

Minutes of the Ninety-seventh Meeting of the Ethics Committee on Assisted Reproductive Technology

17 October 2022

Held via zoom on 17 October 2022

In Attendance

Iris Reuvecamp	Chairperson
Jeanne Snelling	Member
Mike Legge	Member
Analosa Veukiso-Ulugia	Member
Richard Ngatai	Member
Lana Stockman	Member
Simon McDowell	Medical Expert Adviser
Debra Wilson	ACART member in attendance

ECART Secretariat

Apologies

Angela Ballantyne
Mania Maniapoto-Ngaia
Jude Charlton
Emily Liu

1. Welcome

The Chair opened the meeting and welcomed all in attendance.

2. Conflicts of Interest

No updates to the register and no declared conflicts of interest in relation to applications considered at this meeting.

3. Confirmation of minutes from previous meetings

The minutes from the 11 August 2022 and 20 September 2022 meetings were discussed. The Committee agreed a sub-committee would further discuss the content of the minuted discussion and associated letter for E22/134 following this meeting.

The Committee considered a response to deferred application **E22/135** and agreed to **approve** it in light of information received. At face value, the letter could be read to seem alarming in terms of the risk of a baby potentially being born 10 weeks earlier than 37 weeks. However, the Committee was reassured by specialist views that the risk was low, as well as the quality of information the parties have been given.

4. Application E22/156 for within family gamete donation

Richard Ngatai opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

Issues discussed included:

- The recipients are a same sex couple requiring sperm donation to conceive.
- The sperm donor's brother is an extended family member of the recipient partner. The gamete donor has no children and intends to begin a family with his partner at a later point.
- The medical report of the sperm donor noted a relatively high level of sperm DNA damage, which could increase the risk of miscarriage. The gamete-donor has been advised to be a non-smoker for 2-3 months to reverse sperm DNA damage. Additionally, the report noted the presence of anti-sperm antibodies, meaning the chance of successful fertilisation naturally would be reduced. The use of IVF with ICSI would increase the chances of successful fertilisation and the recipient woman has been informed of this.
- The medical report for the recipient woman raised no concerns in relation to her carrying a pregnancy. This would be her first pregnancy. The recipient partner has two children from a previous relationship and the children have been informed of the intended donation.
- Counselling of both parties showed that they are willing to be open with the potential child regarding the gamete donation and their whakapapa connections. The gamete donor intends to tell his mother that he has offered to donate his gametes to the recipient couple once ECART approval is received. His reason for delaying telling her is that he had some concern around how she might view her role in the child's life. ECART recommends that the recipient couple be informed of this.
- The families are close and there is no evidence of coercion.

Decision

The Committee decided to **approve** this application.

ECART notes that the sperm donor has delayed telling his mother about the intended donation because he was concerned about how she may view her role in the child's life. ECART recommends that he tell the recipient couple about this in the interests of them being fully informed.

Actions

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the committee's decision.

5. Application E22/157 for within family gamete donation

Richard Ngatai opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

Issues discussed included:

- The recipients are a same sex couple and therefore require a sperm donor to begin their family.
- The sperm donor is the father-in-law of the recipient woman, making this an intergenerational gamete donation. The gamete donor is a carrier for a medical condition, so the medical specialist recommended that the recipient woman be immunised against this condition as she is not already immune. The sperm donor also has elevated sperm DNA fragmentation; however, the risk of miscarriage this imposes would be minimised by using ICSI treatment, which is planned.
- The medical report for the recipient woman notes that she had an apparent heart murmur at birth. There were no concerns with her heart during the delivery of her child, nor any adverse outcomes.
- The gamete donor has a number of children and has informed all but the youngest of the intended arrangement. The recipient women and gamete donor intend to tell the youngest child once a pregnancy is confirmed. The parties have agreed to be transparent about the potential child's origin story and the gamete donor considers that his donation will not change his role as a grandfather to the resultant child.
- The families are close and there is no evidence of coercion.
- The Committee agreed that the counselling reports were thorough and gave good insight into each parties' perspective.

Decision

The Committee decided to **approve** this application.

