commenced	No
20/11/07	20/11/07	Embryo donation	**Approved subject to:** clarification whether the issue of disposal of surplus embryos had been discussed and agreed to by all parties, and donors being informed that, in keeping with the Guidelines, their consent to donate can be withdrawn up until transferral of the embryo to the recipient woman	N/A	January 2008	First two embryo transfers unsuccessful. Undergoing third embryo replacement August 2009	No
20/11/07	11/3/08	Embryo donation	Approved	N/A	September 2008	No pregnancy. No embryos remaining	Yes
11/9/07	11/9/07	Clinic-assisted surrogacy	Approved	N/A	January 2008	Birth at 37 weeks. Three embryos still in storage	Yes

Date of first review	Final decision	Procedure	Decision	Duration of approval	Date commenced	Outcome	Is application finished?
11/9/07	10/07	Donation of gametes between certain family members	**Approved**	N/A	September 2008	Birth at 40 weeks. No embryos remaining	Yes
08/07	11/9/07	Donation of gametes between certain family members	**Approved subject to:** donor being advised that given the recurrent implantation failure the problems for the intending mother may not be egg related.	N/A	October 2007	Two fresh embryos transferred. No pregnancy. Intending mother and her partner have adopted a baby, but may wish to use remaining embryos	No
11/9/07	11/3/08	Clinic-assisted surrogacy and egg donation	**Deferred:** On 11 September 2007 and 20 November 2007 meeting due to concerns about the intending mother's health. Subsequently approved subject to: confirmation that the intending mother's health has not worsened, and with the condition that approval be cancelled if the intending mother's health deteriorates due to a serious complication, or a relapse before pregnancy occurs.	N/A	August 2008	No pregnancy. No embryos remaining in storage	Yes
11/09/07	11/09/07	Clinic-assisted surrogacy	**Approved**	N/A	Treatment did not begin	Intending mother spontaneously became pregnant with twins so surrogacy option not used	Yes
11/9/07	11/9/07	Clinic-assisted surrogacy	**Approved subject to:** birth mother being advised by her medical attendant of the increased risk of miscarriage.	N/A	March 2008	Two IVF cycles. No pregnancy. Treatment continuing with five remaining embryos	No
26/7/07	26/7/07	Embryo donation	**Approved**	N/A	September 2007	Three embryo transfers. No pregnancy	Yes
26/7/07	10/07	Donation of gametes between certain family members	**Approved subject to:** discussion and agreement between the parties on the length of time unused embryos should be stored.	N/A	August 2008	Birth at 40 weeks. No frozen embryos remaining	Yes

Date of first review	Final decision	Procedure	Decision	Duration of approval	Date commenced	Outcome	Is application finished?
26/7/07	26/7/07	Clinic-assisted surrogacy	**Approved subject to:** • single embryo transfer to the birth mother • the intending parents being approved by Child, Youth and Family for adoption.	N/A	February 2008	Intending mother had transferral of embryo to her own uterus rather than to birth mother's as endometrium unsuitable. Pregnant – no report of birth. No frozen embryos remaining	Yes
26/7/07	20/11/07	Embryo donation	**Deferred** to progress the following matters: • discussion about the disposal of any surplus embryos • donor's older child to be included in counselling, if appropriate • provision of further information about: – the term 'special needs' used in relation to one party's child – the donor woman's reproductive history. Subsequently **approved**	N/A	January 2008	Five fresh embryo transfers. No pregnancy	Yes
26/7/07	11/9/07	Clinic-assisted surrogacy	**Declined** 26 July 2007 due to concerns about the intending mother's health. Further information was submitted to ECART's meeting on 11 September 2007. **Approved subject to:** • the intending parents being approved by Child, Youth and Family for adoption • absence of any further evidence of recurrence of disease immediately prior to treatment commencing.	N/A	Due to commence August 2009	Treatment due to commence August 2009	No
8/5/07	26/7/07	Clinic-assisted surrogacy	**Approved**	N/A	Not yet commenced	Treatment is on hold indefinitely	Yes

