Consultation document: gamete (egg, sperm) and embryo storage limits

Possible changes to the 1990 Act

Introduction

The Christian Medical Fellowship (CMF) represents about 5000 UK doctors, nurses, midwives and students. We are the largest faith-based group of healthcare workers in the UK and have close links with about 80 similar organisations worldwide.

With respect to this consultation, CMF bases its opinions on the conviction that human life begins at fertilisation. We believe this view makes sense biologically and intuitively. It also reflects the tradition that has underpinned medical practice for generations. The original Declaration of Geneva (1948) stipulates that doctors 'should maintain the utmost respect for human life from the time of conception' and in like manner the first International Code of Medical Ethics (1949) says that a doctor 'must always bear in mind the obligation of preserving human life from the time of conception until death'.

Our starting point in considering this consultation is the Christian belief that the value of human life cannot be measured by its capacities. Rather, its value is conferred by being made in the image of God, its Creator. The weakest and most vulnerable of human beings, including the human embryo, are worthy of the greatest respect and protection. For this reason, we regard destruction and disposal of human embryos as fundamentally unethical.

We are also deeply troubled by the practice of embryo freezing, even when the intention is to thaw and implant the embryo later, for two reasons. Firstly, it is to instrumentalise and commodify a human life. Secondly, the acts of freezing and later thawing the embryo are potentially harmful. To intentionally inflict potential harm upon a human life without the prospect of benefit to that life, but rather for the sake of benefit to another, is exploitative and deeply troubling philosophically and ethically. That a successful outcome can bring joy to an otherwise childless couple may be offered in mitigation, but the fact that most embryos created by IVF and frozen will never be used, but will ultimately be discarded, makes the practice unacceptable in our view.

Embryo freezing creates additional problems as a result of putting ‘on hold’ indefinitely a unique human life. All kinds of unforeseen circumstances can change the situation after embryo freezing has been carried out. For example, the death or serious illness of one or both of a married couple, a relationship breakdown or other catastrophic life events. In our opinion, this is a very strong reason not to put a life 'on hold' - it is not possible to know what contingencies might arise in the meantime.

Eggs and sperm are human tissue but not human beings. If they can be safely frozen, stored, thawed and used to produce an embryo for implantation, without the process leading to any long-term damage, then in theory that is an ethically acceptable means of alleviating the pain of infertility. We favour the so-called ‘natural cycle IVF’ where only one or two eggs per cycle are harvested and fertilised, with all resulting embryos implanted. This might require repeated laparoscopies but avoids the creation of spare embryos which have either to be frozen or discarded, practices that, as stated above, we view as ethically problematic or unacceptable.

Similarly, for stored eggs our preference would be that they be thawed individually or in very small numbers, fertilised and then implanted together. We realise that this would lower success rates (and

possibly increase costs) but it would prevent the creation of 'spare' embryos with the attendant ethical problems.

The appropriate context for the use of such gametes and embryos is another subject, perhaps beyond the scope of this consultation, but it would be our opinion that the marriage bond should be maintained by not introducing gametes (or embryos) from third parties into that exclusive relationship.

We regret the increasing commodification of pregnancy – having children as a 'lifestyle choice', something to be undertaken at a time convenient for careers and other priorities. The notion of a child as a 'gift', to be welcomed and celebrated whatever the attendant inconvenience and challenge, is under threat. To the extent that the freezing and storage of gametes and embryos facilitates and encourages the notion that having a child is a 'right', to be ordered and delivered on time, and jettisoned if not in perfect condition, we regret the breakthroughs in bioscience that have enabled it. To the degree that it has enabled infertile couples to rejoice in having the family they always dreamed of, we welcome it.

Question 1

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

Yes or no. Yes

Question 2

Do you think the limit should be increased or decreased?

increased – please answer Questions 3 and 4 Increased

decreased – please answer Question 5 and 6

stay the same – please answer question 7

Question 3

If you think the limit should be increased, what should the new limit be:

15 years

20 years

material should be stored for the donor's lifetime

unlimited

other – please specify X

In our view, it is ethically problematic to freeze embryos but, where frozen embryos already exist, we would not wish matters to be made worse by disposing of them or using them for research purposes. Instead, if a frozen embryo remains 'unused' by the parents for 10 years, those parents should decide if they wish to preserve their embryo for up to a further 10 years or make it available for 'adoption'. A process of repeated 10-year reviews should continue until the woman reaches the age by which she would naturally have lost fertility (say at 50 years of age). When she reaches that age, any remaining unused frozen embryos should automatically become available for adoption.

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Whether or not to extend the storage time for frozen eggs must depend in part upon evidence that 'older' eggs are not associated with an increased number of long-term complications or abnormalities when they are thawed, fertilised and implanted. If research data can prove there is no significant added risk as a result of longer storage, then that barrier to extending the storage time limit is removed.

Assuming modern techniques can assure the 'quality' of eggs over an extended storage time, we suggest that the current time limit be increased to permit a woman to store her frozen eggs until she reaches the age by which she would naturally have lost fertility (say 50 years of age).