Actions

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the committee's decision.

6. Application E22/158 for within family gamete donation

Analosa Veukiso-Ulugia opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

Issues discussed included:

- The recipient has low AMH and unexplained infertility that has had multiple attempts both with IVF and without to get pregnant that have all been unsuccessful.
- The gamete donor is the recipient woman's sister-in-law
- The donor couple have children and consider their family complete.
- The donor couple have been made aware of the risks of the planned treatment, specifically the risks surrounding IVF, medications relating to the procedure and egg collection.
- Both parties intend to be open with any potential children in regard to their conception story and are aware of any genetic implications.
- The immediate family have been made aware of the plans and are supportive.

- The counsellors report noted that there were only minor issues raised in the recipient couple's history, with the only low period of mood being attributed to the recipient woman's former relationship breaking down.
- Joint counselling raised nothing of note, but the parties agreed that any resulting embryos would not be on-donated.

Decision

The Committee decided to **approve** this application.

Actions

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the committee's decision.

7. Application E22/159 for embryo donation for reproductive purposes

Jeanne Snelling opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

Issues discussed included:

- The recipients both have infertility issues and as such require an embryo donation to conceive. The couple have attempted IVF cycles previously (with donor sperm), conceiving one child, however other embryo transfers were unsuccessful.
- Due to the recipient woman's age, using her own eggs with donor sperm is no longer an option.
- The donors initiated contact with the recipients online.
- The donors have children. They required IVF to conceive due to issues surrounding a medical condition the donor woman has. They consider their family complete.
- The donors have no medical history that would affect or impact the donation or resulting children. Genetic testing showed no potential issues in the embryos.
- The donor couple envisaged that there would be an extended-family type relationship between the parties.
- Counselling of the recipient couple acknowledged the grieving they had done over their ability to have a genetic link to further offspring, and they are grateful for the opportunity that embryo donation provides.
- The recipient woman has a history of some depression, but this is well managed currently.
- The recipients are aware of the rights of the donors and know that they may withdraw their consent for the donation up until the implantation of embryos.
- The recipient couple's child is considered too young to be involved in the counselling at this time but would be offered access to this in the future as necessary.
- The donor couple acknowledged that they chose the recipients based on the belief that they would be open to long-term contact and that they would not be cut-off from the family. Both parties have met on several occasions and are now friends.

- Both parties wish to be open with any potential children as to their conception story and are ready to provide the information necessary to aid in the child's discovery of their identity.
- Both parties intend to be open with friends and family about the process but are aware that the donor's mother may struggle to differentiate the relationship and detach themselves from any potential children.
- Counselling revealed that in the event a child born of this arrangement was assigned male at birth that there may be some feelings for the donor couple to process, but that this would be managed.
- Both parties have been fully counselled on the legal aspects of embryo donation.
- The Committee noted that the parties would do well to plan as to how the cultural needs of the child would be met.

Decision

The Committee decided to **approve** this application.

Actions

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the committee's decision.

8. Application E22/160 for surrogacy involving an assisted reproductive procedure

Analosa Veukiso-Ulugia opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

Issues discussed included:

- The intending mother has previously experienced moderate to severe depressive episodes when pregnant and as a result has terminated three previous pregnancies. The second pregnancy resulted in admission to a psychiatric ward. As a result of this history, medical staff have recommended against further pregnancies. The recipient also experienced hyperemesis gravidarum during her pregnancies.
- The intending mother is on a low dose of medication to help manage depression/anxiety and has undergone counselling during times of crises.
- The intending couple has multiple embryos in storage (stored during a previous IVF surrogacy application) and has an active pregnancy through a surrogate overseas that is due early 2023.
- The surrogate and their partner in this application before ECART have children and consider their family complete.
- The intending parents have formerly had an ECART application for surrogacy that was approved, however the intended arrangement did not go ahead.
- The intending parents are registered foster carers with Oranga Tamariki and are currently fostering a baby and were fostering three youths prior, one of whom has taken their last name and refers to them as parents.

