

# Minutes of the Eighty Fifth Meeting of the Ethics Committee on Assisted Reproductive Technology

## 7 December 2020

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Held via zoom on 7 December 2020

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### In Attendance

Iris Reuvecamp	Chairperson
Paul Copland	Member
Michele Stanton	Member
Mike Legge	Member
Mania Maniapoto-Ngaia	Member
Jude Charlton	Member
Tepora Emery	Member

Kathleen Logan ACART member in attendance (until 10.00am)

Hayley Robertson	Senior Advisor, Ethics
Kirsten Forrest	Senior Advisor, Ethics
Tania Siwatibau	Administrator, Ethics

### 1. Welcome

The Chair opened the meeting by welcoming all present and noting apologies were received from Dr Mary Birdsall.

ACART Chair Dr Kathleen Logan was in attendance to speak to ACART's recently published *Guidelines for Family Gamete Donation, Embryo Donation, the Use of Donated Eggs with Donated Sperm and Clinic Assisted Surrogacy*.

The Committee sought clarification in relation to the 'on-donation' provision in the new guidelines. The guidelines clearly set out the consent requirements in relation to on donation, but the Committee was less clear as to whether they expressly state the situations in which on donation is now possible.

It was noted that applications are starting to mention that at the time of original counselling sessions, on donation was not an option open to applicants and indications from applicants at this point in time are that they do not consent to on donation despite it now being an option open to them.

ACART will consider this and will respond to ECART.

### 2. Conflicts of Interest

Dr Mary Birdsall declares (on an ongoing basis) that she is a shareholder in Fertility Associates and has interests on a professional and a financial basis, but was not

present for the meeting on 7 December 2020 (but was present for discussion of applications E20/149, E20/153 and E20/154 by phone on 10 December 2020.

### **3. Confirmation of minutes from previous meeting**

The minutes from the 29 October 2020 meeting were confirmed.

### **4. Application E20/147 for the Creation of Embryos from Donated Eggs and Donated Sperm**

Paul Copland 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 applicant is a single woman with a history of age-related sub fertility. She has had a number of fertility treatments over a number of years using her own eggs without success.
- The medical and counselling reports for the donors who are both clinic donors, are unremarkable and cover the important considerations for gamete donors.
- The residence status of the donors was discussed. There is a possibility the egg donor may leave the country in future which may make it difficult for any resulting child to contact her in person. However, this fact in and of itself does not limit people from donating their gametes nor ECART approving an application.
- The Committee noted that the recipient woman had been advised that any extension to storage would require ECART approval and consent from the donors, but this is misleading as the donors do not have rights to the embryos once they are created. ECART agreed to point out in its decision letter that while donors are asked for their consent it has no impact as once the embryos are created such decisions rest with the recipient alone who has the right to choose whether she would wish the storage of embryos to be extended or not.

#### **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.

### **5. Application E20/148 for the Creation of Embryos from Donated Eggs and Donated Sperm**

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 recipient couple are seeking this assisted reproductive procedure due to age-related infertility and additionally, one of the recipients is infertile following treatment for a medical condition.
- The important considerations for the egg donor have been canvassed in her medical sessions. She has children of her own and is not planning any further pregnancies at this stage. The risks of egg collection have been outlined to her.
- The donors have both had the reasons for their donations being used in this intended arrangement explained to them and they are aware of their rights in relation to the use of their gametes up to the point the embryos are created and the rights of the recipient couple as parents. They are aware of the HART Act provisions in relation to their identities and the storage of any embryos created. The recipient couple have been made aware of the same.
- The sperm donor does not wish for any embryos created from this arrangement to be on donated to another couple. He knows the recipient woman professionally, sees the donation as a personal gift, and is unlikely to donate to others.
- The egg donor is open to maintaining future contact with the recipient couple should a child be born of this arrangement and she would also plan to tell her own children about the donation in that event. She has met the recipients at the clinic.
- The sperm donor may have ongoing contact with any resulting child and is open to the child knowing of the role he played in his or her conception.
- The recipient parents have declared that they will tell any resulting child of his or her genetic origins.
- The recipient couple have a child who was conceived with the help of fertility treatment using donated gametes from different donors and, if this intended treatment were to be successful any resulting child would not have a genetic link to their sibling. While ECART agreed that this is a full application with thorough and considered implications counselling, it was unusual for the committee not to see in the application fuller reasons why the earlier donors' donations are not being sought again. The Committee agreed that it did not need to see this information in order to make a decision in this case.
- The Committee noted that the donors had been advised that they will need to consent to extended storage of the embryos beyond 10 years, but this is misleading as the donors do not have rights to the embryos once they are created. In the application there is mention of the sperm donor being provided with the option of consenting or refusing consent to the extended storage of any embryos created which is incorrect. While donors are asked for their consent once the embryos are created such decisions rest with the recipient couple alone who have the right to choose whether they would wish the storage of embryos to be extended or not.