Date of first review	Final decision	Procedure	Decision	Duration of approval	Date commenced	Outcome	Is application finished?
8/5/07	8/5/07	Clinic-assisted surrogacy	**Approved subject to:** the birth parents taking further legal advice on the requirements of section 14 of the HART Act, and the issue of life insurance for the birth mother.	N/A	October 2007	No pregnancy, no frozen embryos remaining	Yes
8/4/07	8/4/07	Donation of gametes between certain family members	**Approved**	N/A	April 2007	Recipient woman pregnant. No birth at time of report	No
8/3/07	8/5/07	Clinic-assisted surrogacy	**Approved subject to:** the intending parents being informed of section 14 of the HART Act.	N/A	October 2007	Birth at 40 weeks. Adoption finalised February 2009	Yes
8/5/07	8/5/07	Clinic-assisted surrogacy	**Approved**	N/A	June 2007	Two frozen embryo cycles. No pregnancy. No embryos remaining	Yes
13/3/07	13/3/07	Clinic-assisted surrogacy	**Approved**	N/A	August 2007	Initially delayed due to the health of the birth mother. One fresh embryo transfer and one frozen embryo transfer. No pregnancy. No embryos remaining	Yes
30/01/05	01/04/05	Clinic-assisted surrogacy	**Approved**	N/A	May 2005	Three embryo transfers with no pregnancy Pregnancy achieved, ended in miscarriage	Yes

Date of first review	Final decision	Procedure	Decision	Duration of approval	Date commenced	Outcome	Is application finished?
15/8/06	13/1/07	Clinic-assisted surrogacy	**Approved subject to:** • the children of the intending father being involved in implications counselling prior to treatment commencing • no more than one fresh embryo being transferred, or no more than two frozen embryos being transferred, due to the increased risk to the birth mother. The second condition was reviewed at two later meetings (10/10/07 and 28/11/06), and was varied to approve the transfer of two fresh embryos to the surrogate mother provided the surrogate mother still consents to the surrogacy arrangement after she has received advice, from a suitably qualified medical practitioner who is independent of the intending parents and the supervising medical team, on the likelihood of twins and the possible harm and negative consequences – to herself and the twins – associated with such a transfer.	N/A	February 2007	No pregnancy achieved. No embryos remaining	Yes
13/6/06	13/6/06	Donation of gametes between family members	**Approved subject to:** proof of residency in New Zealand.	N/A	Did not proceed with treatment	Couple have gone for treatment in Australia	Yes
13/9/05	30/11/05	Donation of gametes between certain family members	**Approved**	N/A	November 2005	No pregnancy. No stored embryos remaining	Yes
8/6/05 (NECAHR) 15/5/08 (ECART)	8/6/05 (NECAHR) 15/5/08 (ECART)	Clinic-assisted surrogacy	**Approved subject to:** • all involved parties being made aware of payments in relation to section 14 of the HART Act • the birth parents having considered life insurance cover for the birth mother.	3 years	Not started	No birth. Planned to begin in January 2009 but did not proceed due to low AMH and unlikely chance of ovarian response	Yes

Date of first review	Final decision	Procedure	Decision	Duration of approval	Date commenced	Outcome	Is application finished?
9/12/2003 (NECAHR) 15/5/2008 (ECART)	24/3/2004 (NECAHR) 15/5/2008 (ECART)	Clinic-assisted surrogacy	**Approved subject to:** • all involved parties being made aware of payments in relation to section 14 of the HART Act 2004 • the birth parents having considered life insurance cover for the birth mother.	3 years	September 2008	No birth. Considering transferring frozen embryos to clinic closer to where birth mother lives	No

Appendix F: Update on Research Applications Considered by ECART during the 2007/08 Financial Year

Research institution	Date of first review	Final decision	Research	Decision	Date commenced	Outcome	Is research finished?
Victoria University Wellington Dr Diane Ormsby	15/5/08	15/5/08	Research on gametes and non-viable embryos	The Committee approved this application subject to: • a letter showing that consultation with Māori has taken place • better definition of the population being studied, along with the inclusion/exclusion criteria for participation • more time for participants to withdraw consent (ECART suggests seven days), and only keeping participant names attached to the sample until that time has passed • development of a separate information sheet and consent form (Health and Disability Ethics Committees template to be a guide), and to include the following: the researcher's contact details, the purpose of the research, details on how to withdraw, details on how participants can access the final report, and confirmation that there are no implications for the participants' fertility treatment and overall health • clarification of the roles of the university and the fertility clinic: who is conducting the research, who will keep the data, and for how long? Full approval will be given once the conditions have been met.	Project started 2008	Project completed March 2009. Final report received and approved by ECART. Final report forwarded to ACART	Yes