- The intending parents and the birth mother and her partner met online. They have met subsequently and describe a positive relationship.
- The intending parents are aware of the surrogate's intention to study in 2023 and both parties have decided that the embryo transfer would be planned to work in with her study schedule in the hope that the baby would be delivered after her exams.
- The birthing plan is to attend a nearby birthing centre. The surrogate has no medical or birthing history of note, but acknowledges that if there are complications, she is willing to go to a hospital for the delivery of the baby.
- The birth mother will have access to midwifery care.
- The intending parents are willing to travel to attend pregnancy check-ups and scans as well as the birth.
- Following the birth, the intending parents are happy for the birth mother and her partner to visit and spend some time with the baby.
- Both parties have agreed that the surrogate's health comes first and that should there be any health concerns with the baby that it will be the intending mother's decision as to whether the pregnancy will be terminated.
- Both parties are willing to be open with potential children and resources have been prepared to aid in this by the intending parents.
- Legal advice has been sought by both parties and counsel provided independently.
- The surrogate's two younger children are currently too young to be counselled on what is going to happen, but the parents are aware that counselling is available for them in the future.
- The intending parents plan to adopt the child and have received approval for an adoption order in principle from Oranga Tamariki. Testamentary guardianship has been agreed.
- The Committee accepted that surrogacy is the best opportunity for the intending mother to have a child because she becomes severely mentally unwell during pregnancy. The Committee discussed the intending mother's mental health challenges outside of having a pregnancy and the source of these and how this may impact her mental health in the future once the baby arrives. Although she experiences some anxiety generally which is being managed, there is no information in the medical or counselling reports that suggests that she experiences mental health challenges outside of being pregnant. The Committee noted however, that it would be advisable for her to have a plan in place for once the baby is in her care, to support her in event of future mental health events.

Decision

The Committee decided to **approve** this application, noting in its decision letter the mental health background of the intending mother, that she appears to be under the care of her GP, and encouraging her to put a support plan in place in the event her mental health deteriorates.

Actions

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the committee's decision.

9. Application E22/161 for surrogacy involving an assisted reproductive procedure

Mike Legge opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

Issues discussed included:

- The intending mother has a long history of infertility and treatment, including several surgical interventions and egg collection
- The surrogate parents have children and consider their family to be complete.
- The surrogate has a birth history with two tears noted but these were easily repaired. The birth mother's first child was premature, but the pregnancy risk is considered minimal as the second birth was at term and uncomplicated. The surrogate has elected to have a caesarean section to avoid any further vaginal tearing.
- The parties have known one another for some time with a wide net of supportive family members to assist and support both parties throughout the process.
- The intending mother and the surrogate have agreed that the surrogate will be under midwifery care with private obstetric oversight during her pregnancy and that any twin pregnancies would not be unwelcome.
- The termination of any pregnancy would only be due to fetal abnormalities and informed by medical opinion, noting that risk of this will be decreased by PGS testing (the intending parents have 4 euploid embryos and 3 mosaic embryos in storage that been subject to PGS testing). The birth mother's health will come first.
- Both parties have been advised of all legal matters including all aspects of the HART Act. The intending parents plan to adopt the child and have received approval for an adoption order in principle from Oranga Tamariki. Testamentary guardianship has been agreed.
- Both parties have no plans to post on social media about the pregnancy.
- The joint counselling was uncomplicated and only brought up the slight anxiety suffered by the birth mother but that this was well-managed and supported by her General Practitioner.
- No cultural issues were identified during counselling.
- The birth mother is happy for the intending parents to be with her during all scans and birth where possible.
- The birth parents would like to bring their children to see the baby shortly after the birth to help the children understand the process.
- Both parties have no intentions to change their relationship with the addition of this child to the intending parents' family, and the birth parents would like to assume an aunty and uncle role in the child's life.

Decision

The Committee agreed to **approve** this application.

Actions

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the Committee's decision.

11. Application E22/162 for surrogacy involving an assisted reproductive procedure

Mike Legge opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for research on gametes and non-viable embryos* and the principles of the HART Act 2004.