**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.

## **6. Application E20/149 for Embryo donation for Surrogacy involving an Assisted Reproductive Procedure**

Michele Stanton 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 parents have embryos created from their own IVF treatment that they wish to use in this intended surrogacy arrangement. The couple have unexplained infertility and have had a number of embryos transfers in past years without success. They are otherwise fit and well with no medical conditions of note.
- The Committee discussed whether the information in the intending parents' medical report was clear as to why there is a need for a surrogate in this case. While the report doesn't provide specific information on why there is a need for a surrogate the application makes clear that there have been multiple transfers of high quality embryos without success from which it is reasonable to infer that she is not able to carry a pregnancy.
- The birth parents have completed their own family. The important considerations for the birth mother and partner are set out in the medical report. There were no particular health issues associated with any of the birth mothers' previous pregnancies, the last of which was a few years ago.
- Obstetric care is recommended to manage the known risks of carrying a surrogacy pregnancy as an older woman.
- ECART noted concerns in relation to the birth mother's health and that of the potential child given the birth mother's birthing history includes deliveries by caesarean section. The committee noted however that any risks to the birth mother could be managed with good obstetric care which has been recommended for the birth mother.
- The intending mother and the birth mother have a friendship of some years and have regular contact and shared interest between the two families.
- The counselling sessions have clearly set out discussion and agreement in relation to the birth plan, views on termination, issues around foetal abnormality, relinquishment of a child, adoption, ongoing contact between the two families and information sharing with the potential child and guardianship. There were no cultural or religious issues that needed addressing and dispute resolution options were also discussed.
- Both families have sought and received independent legal advice. Oranga Tamariki assessments have resulted in the decision that an adoption order in principle is approved.

### **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.

## **7. Application E20/150 for Surrogacy involving an Assisted Reproductive Procedure**

Jude Charlton 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 medical condition that in the event of a pregnancy would place her and her potential child at risk, hence the need for a surrogate. The intending mother's medical condition is unlikely to be inherited and embryos will be created from the intending parents' gametes. Specialist views submitted with this application offer a positive long-term prognosis for the intending mother.
- The reports in the application are complete and show the HART Act principles in this application have been respected.
- The birth mother has had the risks of carrying a surrogate pregnancy explained to her. There are no known risks to the birth mother beyond the usual risks associated with a surrogate pregnancy and they will be managed with appropriate medical care. The pregnancy and birth plans have been well covered during counselling sessions. The birth mother's life is at the forefront of any decision to terminate a pregnancy in the event that is a decision the parties are faced with.
- The counselling sessions have addressed the intending parents' fertility history and they have been able to openly discuss the effects on their lives of their grief following an event in their journey and they have come to terms with the need for a surrogate.
- The counselling reports are thorough and have addressed the implications of the intended arrangement well.
- All parties felt that counselling had been culturally appropriate.
- The birth mother's offer to act as a surrogate was a well-considered offer that was welcomed by the intending parents as there is a close familial connection and the relationship between the parties is one that is close and protects the interests of all parties including existing and potential children.
- Both parties have received independent legal advice and understand the legal issue involved. Testamentary guardianship has been discussed and agreed.