A man should be permitted to store his frozen sperm until his wife/partner reaches the age at which she would naturally have lost fertility.

Question 4

Why do you think that the limit should be increased?

- Cryopreservation and thawing techniques have improved, reducing the risks associated with longer term freezing
- Research shows that egg quality is highest in women in their 20's but fewer women these days are choosing to have families in their 20's, many waiting until their 30's and even 40's. Merely from an egg quality point of view, any woman deciding to freeze her eggs should do so as early as possible, preferably in her 20s. But if she did, the current 10-year storage restriction would force many of them to either sacrifice her eggs or use them to create and freeze embryos (at significant cost), by the calendar not by choice. As stated above, we believe the freezing of embryos is highly problematic, on ethical grounds.

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

Question 6

Why do you think that the limit should be decreased?

Question 7

Why do you think the limit should stay the same?

Question 8

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

Yes or no. Yes

If you answered yes, please answer question 9.

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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.)

We have significant reservations about the cryopreservation of human embryos. If embryo freezing is permitted, then the parents should be willing to make available unused embryos for adoption. Embryos should not be sold, used for experimentation or discarded, in our view.

A woman who freezes her eggs should be permitted to store them until she reaches the age when she would naturally lose her fertility. She should not be permitted to give or sell her eggs to others. Unused eggs should be discarded.

Men who freeze their sperm should be able to store them until their partner reaches the age when she would naturally lose her fertility. He should not be permitted to give or sell his sperm to another. Unused sperm should be discarded.

Question 10

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

Yes or no. Yes

If you answered yes, please answer question 11.

Question 11

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

- embryos:
  CMF does not support the freezing of embryos but where they do exist, and have remained unused for 10 years, then the providers should be encouraged to consider offering their embryos for 'adoption'. This review should be repeated every 10 years until the woman reaches menopausal age, when any remaining embryos should automatically and necessarily be made available for adoption and not destroyed.
- eggs:
  Women should agree to any unused frozen eggs that they provided being discarded after the point at which the woman would reach the natural end of her fertility cycle ie menopause.
- sperm:
  Men should agree to any unused frozen sperm that they provided being discarded after the point at which their partner reaches the natural end of her fertility cycle ie menopause.

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.

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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. 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. Yes

Question 14

Are there other additional criteria that might be appropriate to include? If so, please specify what these may be.

Question 15

Is the 10-year frequency of renewal still appropriate?

Yes or no. Yes

If you answered no, please answer question 16.

Question 16

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

Question 17

Is the 55-year maximum storage limit still appropriate?

Yes or no. No

If you answered no, please answer question 18.

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?

We do not support the freezing of embryos, on ethical grounds.

In our view, technology should be used to restore fertility but only within natural boundaries. Technology should not be used to enable fertility beyond natural time horizons.

To date, no live births have been reported using ovarian tissue taken from prepubertal girls or girls in puberty transition. The poor quality of eggs harvested prior to the menarche and in early adolescence means that successful oncofertility in children before the age of about 15 years is, for now at least, extremely unlikely or impossible.

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The current limit of 55 years for storing eggs means that the youngest possible woman with premature infertility in whom oncofertility might be successful could be 70 and still eligible to use her stored eggs. Women who are older when they become prematurely infertile could be in their 90s and still within the time limit!

In our view, an age limit is preferable to the current 55-year duration limit and we would suggest an age limit that reflects the natural loss of fertility, say 50 years.

In saying this we recognise that men may remain naturally fertile well beyond their fifties. This could be an argument in favour of keeping the current storage limit for sperm to a duration of 55 years. In our view, becoming a father in one's 80s is not something to encourage. In general, therefore, we suggest the same age limit for storage be generally applied to men as to women. However, where a man's wife/partner is younger than him, his frozen sperm could be stored until his wife/partner reaches the age limit that reflects the natural loss of her fertility.

It might still be beneficial to require a confirmation of premature infertility every 10 years, to remind providers to think about whether and when to use or dispose of their stored gametes and to limit loss of contact with them over time. When a woman reaches the age of 50 (or whatever age is agreed to be the natural upper limit of a woman's fertility), her unused frozen eggs should be discarded. A man's frozen sperm should be discarded at the same age or, where appropriate, when his (younger) wife/partner reaches that age.

Question 19

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

Yes or no. Yes

If you answered yes, please answer question 20.

Question 20

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

Embryos:

CMF does not support the freezing of embryos but where they do exist, and have remained unused for 10 years, then the providers should be encouraged to consider offering their embryos for 'adoption'. This review should be repeated every 10 years until the woman reaches menopausal age, when any remaining embryos should automatically be made available for 'adoption' and not destroyed.

eggs:

Couples should agree to any unused gametes that they have provided being discarded after the point at which the woman would reach the natural end of her fertility cycle ie menopause.

sperm:

Couples should agree to any unused gametes that they have provided being discarded after the point at which the woman would reach the natural end of her fertility cycle ie menopause.

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Question 21

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

No