

HFEA publishes second annual report and announces outcome of sex selection conference / Human Fertilisation & Embryology Authority.

Contributors

Great Britain. Human Fertilisation & Embryology Authority.

Publication/Creation

London : Human Fertilisation & Embryology Authority, 1993.

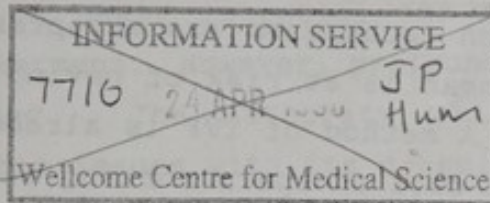
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PRESS RELEASE



93-4 (HFEA)

20 July 1993

HFEA PUBLISHES SECOND ANNUAL REPORT AND ANNOUNCES OUTCOME OF SEX SELECTION CONSULTATION

The Human Fertilisation and Embryology Authority has today published its second annual report. The Authority also announced its conclusions on sex selection following the four month public consultation which ended on 1 June. The Authority revealed that it is planning another consultation later this year on the use of fetal and cadaveric ovarian tissue.

At a press conference this morning, Professor Colin Campbell, Chairman of the HFEA, said

HFEA Data

"The annual report gives the latest data for IVF treatments and the first data on donor insemination treatments. The HFEA data covers the period 1 August 1991 to 31 December 1991. They show that the average rate of pregnancy per treatment cycle for IVF is 18.4% and the live birth rate is 13.8%. This represents a small but welcome improvement over the rates recorded for the previous year. For donor insemination the average rate of pregnancy per treatment cycle is 7%, the average live birth rate is 4.9%. Donor insemination figures have not previously been collected in a systematic way.

Sex Selection

"Sex selection was noted in our first annual report as one of the issues which warranted close attention. The Authority wanted to hear as many views as possible before reaching its own conclusions on the issue and so it carried out a public consultation. We recognise that the issue is complex and that there are arguments on both sides. After careful consideration we have reached the following conclusions.

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"In principle, sex selection techniques are acceptable for medical reasons in cases where a woman is at risk of having a child with a life threatening disease. A method of IVF is already licensed for this purpose. However, the data on sperm sorting techniques do not support the use of these methods for medical reasons at this time.

"The Authority is persuaded by the arguments against sex selection for social reasons and this view is strongly supported by the public.

"The arguments for and against sex selection for social reasons were set out in our consultation document. The overall view of those who responded formally was strongly against the practice, with over two thirds against it in general terms. Of those who distinguished between the different methods, over 90% were against the use of IVF methods and about four out of five were against the use of sperm sorting methods. Similar views were made informally on the telephone and on radio phone-in programmes.

"We are working in a field in which technological advances are being made all the time. The Authority will need to return to the question of sex selection for social reasons in the future so that it can review the position in the light of any new information or changes in public opinion.

"We will be writing to those centres which are licensed by the HFEA advising them of our position and in time this will be incorporated into our Code of Practice.

"When we announced that we would be consulting on sex selection, Ministers asked if we would inform them of the outcome and of any decision that we reached. I have therefore written to Tom Sackville outlining our decision and the reasons for it. I am pleased to make that letter public to help explain our position.

Consultation on the Use of Fetal Ovarian Tissue

"Later this year, the Authority intends to publish a consultation document on the use of fetal and cadaveric ovarian tissue. This is another important matter for society and we believe that it should be the subject of wide public debate. Fetal eggs have the potential

for a number of medical and scientific uses. The Authority's formal interest lies in their potential for use in embryo research and infertility treatment. However, profound moral questions first need to be addressed. The Authority will seek to promote public discussion of the issues with its consultation document.

Notes to Editors

The Human Fertilisation & Embryology Authority (HFEA) came into being on 7 November 1990. It was set up under the Human Fertilisation and Embryology Act 1990 to license and control certain forms of infertility treatment and embryo research. The Authority licenses any activity involving the fertilisation of a human egg outside the body ie. in vitro fertilisation and embryo research, any use of donated gametes (sperm or eggs) and the storage of any embryos or gametes. Members of the Human Fertilisation & Embryology Authority are listed on page 32 of the Second Annual Report.

On 22 January 1993 the HFEA published a consultation paper on the issue of sex selection. The paper identified two main reasons why people may want to select the sex of their children: for medical reasons and for social reasons. The Authority wished to promote a wide debate before reaching any conclusions. Views were invited from licensed centres, professional and medical organisations, religious and ethical groups and members of the public. The consultation period ended on 1 June 1993.

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The public consultation

While the public response to the consultation document was limited, the overall view of those who responded was strongly against the use of sex selection for social reasons. Of those respondents who discussed the issues in general terms, over two-thirds (67%) were opposed to sex selection for social reasons. Of those who distinguished between methods, ninety-three per cent were against the use of secondary sex selection techniques (IVF) for social reasons, and about four out of five were against the use of primary techniques like sperm-sorting for social reasons. The main points raised against sex selection are set out below.

The concern most often expressed was about reinforcing sexual stereotypes to the disadvantage of women. Respondents with this view believed that sex selection would lead to a widespread preference for male children. Fears were also expressed about the start of a "slippery slope" towards selecting the "perfect child". These anxieties were echoed in concerns about children becoming "consumer goods". A number of respondents were worried about the effect on the family involved in sex selection of a child. If sex selection were unsuccessful, the parents might react badly. If it were successful, existing siblings might be psychologically affected as the child of the chosen sex might be favoured at their expense.

Some respondents were further disturbed about the effect of sex selection on certain ethnic communities, believing that it would result in an imbalance in those communities in favour of boys. Others felt that sex selection for social reasons was not a proper use of medical resources, skills and time. A few respondents expressed concern about upsetting the balance of the sexes in the general population and a very small number considered that sex selection was unethical because the sex of a child is "God-given".

Accordingly, while the arguments on this issue are complex, the view of the Authority on sex selection for social reasons is strongly supported by the public who responded to our consultation exercise. I propose to announce our decision by making this letter public at a press conference on 20 July when we will launch this year's Annual Report.

This may be an issue which we shall need to return to in the future. Technological advances are constantly being made. We shall, therefore, be keeping the matter under review in the light of any new information or changes in public opinion.

Yours sincerely,

Colin Caplan