### **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.

## **8. Application E20/151 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 parents are in a committed, stable relationship and have been for some time. They have had previous pregnancies that, following heart breaking decisions, have not come to term in order to protect the life and health of the intending mother. Numerous treatments during established pregnancies were trialled without success. The applications do not go into full detail about how extensively the treatments were explored but the experiences have clearly been deeply traumatic for the intending parents and the only remaining option is for the use of a surrogate. Outside of pregnancy, the intending mother receives medication and other therapies for the conditions she has and does not experience symptoms of her illness. She appears to have a range of supportive factors in place and the application supports the view that she has sufficient supports in place to care for her and her potential child.
- Letters from specialists recommend to varying degrees that pregnancy is contraindicated for the intending mother.
- The intending parents have worked with Oranga Tamariki to complete screening for adoption and have provided respite foster care for some children to date.
- The birth mother has children of her own and considers her family to be complete. Her previous births were uncomplicated. Her offer to be a surrogate has been well-considered and is informed in part by her experiences and the dynamics of her own family. She is aware of the diverse ways in which families are created, loved and grown.
- The birth mother has medical conditions that are well-managed on medication and has had a theoretical discussion about the risks of certain medication during pregnancy and, in her case the risk is described as relatively small. The results of recent tests have seen her referred for further assessment and possible treatment which could possibly impact on her ability to carry a pregnancy.
- Pregnancy, birth and post-birth plans have been discussed and agreed during counselling sessions. The birth mother's health will be held as paramount should they face difficult decisions about whether to terminate a pregnancy and all are aware that the birth mother holds the legal right to make decisions in relation to this.
- The strong relationships between all the parties appear to protect the wellbeing of all involved in the intended arrangement.

### **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.

## **9. Application E20/152 for Surrogacy involving an Assisted Reproductive Procedure (and egg donation)**

Mania Maniapoto-Ngaia 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 parents have completed an IVF cycle with their egg donor and intend to use the embryos created in this arrangement.
- The intending mother has a medical condition that has been medically treated and following this treatment had IVF treatment to collect her eggs without success. Another impact of her condition has been that she is unable to carry a pregnancy.
- The egg donor has children of her own and considers her family to be complete. Her previous pregnancies were to a mild degree complicated by a condition she has but her births were uncomplicated.
- The birth mother has had previous uncomplicated pregnancies to full term but has had some of her deliveries by caesarean section. The risks to her in carrying a surrogate pregnancy (pre-eclampsia, gestational hypertension, amniotic fluid embolism, placenta previa and abnormally adherent placenta) have been explained to her especially given her birthing history but have been described in the application reports as all manageable with appropriate antenatal care.
- The counselling reports have thoroughly set out the issues canvassed during the counselling sessions. The intending parents have had a difficult journey and have at times felt isolated, with others in their community not having experienced infertility, particularly within their family and wider ethnic community. They have talked about the legal adoption practice in New Zealand alongside cultural guardianship arrangements.
- There is a familial connection within this intended arrangement and the relationships are described as close knit with the parties being in regular contact. The offer from the birth mother has been made freely.
- Pregnancy and birth plans have been discussed and agreed and all parties hold similar views in relation to termination of pregnancy while respecting that that ultimate decision is legally the birth mothers to make.
- The intending parents are deeply connected to their cultural heritage and first in their whanau to engage in such an arrangement so have played an educational role within their family and would wish to raise awareness more widely within their communities. They have also offered feedback to their counsellor about how to better support others with a similar cultural background to their own which was positively received by the counsellor.
- Testamentary guardianship has been agreed and wills have been made. The parties are aware that payment for surrogacy or donation is prohibited under the HART Act.
- The intending parents have engaged with Oranga Tamariki and are awaiting the outcome of their assessment.

- Both parties have sought legal advice and understand the legal issues involved with a surrogacy arrangement.

### **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.

## **10. Application E20/153 for Surrogacy involving an Assisted Reproductive Procedure (and egg donation)**

Tepora Emery 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 HART Act principles are described as having been respected in this application.
- The intending parents are a same sex male couple who have one child born from a previous surrogacy arrangement and they wish to complete their family hence this second application to ECART. The egg donor in this application is the same egg donor from the previous application and is connected to the intending parents through family. The egg donor's role as biological mum is known to their child and socially, she has a role as aunty.
- The birth mother in this intended arrangement has children of her own and considers her family to be complete. Her previous pregnancies have been uncomplicated, and the risks of surrogate pregnancies have been explained to her and the medical report states they are low. She has however had caesarean section deliveries and the risks associated with carrying further pregnancies have been set out in the medical report. The risks have been described as manageable with excellent antenatal care. The Committee discussed whether it thought the risk to the birth mother might be too high within the context of a surrogacy arrangement and given that she has children of her own. The Committee agreed however, that the risks it would want to see outlined to the birth mother had been and, that her medical specialist is of the view that the risks are manageable. She will be under the care of an obstetrician who will have responsibility for monitoring any risk and intervening should that become necessary.
- The counselling report discloses a past experience of mental health issues which were offset with medication and, her primary health care provider has no concerns about her well-being.
- The length of time the birth mother and intending parents have known each other, the way in which they met, and the offer from the birth mother to act as a surrogate.
- The intending parents and egg donor are familiar with their rights and legal aspects of the intended arrangement given that this is their second surrogacy.
- Pregnancy and birth and post-birth plans have been discussed and agreed.