Issues discussed included:

- The intending mother had a stillbirth, the reasons for which have been identified. A surrogacy is recommended as the medical opinion is that were she to become pregnant again, the risk of recurrence is high. The intending parents have had embryos created and any child born of this arrangement would be their full biological child.
- The birth mother's pregnancy and birthing history and the important considerations for her and for the potential child were considered. Her history includes an episode of post-natal depression and ways to attend to this should it reoccur have been discussed. The risks to her in carrying a surrogate pregnancy at an older gestational age have been explained and her medical specialist has recommended she receive specialist obstetric care.
- The surrogate and the intending mother met a few years ago through a shared interest group and describe having developed a close friendship over the years and they now see each other regularly. The reports state that the surrogate made the offer to the intending parents to act as a surrogate of her own accord, knowing of the intending parents' birthing history and after talking with her family first.
- Implications counselling has happened for both parties and both individual counselling sessions have canvassed the relationship between the parties both past and future, pregnancy and birth plans, support for the surrogate during and after the birth, their rights in relation to the potential child (i.e. that they are not the child's legal parents until an adoption is completed) and their options for dispute resolution. The individual counselling session for the birth parents has also discussed the surrogate's motivations for her decision and offer to act as a surrogate for the intending parents, relinquishment of the baby following the birth and the altruistic nature of surrogacy in Aotearoa New Zealand.
- The difficult topic of termination of pregnancy has been discussed during counselling sessions and all parties are aware of their rights in relation to this decision and understand that legally it rests with the surrogate. Quality of life of the surrogate and the child would be the important consideration in any decision to terminate.
- Counselling has also been offered to the parties' family members. The surrogate's two teenage children attended a session and from what is stated in the report appear to be at ease with their mother's decision to act as a surrogate and feel well-equipped to manage any outside interest in the surrogacy should it arise.

- Both parties have received independent legal advice and know that the surrogate will be the baby's legal parent until an adoption is made. The adoption process was explained to them by their lawyers.
- Intending parents intend to adopt any child born of this arrangement and they have engaged with OT. They declared that they couldn't envisage a situation where they wouldn't accept a child. They have nominated testamentary guardians in the unlikely event that they are unable to care for the child.
- The medical advisor to the Committee noted that the medical issues for the intending mother were slightly more complex than the medical report submitted with this application suggested. The advisor shared the content of a further anonymised report held by the fertility clinic with the Committee at short notice and the expert advisor noted that, on the basis of the report, he supported the intended surrogacy arrangement as it appeared to be the best or only opportunity for the intending parents to have a child. There is enough risk that surrogacy would seem reasonable.

Decision

ECART was provided with a further anonymised report in relation to the intending mother's medical issues in the course of the meeting, but would have preferred that the report was submitted with the original application. ECART notes its preference for material reports to be provided in full as part of an application. ECART also notes that the ACART guidelines require it to be satisfied that an intended procedure is the 'best or only' opportunity for the intending parents to have a child, and it is useful for any reports to address this criterion in the context of the medical report(s) provided.

ECART considered all information including the report provided during the course of the meeting along with medical advice that the intended surrogacy was reasonable in light of the medical risks to the intending mother and agreed to **approve** this application subject to the surrogate agreeing when pregnant to referral to obstetric care.

Actions

Secretariat to draft a letter from the Chair to the researchers informing the Co-ordinating Investigator and HDEC of the committee's decision.

12. Application E22/163 for surrogacy involving an assisted reproductive procedure

Iris Reuvecamp opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

Issues discussed included:

- The intending mother has congenital absence of a uterus - hence the need for a surrogacy arrangement to help this couple start a family. She has known since she was a child that she would need a surrogate and, her partner has also known for some time that they would need a surrogate. The embryos for transfer to the surrogate are the full genetic embryos of the intending parents who have no

known relevant medical or genetic factors that would complicate a pregnancy for the surrogate. There are no relevant medical or genetic factors for the surrogate that the intending parents need to be made aware of and their reports state that they have a thorough understanding of IVF treatment processes, antenatal pregnancy care, labour and post pregnancy care. It is clear that the intended arrangement is the only option for the intending parents to have full biological children.

