

Compassion as Well as Clarity

To the Editor:

The scarcity of embryos in Canada eligible to be donated to human embryonic stem cell (hESC) research reported in October's JOGC¹ is a pressing concern for Canadian hESC researchers. However, the main cause of this scarcity, the fact that Canada is among the few developed countries that does not include in vitro fertilization (IVF) in its lists of funded medical services, is a much more pressing concern for the economically disadvantaged Canadian women requiring IVF to have a child, and thus should also be a much more pressing concern for JOGC readers.

The small number of cryopreserved embryos in Canada^{1,2} is contrasted by the surplus of cryopreserved embryos available for hESC research in countries such as Australia, where IVF is publicly funded for as many cycles as the woman chooses to undergo. This differing attitude to IVF funding between Canada and Australia stands in contrast to the otherwise similar attitudes to social support, health care funding, and appropriate assisted reproduction practices. For example, both Canada's Assisted Human Reproduction Act³ and Australia's Prohibition of Human Cloning Act⁴ are intended to protect the health and safety of women, and thus include prohibitions against performing IVF procedures to access oocytes for sale or for the creation of embryos for research. The harm to women when such legislation does not exist has been recently illustrated in South Korea, where women were coerced into undergoing IVF procedures to create embryos for hESC research,⁵ and has been suggested regarding oocyte sale in Canada prior to the AHR Act.^{6,7} Further, because of the inadequate number of cryopreserved embryos in Canada (let alone eligible for donation to hESC research),¹ Canadian women may be approached to donate their fresh embryos to hESC research⁸ and risk the potential harms of a potential decrease (albeit small) in their pregnancy rate per treatment cycle by not freezing all embryos still dividing,⁸ whereas in Australia fresh embryos are only used for the woman's reproductive purposes.

The lack of embryos eligible in Canada for hESC research, as indicated in October's JOGC,¹ is a very important problem for Canada's hESC researchers and requires clarity for fertility specialists and their patients in order to achieve a free and informed choice process to donate embryos to research. However, the lack of compassion, indeed injustice,⁹ in Canada for economically disadvantaged women who require IVF to have a child is a much greater problem and requires the advocacy of JOGC readers to be resolved.

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