

Regulating Assisted Reproductive Technologies (ART) in Canada

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1. Assisted human reproduction in Canada

- 28 assisted reproductive technologies (ART) clinics; treatments include vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), and frozen embryo transfer (FET)
- Canadian ART Register (CARTR) for 2010 - 18,454 cycles reported; 5950 clinical pregnancies and at least 4621 deliveries; 4571 live births (3533 singleton live births, 2741 healthy term singletons, 1052 multiple births); 5707 infants, 37% of whom were from multiple gestations; unknown birth outcomes for 191 ongoing pregnancies (4.0%); 11,806 IVF/ICSI cycles using the woman's own oocytes - clinical pregnancy rate of 34.9% or 40.2% per embryo transfer (Gunby, 2011)

2. Policy, legal and regulatory context

- Royal Commission on New Reproductive Technologies established in 1989
- Final report, *Proceed with Care*, published in 1993, following a four year examination period that included interviews with more than 40,000 Canadians; urged the Government of Canada to ban practices such as human cloning, commercial surrogacy and compensation for sperm or eggs
- The Assisted Human Reproduction Act (AHRA) received Royal Assent and became a law on March 29, 2004 (Parliament of Canada, 2004); one of the most comprehensive and progressive legislative documents relating to ART and other embryonic technologies, e.g. stem cell research (CGS, 2004; King, 2007)
- Federal Regulatory Agency, Assisted Human Reproduction Canada (AHRC), established in 2006 to implement and administer the Act and associated regulations (while Health Canada develops legislation), as well as to encourage relevant discourse between policy makers, health professionals and citizens

3. Current challenges to AHRA

- AHRC was nothing more than a “paper dragon” (Lippman & Nisker, 2006); most Board members identified with social conservative values (Brennan, 2007); no representation of medical professionals, stem cell researchers or citizen patients; lack of transparency in organizational goals and use of taxpayers' money
- Regulation can constrain opportunities for patients and severely restrict the professional autonomy of doctors and scientists (Johnson & Peterson, 2008); restrictions on sex selection most debated (Kamenova, 2010)
- AHRA allows economic exchange of embryos as patentable therapeutics (Sullivan, 2005)
- Constitutional challenge by the province of Quebec, supported by Alberta, Saskatchewan, and New Brunswick; Supreme Court decision on December 2010 that some articles were an infringement on the provinces' right to regulate health care

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