

Gamete and Embryo Storage consultation response from Christian Concern

30 April 2020

Possible changes to the 1990 Act

Question 1

Should the statutory storage period for frozen embryos, eggs and sperm change from the current limit of 10 years?

Answer: Yes

Question 2

Do you think the limit should be increased or decreased?

Answer: We think that the limit should be decreased. (So we move to question 5)

Question 5

If you think the limit should be decreased, what do you think the limit should be:

- 8 years
- 5 years
- other – please specify

Answer: We think that the limit should be decreased to 2 years.

Question 6

Why do you think that the limit should be decreased?

Answer:

We want focus primarily on the storage of embryos in our answer to this question. Our ethical position is informed by the Christian perspective that every embryo is a unique human life. Human life begins at fertilisation. This position is informed by science and longstanding traditions of medical ethics. Destruction of an embryo is destruction of a human life, or at the very least the destruction of a possible human life. Therefore, society should never intentionally destroy any embryos.

Some Christians will take a principled view that IVF is immoral *per se* because of the artificial splitting of sexual union from procreation, the damage done to the woman's body through egg harvesting, and the risks of commodification of human beings. Others will allow for IVF providing that no embryos are intentionally destroyed. We take the view therefore, that any embryo created should be done so only with the intention of being transferred into the womb as soon as possible. This means that we believe that the limit for storage of embryos should be decreased to as short a period as practical. Any actual time limit is arbitrary, but we are thinking in terms of months rather than years.

Embryo freezing is effectively artificially postponing the life of a unique person. There are all sorts of moral and ethical questions around this practice, not least the psychological impact

on the person whose life was put ‘on hold’ in this way. We cannot predict the future and what may happen to either parent whilst the embryo is frozen. We therefore consider it to be unethical to freeze embryos. Where there are frozen embryos in existence these should not be destroyed or used for research purposes but rather made available for adoption.

We believe that the ethical and moral questions are different for gametes – see our answer to question 10.

Question 8

Should any conditions be applied to those seeking to freeze embryos or gametes beyond a certain limit?

Yes or no.

If you answered yes, please answer question 9.

Answer: Yes

Question 9

What do you think these conditions should be? (For example, that the patient should be under a certain age or that they should undergo additional welfare checks as part of fertility treatment.)

Answer:

Per our answer to question 6, we believe that any embryos created should be done so with the intention of immediate transfer into a womb as soon as practical, and that there should be no intentional destruction of embryos.

For the freezing of gametes, this should only be done for people of fertile age to make it as close to the natural ability for childbirth as possible. Any age limit is relatively arbitrary, but an age limit of around 35 would mark the age at which natural fertility starts to decline markedly for most women. So as not to discriminate between men and women in this matter, a similar age limit should be applied to men.

Patients should have a consultation in which they are advised about what is involved, including the health risks to women from egg harvesting, and in which the possibility of adoption or fostering is also considered.

Question 10

Should embryos, eggs and sperm each have their own storage limit?

Yes or no.

Answer: Yes

Question 11

If they should each have their own limit, what should that be? Please state the limit for each below:

embryos:

eggs:

sperm:

Answer:

Per our answer to question 6, embryos should only be created with the intention of immediate transfer into a womb as soon as practical. Embryos should be viewed as human lives, or at the very least potential human lives, and therefore no intentional destruction of embryos should be allowed.

Gametes are not human lives in the same way, and therefore there are fewer moral objections to them being stored for longer.

The maximum length of storage for both eggs and sperm should be the same so as to avoid any potential discrimination on grounds of sex of donors, or any other unforeseen complications.

We recommend that gametes should not be frozen for patients over the age of around 35 – the age at which most women’s fertility starts to decline markedly. We recommend that gamete storage is done only until the donor reaches that age. This keeps the fertility age around the same as biological fertility and avoids complications from gametes being stored too long or of embryos being created out of biological generation.

Possible changes to the 2009 storage regulations

The 2009 storage regulations allow for extensions to the statutory storage period of 10 years, if the person storing the embryos or gametes can provide a written medical opinion that he/she is prematurely infertile or likely to become prematurely infertile.

