

ARCHIVED: WMA STATEMENT ON IN-VITRO FERTILIZATION AND EMBRYO TRANSPLANTATION

*Adopted by the 39th World Medical Assembly Madrid, Spain, October 1987
and rescinded at the WMA General Assembly, Pilanesberg, South Africa, 2006*

In-Vitro Fertilization and Embryo Transplantation is a medical technique which is available for the treatment of infertility in many parts of the world. It has the potential to benefit both individual patients and society generally, not only by the alleviation of infertility, but also by the possible avoidance of genetic disorders and by enhancing fundamental studies of human reproduction and contraception.

The WMA urges physicians to act ethically and with appropriate respect for the health of the prospective mother and for the embryo from the beginning of life. To assist physicians in recognizing and following their ethical obligations, the WMA has promulgated this statement.

From the ethical and scientific viewpoint, medical assistance in human reproduction is justified in all cases of infertility which do not respond to classical drug or surgical treatment with specific reference to:

- a. immunological incompatibility
- b. irreversible obstacle to contact between male and female gametes
- c. infertility for unknown cause

In all these cases, the physician can only act with the full informed consent of donors and recipients. The physician must always act in the best interest of the child to be born of the procedure.

It is the physician's responsibility to provide the patients, at their own level of comprehension, with sufficient information about the purpose, methods, risks, inconveniences and disappointments of the procedure, and to obtain from the patients their informed consent to the procedure. As in any type of elective procedure, the physician must have adequate specialized training before undertaking the responsibility of performing the procedure. The physician must always comply with all applicable laws and regulations as well as the ethical requirements and the professional standards established by the National Medical Association and other appropriate medical organizations in the community. The patients are entitled to the same confidentiality and privacy as is required with any medical treatment.

When IVF techniques produce excess ova which will not be utilized for the immediate treatment of sterility, their use must be determined in agreement with the donors; excess ova can be:

- a. destroyed
- b. cryopreserved
- c. fertilized and cryopreserved

Scientific knowledge concerning maturation, fertilization and first stages of pluricellular development processes is still in an early stage. It is therefore appropriate to continue study and experimentation of the physical and chemical phenomena in this field strictly in accordance with the Declaration of Helsinki, and with the written consent of the donors.

RESEARCH

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The technique of in vitro fertilization and embryo transplantation can also be useful in research directed towards a better understanding of how genetic defects arise and are transmitted, and how they might be prevented or treated. Profound moral and ethical implications may arise for both the physician and the patient. The physician should not violate his personally held moral principles and must be sensitive to, and respect, the moral and ethical principles held by patients. The physician has a greater responsibility to communicate fully with the patients who will participate in the research effort and the informed consent of those patients must meet the requirements of law as well as the special level of professional responsibility dictated by ethical standards. The principles of the World Medical Association's Declaration of Helsinki will apply to all clinical research in respect to in-vitro fertilization and embryo transplantation, as well as all problems that arise out of such clinical research.

The World Medical Association recommends that physicians refrain from intervening in the reproduction process for the purpose of making a choice as to the foetus' sex, unless it is to avoid the transmission of serious sex-linked disease.

DONATION

The technique of in-vitro fertilization and embryo transplantation creates the possibility of donation of ova, sperm, and embryo, so that the biological donors may not be the parents of the child produced by this procedure. Such use of donated gametes or embryo may present serious legal, moral, and ethical issues for both patients and physicians involved in such in-vitro fertilization and embryo transplantation procedures. The physician must observe all applicable laws and ethical restrictions imposed by the National Medical Association or other appropriate medical organizations. The physician must also be sensitive to, and respect, the moral and ethical principles of patients, and refrain from the use of donated gametes or embryos when it would conflict with legal or ethical restrictions or the moral principles of the patients. The physician has the right to refuse any intervention he or she deems unacceptable.

The technique of cryo-preservation increases the availability of gametes and embryos for donation. Where permitted, if one or more donors of gametes, or the donors of an embryo, will not be the functional parent(s) of the prospective child, the physician must obtain assurance that the recipients will accept full responsibility for the unborn child and that the donors will renounce all rights or claims to the unborn child without prejudice to the rights of the child when born.

In the case of an adult woman who is without a uterus, the use of the so-called method of substitute or surrogate motherhood may be used unless prohibited by applicable laws or the ethical rules of the National Medical Association or other appropriate medical organizations. Free and informed consent must be obtained from the parties who are participating in any way in such substitute or surrogate method. There are legal, ethical and moral implications in the use of such method of substitute or surrogate motherhood and the physician must recognize them and consider them as part of any decision to use such method.

The preceding paragraph is not intended to endorse the so-called "Surrogate Parenting" arrangement by which a woman agrees, for a fee, to be artificially inseminated with the sperm of a man for the purpose of conceiving a child who will be adopted by the man and his wife.

Any commercialization by which ova, sperm, or embryo are offered for purchase or sale is expressly condemned by the World Medical Association.