- The parties have thought through the potential need for dispute resolution.
- The intending parents' documentation of their first child's journey to them has been shown on social media platforms and they have arranged with the birth mother not to document anything about this intended arrangement at this point in time.

### **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 E20/154 for Creation of Embryos from Donated Eggs and Donated Sperm**

Paul Copland 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:**

- Both gamete donors in this application are clinic donors. The sperm donor is well, and his donations have been used in other clinic donations.
- Donated gametes are medically indicated for both the recipient man and the recipient woman in this case and donation for eggs and sperm are appropriate.
- The reports included with this application also disclose a past criminal history for the recipient partner
- The recipient woman has disclosed a history of mental health issues and a report from a specialist included with this application indicates that she is doing well, and her condition is well managed. She is not currently taking medication and has taken on new challenges in her life including having retrained professionally and has a renewed purpose and enjoyment of life.
- The medical and counselling reports for the egg donor disclose issues in relation to her mental health and information from her allied health professional. The application describes a long-standing and regular therapeutic relationship. She is not on any medication currently.
- The Committee noted concerns about the possibility, as for all assisted reproductive procedures, for negative outcomes and how they might affect the egg donor who has been vulnerable in terms of her well-being.

### **Decision**

The Committee agreed to **defer** this application to seek further medical information about the egg donor and further information from her allied health care provider.

The Committee also noted concerns about the recipient partner's previous convictions for drug use and would like to see information about his drug use in relation to cannabis and methamphetamine since those convictions, any current drug use and, further

information about the positive changes he has made in his life more generally after his more recent convictions. The Committee would also like to see further information from family and or members of the recipient couple's community that supports their application in terms of their capability to be parents. For example, a reference from someone in the community with standing that provides information about what has changed for RM in particular in his life and the extent to which RM and RW would make good parents.

### **Actions**

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

### **12. Application E20/155 for Surrogacy involving an Assisted Reproductive Procedure with egg donation**

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:**

- This is the intending parents second application to ECART for surrogacy. The first application was approved but a pregnancy was not established following fertility treatment.
- The intending mother has a medical condition that is contraindicated in pregnancy and she has been advised not to carry a pregnancy herself. She also has low ovarian reserve and egg donation has been advised.
- The egg donor has had the process of egg collection explained to her by her medical specialist and understands the risks. She is unsure of her own future reproductive plans and currently has a child of her own whom she would plan to tell about the intended arrangement should a pregnancy be established. The egg donor has had her rights in relation to the intended arrangement discussed with her during counselling sessions. She understands the requirements of the HART Act and is happy for any resulting child to know her role in his or her conception and to have ongoing contact with the child.
- The birth mother has had the risks of carrying a surrogate pregnancy explained to her. She is healthy herself and has had previous uncomplicated pregnancies and considers her own family to be complete.
- The intending mother has received counselling and during those sessions has discussed the HART Act requirements and the adoption process. They have engaged with Oranga Tamariki and waiting on an adoption order in principle.
- The intending mother and egg donor in this application are friends. They are confident of a continuing relationship and have declared intentions to be open with any resulting child about the role the egg donor played in the child's conception.
- The birth mother and intending mother are also known to one another and share a friendship. They see their relationship with the intending parents as one that will continue in future. Counselling sessions have canvassed pregnancy and birth plans including what they would do in the event they had to make a difficult

decision around termination of a pregnancy. All parties understand that such a decision is ultimately the birth mothers to make.

- The intending parents and the birth parents have sought independent legal advice and understand the legal issues associated with a surrogacy arrangement. The intending parents have arranged testamentary guardianship for the child in the unlikely event that they are not able to parent.