- The intending mother had struggled emotionally with the implications of her condition as a young person, and she had anxiety as a result. She was prescribed medication. She no longer takes medication, and she also describes that she has a suite of tools available to her to manage any anxiety as a result of having been through the process earlier in her life.
- The surrogate and her partner have children and have no plans to have another child in the next few years. The surrogate's pregnancy and birthing history are described as uncomplicated. She has no medical or surgical history that would complicate the potential surrogacy pregnancy. She does however have endometriosis, but medical opinion is that this condition shouldn't lead to difficulty with embryo transfer, nor lead to an increase in pregnancy complications. Her counselling report notes that she has a diagnosis of anxiety which is recent. She takes medication for this and is working with her health care team to reduce the medication.
- The intending parents have sought information about the surrogacy process for some time, given that the intending mother has known from an early age that she would not be able to carry a pregnancy herself. They met their surrogate through an online forum that supports people experiencing infertility to family formation.
- Their relationship is a relatively new one, but they describe developing a relationship since that time, have met in person informally and they describe sharing similar values and enjoying spending time together as they share similar interests and are close in age.
- The surrogate has described her motivation as being that she enjoys pregnancy and wants to help people and the intended arrangement is consistent with her and her partner's values of wanting to help others.
- The intending parents have indicated that they wish to be fully immersed in pregnancy and in this particular case the surrogate parents appear to want that too. The surrogate parents would like the maternity carer choice to be made by the intending parents and are happy with midwifery or specialist obstetric care as recommended. The parties have gone through their plans for the delivery of the baby in detail. If any complications develop throughout the pregnancy the intending parents have declared that the focus would be on the surrogate's life and health as the priority. They would also consider termination if there was a serious health complication for the child.
- The intending parents intend to adopt the child (Oranga Tamariki have approved an adoption order in principle) and have considered testamentary guardianship arrangements which they would confirm closer to the time of embryo transfer and a viable pregnancy.
- Future contact and openness with children including the potential child was discussed. They intend to catch up as friends and expect that the surrogate parents will have ongoing contact as aunty and uncle to the child and that the

child will be told their conception and birth story. The surrogate parents have books they can use with their own children to help them understand this process.

Decision

The Committee agreed to **approve** this application.

Actions

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the committee's decision.

13. Application E22/165 for surrogacy involving an assisted reproductive procedure with egg donation

Jeanne Snelling opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

Issues discussed included:

- This is an application by a male couple who are planning surrogacy with a known egg donor and a known surrogate to help them start their family.
- One of the intending parents takes medication for anxiety and depression and otherwise the intending parents and the egg donor have no known relevant medical or genetic factors that would complicate a pregnancy for the surrogate.
- Both the egg donor and surrogate have children of their own and consider their respective families to be complete. Their motivations for offering to help the intending parents start their family have been discussed in counselling sessions.
- The reports note the surrogate has a diagnosis for anxiety which is recent. She takes medication for this and is working with her health care team to reduce the medication. She has had hyperemesis in her previous pregnancies that she knows is likely to reoccur. She had experienced post-natal depression and has a plan in place to manage this should it reoccur. Her deliveries were quick, and this has been something that she has been asked to flag with her lead maternity carer once a pregnancy is established.
- The surrogate met one of the intending parents through work, and the couple describe her ability to manage and maintain boundaries. They have different social networks, and they state that in accepting her offer as a surrogate their different networks allow them to maintain some space and at the same time a connection. In their counselling reports they declare they'd like to support her as much as they can as a surrogate and note that the surrogate will have support from her own immediate family.
- The egg donor is known to the couple through one of the intending parent's work connections. They have developed a friendship with her, and they expect to maintain contact with her. She has had her rights in relation to the donation explained to her and she agreed to do more than one cycle of IVF treatment if necessary. She has set a condition on her donation that she does not want any embryos created with her eggs to be on donated, but would be open to revisiting this decision at a later time. She has declared that she will be open with her own children about the donation. She would wish for an ongoing relationship with

the intending parents and the child but wouldn't expect to have a special relationship beyond that with the child.

