

The Assisted Human Reproduction Act: a Guide for Patients

Why was legislation needed?

Over the last 20 years, scientific discoveries and medical treatments in the field of assisted human reproduction (AHR) have given hope to couples and individuals facing challenges in building a family. Most of these medical procedures and technologies have the potential to do considerable good, enabling many people to have the children for whom they have hoped and longed. However, these techniques also have the potential to create health and safety issues as well as ethical concerns for Canadians.

Like many other developed countries, Canada recognized a need for regulation and oversight of the AHR field to ensure that existing procedures and future advances were safe, effective, and ethically acceptable. Passage of the *Assisted Human Reproduction Act* (AHR Act) in March 2004 followed many years of consultation with numerous stakeholders such as medical and patient associations, ethicists, women's groups, religious organizations, parliamentary committees, and from 1989 to 1993, Canada's Royal Commission on New Reproductive Technologies.

The primary goals of the AHR Act are to protect and promote the health and safety of Canadians who use and/or are born through the application of AHR technologies, and to ensure that AHR-related research is conducted in a controlled environment. The Act is not intended to prevent your access to safe, effective reproductive care or to create unnecessary barriers if you need medical help to have children. The AHR Act is based on principles consistent with the values of Canadians. These include the protection and promotion of health, safety, dignity and rights of present and future generations.

NOTE: Health Canada is the federal department responsible for developing the legislation and regulations. Assisted Human Reproduction Canada (AHRC) is the agency responsible for overseeing and implementing them.

What does the AHR Act cover?

The two main parts of the AHR Act address:

- Practices that are not allowed. These are referred to as *prohibited activities*.
- Practices that are allowed but are subject to regulations. These are referred to as *controlled activities*.

One example of a *prohibited activity* is the payment, offer to pay or advertising of payment for sperm, eggs, *in vitro* embryos, or surrogate mothers.

Another example is pre-determining the sex of an embryo using pre-implantation genetic diagnosis (PGD), except to prevent a sex-linked disease or genetic condition. Therefore, for example, using PGD for "family balancing" is prohibited in Canada.

Controlled activities include many of the procedures already available, such as:

- Intrauterine insemination (IUI)
- *In vitro* fertilization (IVF) and intra cytoplasmic sperm injection (ICSI)
- Obtaining or importing sperm and eggs for reproductive purposes, or *in vitro* embryos for any purpose.

How does this affect me now?

The provisions of the Act that pertain to prohibited activities, including Section 8 (Consent to Use) and its regulations, are already in force. Therefore:

- If you are considering AHR procedures that involve using a sperm or egg donor or a surrogate mother, it is important to remember that payments to donors or surrogate mothers are prohibited activities. Donors and surrogate mothers may be reimbursed for their expenses, and Health Canada is developing regulations to specify allowable expenses.

- While a number of consents may be required in connection with your medical procedures and treatment, Section 8 of the Act and its regulations deal with the requirement of persons to give their written consent to use their sperm or eggs for reproductive purposes. Where *in vitro* embryos have been created, written consent must be given for the use of those *in vitro* embryos.

How may this affect me later?

Further regulations will be developed in stages by Health Canada, and will give Assisted Human Reproduction Canada (AHRC) the authority to:

- Issue licenses to individuals and clinics who wish to conduct controlled activities, and to the owners or operators of premises where controlled activities take place;
- Develop a personal health information registry about donors, persons who undergo assisted reproduction procedures, and children conceived through AHR.

For information about current and future regulations, please refer to the AHRC and Health Canada Web sites (see below).

What is the role of Assisted Human Reproduction Canada (AHRC)?

AHRC's primary role is to oversee, implement and enforce the requirements of the *Assisted Human Reproduction Act* and its regulations. It will be fully operational when the remainder of the regulations are passed. Among other responsibilities, AHRC will:

- License and inspect fertility clinics for compliance with the Act and regulations;
- Collect, analyze and disseminate data about AHR procedures;
- Evaluate new AHR procedures and technologies;
- Be a source of information about infertility and AHR for patients, health care professionals and the public.

AHRC is headed by a President and governed by a Chairperson and a Board of Directors appointed by the Governor in Council (the Governor General on the advice of the Privy Council of Canada). The current Board membership reflects a range of backgrounds and disciplines, and includes an individual with personal experience of infertility.

FOR MORE INFORMATION

Assisted Human Reproduction Canada (AHRC)

www.ahrc-pac.gc.ca
Phone (toll free): 1-866-467-1853
Email: info.ahrc-pac@hc-sc.gc.ca

Health Canada

http://www.hc-sc.gc.ca/hl-vs/reprod/index_e.html

The Assisted Human Reproduction Act

<http://laws.justice.gc.ca/en/A-13.4/index.html>

NOTE: This information is designed to offer general guidance only, and is not intended to be a comprehensive analysis of the AHR Act.

