

Submission: regulation of assisted reproductive technology services

AMA Queensland thanks Queensland Health for its request for feedback on its *Regulation of Assisted Reproductive Technology Services Consultation Paper* (the 'Consultation Paper').

It is essential that patients have equitable access to safe, ethical and affordable reproductive health care. Culturally appropriate services must also be provided to First Nations, disability, LGBTQIASB+, culturally and linguistically diverse and regional, rural and remote patients.

In most clinical situations, it is the doctor's responsibility to provide sufficient information to patients about the purpose, methods, risks, stresses, inconvenience, applicable laws and potential disappointments of any health treatment. Patients should also be informed of the psychological and social supports available and referred for assistance when appropriate.

Whilst AMA Queensland firmly supports the continuation of practice guidelines in conjunction with practitioner judgement, professional obligations and registration as the ideal framework for best practice health care and decision making, it recognises there can be instances where formal intervention is needed. This has most recently been seen in the field of cosmetic surgery.

Likewise, AMA Queensland members have expressed concerns about emerging issues in the delivery of assisted reproductive technology (ART) services. Specifically, they have been advised by patients and colleagues that some ART services may not always adhere to historical understandings of ethical practice in the area and could be viewed as exploiting the unique vulnerabilities of certain patients within this cohort.

For these reasons, AMA Queensland supports in principle the introduction of regulation of ART services as set out in the Consultation Paper. That said, members have provided specific feedback in relation to certain issues, as set out below.

Comprehensive consultation, support and transition period

As stated, AMA Queensland recognises the need for regulation of ART services as outlined in the Consultation Paper, however, the imposition of new requirements, particularly licensing and accreditation schemes, often have significant implications for existing businesses.

We urge Queensland Health to conduct full and comprehensive consultation with ART providers throughout Queensland and ensure adequate supports and transition periods are available to allow businesses to adjust their practices in compliance with the new regime. Any proposed changes to guidelines or practice standards must also be developed collaboratively with the sector and relevant medical colleges.

Public education

The imposition of regulatory requirements for ART providers are an important part of ensuring safe, ethical and affordable reproductive health care but are insufficient on their own.

AMA Queensland submits that Queensland Health must also provide adequate public health information to the community to address medical misinformation about ART and improve ART health literacy. This is particularly important for vulnerable populations who may be targeted unfairly by providers, including those with poor health literacy skills, relevant medical conditions or certain personal attributes that may make them more susceptible to exploitation.

Practitioners also advise that patients are often given inadequate information about the broader process, risks and potential outcomes post-conception and birth. The publication of specific, plain-English information for health consumers about all aspects of ART, including for high-risk pregnancies and births, should be considered so patients are empowered to make fully informed decisions based on the current research evidence.

ART treatment eligibility and counselling

AMA Queensland supports Queensland Health's proposed approach to not regulate eligibility criteria for ART treatment beyond that already accepted in clinical practice. Decisions about ART treatment necessarily differ among patients and should remain a matter for the individual treating clinician. This includes decisions about counselling which should be recommended by the treating clinician in appropriate cases but not mandated for all patients.

Donor conception and use of gametes

Given the complexities of family situations as donor conceived children age, AMA Queensland supports the introduction of mandatory counselling prior to the delivery of donor conception services. This should form part of the consent process, particularly that relating to access to records, confidentiality and anonymity.

Consistent with our [submission to the 2022 Legal Affairs and Safety Committee inquiry into matters relating to donor conception information](#), AMA Queensland reiterates that a child conceived using donated gametes and their family have access to health and genetic information about the donor/s. Access to this information must be preserved and is independent of decisions about the retention of donor anonymity.

Regarding limits on donated gametes, AMA Queensland submits that the relevant donor limit should be assessed per person rather than family, with a maximum of 5 offspring per donor.

Similarly, we are of the view that posthumous and ante-mortem retrieval and use of gametes is reasonable and explicit consent should not be essential given the often sudden and traumatic circumstances in such cases. Consideration of requirements for consent from both an unconscious/incapacitated or deceased person's substitute decision maker with associated time limits for use would also be beneficial.

Additional feedback

In addition to the above feedback, AMA Queensland endorses the submission made by the [Australian Medical Association to the Senate Standing Committee on Community Affairs inquiry into universal access to reproductive healthcare](#) (also attached) which should be read as part of this submission.