- Counselling sessions have canvassed treatment, pregnancy, and birthing plans. They understand that the surrogate has the legal right to make a decision about termination of a pregnancy. The surrogate has said maintaining her own health is a priority, but her decision would be guided by their wishes. They all agree that her life is paramount.
- The intending parents have chosen testamentary guardians in the unlikely event that they are unable to care for the child. They intend to adopt any child born of this arrangement and they have approval in principle for an adoption order from Oranga Tamariki.
- Both parties have received independent legal advice which has covered advice around the legal status of the child, the adoption process, the unenforceable nature of the surrogacy contract, and what expenses the HART Act permits.

Decision

The Committee agreed to **approve** this application. In its discussion the Committee noted a range of factors that may make surrogacy challenging for the birth mother (i.e young age of her children; prior history of hyperemesis in pregnancy; and anxiety). ECART also noted from the counselling reports that the intending parents wish to support the birth mother during the surrogacy. Consequently, ECART would encourage the parties to proactively discuss and make a plan for how the intending parents might best support the surrogate during any pregnancy.

Actions

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the Committee's decision.

14. Application E22/166 for embryo donation for reproductive purposes

Iris Reuvecamp opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

Issues discussed included:

- The donor couple wish to donate their remaining embryos that were created from their gametes for their own fertility treatment, to the recipient couple who are family members. The donor couple have children and consider their family to be complete.
- The donor couple's motivations for donating were discussed during counselling sessions. The couple have a strong religious faith and don't want to dispose of their embryos and for them the best solution is to donate their embryos to people they know.
- The recipient couple currently live overseas. The recipient partner has a condition that means he does not produce sperm and management of his condition is overseas where they live. The recipient woman also has a condition that compromises her fertility although the reports note that recently her cycles have become more regular. She is also making lifestyle changes in relation to her weight as she has been made aware of the incremental risks that

can be associated with weight on the success of the treatment and in relation to her own health and the health of the potential child. There is a plan in place to help mitigate any risks and she will receive care from an obstetric specialist in her country of residence should a pregnancy be established.

- The recipient couple consider the intended donation to be the best opportunity for them to have a family as they can use existing embryos which matches their values, and the embryos are created with gametes from a family member that means there is a close genetic link with the recipient couple.
- Although whether this is the best or only opportunity for the recipient couple to have a family is addressed in the counselling reports the Committee noted there is a question around whether the couple could possibly use the recipient woman's eggs and donor sperm. However, the recipient woman says that because of her religious beliefs she would not find it acceptable to use donor sperm, although she is comfortable with using a donated embryo.
- All of the key issues were discussed during counselling sessions. The donor couple have declared that they would not consider themselves to be parents of any resulting child. They would like for the recipient couple to use both embryos, but they understand that might not be possible.
- They discussed termination of pregnancy and the couples appear to have similar views, but the donor couple know that any decision making in this regard is the recipient couples to make.
- The donor couple will have ongoing contact with the recipient couple as they are all part of a close family. The applicants are in regular daily contact by phone, and they imagine this will continue.
- The donor couple have expressed that they do not want to interfere with the recipient couple's bonding and parenting, but they do appreciate the rights of the children in both families to know each other. They have declared that they are committed to letting their children know of the donation in future and want their children to know of the genetic link between them and any potential children in the recipient couple's family. They won't underplay that relationship and fully acknowledge that any potential children are biological brothers or sisters of the existing children. They want children in both families to be given information which is consistent and loving and to come to an agreed narrative around disclosure, which includes the grandparents in all families.
- The donors also feel that they need to be able to explain the reasons for the donation to their own children as well as children in the recipient family and they feel this holds them accountable to making ethical decisions regarding the donation.
- The residency status of the recipient couple was discussed. The Committee agreed that the connection between the families is sufficiently strong to safeguard the well-being of all parties including existing children and the potential child/ren.

Decision

The Committee agreed to **approve** this application.

Actions

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the Committee's decision.

15. Consideration of extended storage applications

Meeting close

Confirmation of next meeting on Thursday, 8 December 2022.

Confirmation of ECART member in attendance at next ACART meeting on 20 October 2022, Jeanne Snelling.