### **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 E20/156 for Surrogacy involving an assisted reproductive procedure**

Michele Stanton 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 parents have embryos created from their own gametes that they wish to use in fertility treatment with a surrogate. The intending parents' infertility remains unexplained following an extensive history of fertility treatments. The intending parents are otherwise fit and well.
- The birth parents have two children and consider their family to be complete. The birth mother has an unremarkable pregnancy and birth history and is currently fit and well.
- The couples met several years ago and have a close relationship and are in regular contact.
- The implications counselling is consistent across individual and joint counselling sessions and has canvassed the issues of termination of pregnancy, dispute resolution, expenses, social media, birth plans including relinquishment, adoption and future relationship. Guardianship, emotional well-being and coping with a possible negative outcome are issues that have also been discussed.
- The birth parents have indicated that they will tell their own children about the intended arrangement once a pregnancy is established.
- Both couples have received independent legal advice and Oranga Tamariki has approved an adoption order in principle for the intending parents.

### **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.

#### **14. Application E20/157 for Embryo Donation for reproductive purposes**

Jude Charlton 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 have embryos created from their own IVF treatment that they now wish to donate as they have completed their own family.
- The medical report for the donor couple states that there are no medical issues that would affect any child born of this donation.
- The implications counselling has covered the issues well and both couples understand the legal issues associated with embryo donation.
- The recipient couple have a child who was conceived without the help of fertility treatment but sadly the recipient couple went on to have recurrent pregnancy losses and the recipient woman now has age-related infertility. The recipient woman has had the risks of carrying a pregnancy at a later maternal age explained to her along with information about how the risks can be mitigated.
- The donor couple's motivation for donating has been explored in counselling sessions. They have one embryo to donate and have offered to donate to the recipient couple with whom they share the same values and interests and who wish to have only one more child and sibling for their existing child. They are comfortable having a child who has no genetic link to them or their existing child. They have declared intentions to be open with any child born of this arrangement about the donor couple and the donor couple's children as biological full siblings.
- The couples believe they have formed a sound relationship and that they could resolve any future conflict should it arise. They are aware of the dispute resolution process.
- The donor couple have declared that they will tell their own children about the donation and their hope is that in future their children would meet and know any child born of this arrangement.
- The recipient couple's counsellor indicated that they were fully cognisant of the implications of embryo donation and wished to proceed with treatment if this application is approved.
- The Committee queried whether there is a basis for not using the recipient man's sperm as an option before proceeding to embryo donation. The Committee discussed whether embryo donation is the "best or only" opportunity to have a child. In weighing up the particular circumstances of this case, the Committee agreed that the donation does fall within the test it is required to apply.

#### **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. Application E20/158 Application for Surrogacy involving an assisted reproductive procedure**

Mania Maniapoto-Ngaia 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 parents have embryos created from their own IVF treatment that they wish to use in this intended surrogacy arrangement. There is a clear medical need for the surrogate in this arrangement.
- The birth parents have children of their own and consider their family to be complete. The medical report for the birth mother presents her as healthy, fit and well. She has no significant medical history and is not on any regular medications. She has had the risks of carrying a surrogate pregnancy explained to her and a plan to mitigate any risks has been outlined to her.
- The individual and joint counselling reports are consistent. The intending mother and birth mother met via an online forum and have declared a growing trust in their relationship and transparency in their communication with one another. They foresee an ongoing relationship in which they will keep contact with one another. They intend to be open with existing children about the intended arrangement and, open with any child born of this arrangement.
- They have a plan in place to manage any conflict should it arise and, at the same time, are open to seeking support from counsellors should they need it.
- Post birth plans have been discussed and agreed and the intending parents have engaged with Oranga Tamariki who have approved an adoption order in principle.
- Both couples understand that the birth parents will be the child's legal parents until an adoption is completed through the adoption process. The birth parents do not wish to parent a resulting child and the intending parents have declared they would accept a child including a child born with a disability. Testamentary guardianship is still being discussed in the event that the intending parents were unable to care for the child as cultural considerations are being taken into account as part of any decision. A decision will be made prior to any embryo transfer.
- Legal advice has been sought and understood by both parties and there appear to be no legal issues that need to be addressed.

#### **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.

## **16. Correspondence**

- Correspondence from a fertility provider and applicants in relation to an ECART decision declining an embryo donation application.

### **Meeting close**

Confirmation of next meeting on 11 February 2021 in person.

Confirmation of ECART member in attendance at next ACART meeting on 18 February 2021. Iris Reuvecamp to attend.