



Sexual Health in the Context of Infertility
Treatment Workshop
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The well-being of the child in medically assisted procreation, a multidisciplinary approach

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Plan

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1.1 The Child's well-being: Definition

Federal Act on Medically Assisted Reproduction, RS 810.11
(Reproductive Medicine Act, RMA)

Section 1: Principles

Art. 3 Bien de l'enfant

- ¹ La procréation médicalement assistée est subordonnée au bien de l'enfant.
- ² Elle est réservée aux couples:
 - a. à l'égard desquels un rapport de filiation peut être établi (au sens des art. 252 à 263 du code civil, CC), et
 - b. qui, en considération de leur âge et de leur situation personnelle, paraissent être à même d'élever l'enfant jusqu'à sa majorité.
- ³ Seul un couple marié peut recourir à un don de sperme.
- ⁴ Il est interdit d'utiliser les gamètes ou les ovules imprégnés d'une personne après sa mort.

1.2 Implications

- MAR can only be resorted to when the welfare of the child is guaranteed → “maximum level”;
- Third party responsibility;
- The child’s welfare trumps the interests and desires of the requesting couple;
- Ethical issues:
Compatibility between the need to prevent harm to a future child and the need to respect the couple’s autonomous choice and to avoid discrimination.

1.3 Issue cases

- F 39, M being treated for cancer, with negative prognosis; sperm frozen before chimio treatment. The couple is eager to proceed with the project of having a child.
- F 39, M 43. They have a little girl 4. F, HIV+ undetectable, suffers from schizophrenia; she is on medication and followed by a Psychiatrist. F employed at 60%, but is requesting invalidity compensation. M unemployed, looking for a job. He would then be less available at home.
- F 27, M 62: he suffers from erectile dysfunction, diabetes type 2, high blood pressure and high cholesterol.

2. A multidisciplinary approach

2.1 The team:

Monthly meeting to discuss possible issue cases escalated by the medical staff

- Physicians
 - Nurses
 - Counsellors
 - Ethics expert
 - Legal expert
 - (Secretary)
- } Reproduction Department

Cases are discussed until a consensual decision is reached

2.2 National and CHUV Ethics Committee opinions

Ethical recommendations regarding way of working in case of issues:

- deliberation from case to case
- by a multidisciplinary approach
- taking the clinical context into account
- general criteria
- specific criteria when health issue in the couple

De Geyter Ch, Boehler B, Reiter-Theil S, *Differences and similarities in the attitudes of paediatricians, gynaecologists and experiences parents to criteria delineating potential risks for the welfare of children to be conceived with assisted reproduction* Swiss Med Wkly. 2010:w13064

2.3 Evaluation Criteria

Legal pre-requisites: Child's well-being, both parents' life expectancy, future provision of education to the child

General criteria

- Avoidance of harm to the child
- Avoidance of disabling mental illness in both partners
- Shared desire to have a child
- Avoidance of hereditary disease in the child
- Stable relationship between partners
- Age of both partners
- Avoidance of difficult psychosocial situations
- Future provision of education to the child

Specific criteria (in case of illness in the couple)

- Desire to have a child prior to illness
- Supporting social network
- Couple's capacity to project themselves in the future situation
- Avoidance of the child's instrumentalisation
- 2 separate opinions given by the treating specialist and an independent specialist

3. Take-away message

- ✓ The child's welfare provided on MAR by the swiss law implies specific issues
- ✓ The issues cannot be addressed from a purely medical point of view
- ✓ It has to be discussed by a multidisciplinary team
- ✓ Defined criteria to base the discussion and decision on