



**Defense Health Agency (DHA) Clinical Communities Speaker Series  
Feb 2021 CCSS: Challenges in Women's and Infants' Health**

**S06: Ethical Considerations in Reproductive Medicine**

**Resource List**

In many countries around the world clear and understandable gestational surrogacy arrangements are carried out influencing the need for consistent legislation. The article [Surrogacy - a worldwide demand Implementation and ethical considerations](#) (2021) reviewed the ethical implementation and considerations of legislation by different countries around the world in order to make appropriate recommendations to protect the universal surrogacy process.

Disclosure to donor-conceived persons of the use of donor gametes or embryos in their conception is strongly encouraged, while ultimately the choice lies with the recipient parents. Counseling and informed consent about disclosure and information sharing are essential for donors and recipients. The authors of the article, [Informing offspring of their conception by gamete or embryo donation: an ethics committee opinion](#) (2018) outlined that assisted reproductive technology (ART) programs; sperm, oocyte, and embryo banks; and oocyte and embryo-donation programs should expect inquiries from donor-conceived persons about their genetic background and should develop written policies to respond to these inquiries. Donors and recipient parents should be informed in advance about how and when these program will release donor information to recipients and offspring. Donors and recipients also should be counseled that later changes in the law may affect any agreements.

Access to state-funded fertility treatments is age-restricted in many countries based on epidemiological evidence showing age-associated fertility decline and aimed at administering scarce resources. In the article, [Age-discriminated IVF access and evidence-based ageism: Is there a better way](#) (2021) it was examined whether age-related restrictions can be considered ageist and what this entails for a normative appraisal of access criteria. The authors concluded that lifestyle-based discrimination is problematic because, unlike age-based discrimination, it risks exacerbating existing socioeconomic and ethnic inequalities.

[The Center for Disease Control and Prevention](#) (2019) noted infertility, like reproductive health in general, has multiple dimensions, ranging from the biomedical to the social. Associated legal aspects encompass reporting of outcomes, program management, insurance coverage, government funding of services, clinic and laboratory operation, and public health research. The President's Council on Bioethics recently completed a thorough evaluation of technologies that affect the beginning of life and found that, although the fields of assisted reproduction, human genetics, and embryo research increasingly are converging, no comprehensive systems exist for ascertaining the impact of these technologies, and their practice is largely unregulated. On the other hand, some physicians in this field already feel under excessive scrutiny because special laws and regulations mandate embryology laboratory registration and accreditation and the reporting of procedures performed, in addition to the usual certification and licensing requirements common to other medical specialties. Laws and regulations addressing infertility will inevitably change at both federal and state levels to respond to new challenges. It is important for the public health community to engage stakeholders in examining the scientific evidence about the prevention, diagnosis, and management of infertility and work toward addressing significant gaps.



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