Extensions can be given for up to 10 years at a time, up to a maximum storage limit of 55 years.

In the light of any changes to the statutory storage period, the regulations may need to be updated.

Question 12

Do you think that the provisions in the regulations need updating?

Yes or no.

Answer: Yes

Question 13

Do you think the criteria that permit storage extension for those who are prematurely infertile are still appropriate and should remain?

Yes or no.

Answer: Yes

Question 15

Is the 10-year frequency of renewal still appropriate?

Yes or no.

If you answered no, please answer question 16.

Answer: No

Question 16

If not, what period of time do you think is more appropriate and why?

Answer:

We do not believe that embryos should be stored for anything like 10 years. Any embryo created should be inserted into the womb as soon as possible.

In the case of gametes, a 10-year renewal period is too long. In line with our answer to question 11, we believe that gametes should not be stored longer than the time period of natural fertility for women, and that therefore a 5-year renewal period is more appropriate.

Question 17

Is the 55-year maximum storage limit still appropriate?

Yes or no.

If you answered no, please answer question 18.

Answer: No

Question 18

If not, what maximum period of time for those who may be prematurely infertile would be appropriate? For example, would the donor's lifetime be an appropriate limit?

Answer:

The current limit of 55 years already means that an egg donor who then had the same eggs implanted in her would be pregnant and giving birth at an unusually old age to be a mother, something that would heighten medical risks as well as be socially unconventional and therefore possible negative psychological effects on the child. Extending the time to the donor's lifetime would sever any link between being a donor and being a parent, and mean that a dead donor's gametes would provide the genetic material for the conception of a child. This would necessitate a kind of surrogacy arrangement, a matter about which we already have grave reservations. The psychological effects of such an arrangement on children has never been studied properly, but the potential for confusion and grief around not being able to know at least one biological parent would be the greatest problem. In line with our answer to question 11, we believe that gametes should not be stored longer than the time period of natural fertility for women.

Question 19

Should embryos, eggs and sperm each have their own storage limit?

Yes or no.

If you answered yes, please answer question 20.

Answer: Yes

Question 20

If they should each have their own limit, what should that be? Please state the limit for each below.

embryos:

eggs:

sperm:

Answer:

Per our answer to question 6, embryos should only be created with the intention of immediate transfer into a womb as soon as practical. Embryos should be viewed as human lives, or at

the very least potential human lives, and therefore no intentional destruction of embryos should be allowed.

Gametes are not human lives in the same way, and therefore can be stored for longer.

The maximum length of storage for both eggs and sperm should be the same so as to avoid any potential discrimination on grounds of sex of donors, or any other unforeseen complications.

We recommend that gametes should not be frozen for patients over the age of around 35 – the age at which most women’s fertility starts to decline markedly. We recommend that gamete storage is done only until the donor reaches that age. This keeps the fertility age around the same as biological fertility and avoids complications from gametes being stored too long or of embryos being created out of biological generation.

Question 21

Do you have any other comments on gamete and embryo storage limits not covered in these questions?

We note that some medical professional bodies such as the RCOG want the current egg-freezing limits to be extended so that younger women in their 20s can be persuaded to freeze their eggs for social reasons, to delay childbearing. This is because the quality of eggs tends to deteriorate after age 35. The truth is that this campaign to extend the limits has no medical reasoning behind it. If eggs are at their best quality in women’s 20s then natural procreation and not assisted procreation should be encouraged by the medical profession, and the fertility industry needs to step back and stop interfering with perfectly healthy women’s reproductive systems.

Regarding question 15, we note that some campaigners for extending the time limit, e.g. the Progress Educational Trust, appear to downplay the need for a medical test to prove premature infertility in order to qualify for the 10-year extension.

https://www.bionews.org.uk/page_145992

We take the view that the medical test to prove premature infertility (e.g. premature menopause) should stay as it is an objective indicator of the physical health of the donor, which may also affect their psychological health and well-being.