



# IFS VISION

2013; Vol 2: Issue 1

Edited by: Dr Mangala Telang, Dr Surveen Ghumman Sindhu

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## INDIAN FERTILITY SOCIETY

[www.indianfertilitysociety.org](http://www.indianfertilitysociety.org)

email: indianfertilitysociety@gmail.com

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## President's Message



Dear Friends,

It is my pleasure to invite all of you to the grand academic event of Fertilvision-2013, The Annual Conference of IFS being held on 6th - 8th Dec 2013 at India Habitat Centre, New Delhi. The event will be packed with never before scientific & social feast with 6 pre-congress workshops, more than 20 international faculty & more than 150 national faculty available for direct interaction. So block your dates now and take advantage of early bird registration. I also invite youngsters to present their research work in prime time & get awards & cash prize.

I welcome all members of newly formed Chattishgarh chapter of IFS in the folds of IFS. I am proud to share that IFS has joined with BCGIP-COGI conference at Istanbul, Turkey on 30th May - 2nd June 2013 & is now an organizing partner. I invite all members to register for this international conference at a discounted rate. You may contact secretariat to facilitate your registration. Month of March is packed with academic events. Please go through event schedule & actively participate in all the events. Present issue of IFS Vision is focusing on an important issue of clinical interest. So enjoy reading & post your feedback to us

Dr Kuldeep Jain,  
President, IFS

## From the Desk of the Web Editors...



Dear Members,

We bring forth the first issue of IFS vision in 2013. This issue discusses the status of infertility as a disease and its treatment as a right which should be available to all. We have also brought up issues on donor anonymity and would like your opinion on them. Besides this the importance of a uniform embryo grading system is stressed. IVF for endangered species in animal gives a new turn to utilization of ART for nature preservation. A host of IFS activities including IUI workshops all over the country have happened and have been listed. We hope to get active participation from all members for their views on controversies in ART

Dr Mangala Telang

Dr Surveen Ghumman Sindhu

READER'S PAGE

*Viewpoints on Legal, Ethical and Regulatory Issues*

Dear Readers,

The last issue discussed controversies raised in October issue of IFS Vision on whether there should be genetic screening of donors, mandatory reporting of donor pregnancies and whether religious issues in ART have a legal backing. This issue discusses the following controversies raised in the last issue which are -

1. **Question:** Should a child without parents be brought into this world and are we justified in playing God in this decision?
2. **Question:** If inferred consent can be taken for making decisions about whether to provide life-prolonging treatment for patients in persistent vegetative state, can it also be used for posthumous sperm retrieval and if so, who can be the surrogate decision maker? Wife? Parents? In this case should grandparents be given the right to create a life without a parent when they have a limited life span left to ensure that the child is looked after?
3. **Question:** Should there be a well-defined regulation on advertising in ART? Smiling babies, confusing statistics and talk of miracles – How do we regulate that?

*Opinion of the Experts On These Issues....*



Dr Abha Majumdar  
Past President, IFS

**Question 1. Should a child without parents be brought into this world and are we justified in playing God in this decision?**

Answer: No

**Question 2. If inferred consent can be taken for making decisions about whether to provide life-prolonging treatment for patients in persistent vegetative state, can it also be used for posthumous sperm retrieval and if so, who can be the surrogate decision maker? Wife? Parents? In this case should grandparents be given the right to create a life without a parent when they have a limited life span left to ensure that the child is looked after?**

Answer: No one should have the right to collect semen from a brain dead person or posthumously from any person, without consent. ICMR guidelines states that spouse may collect sperms when death is imminent, and has to be construed as a person of sound mind but with a terminal condition.

**Should there be a well-defined regulation on advertising in ART? Smiling babies, confusing statistics and talk of miracles – How do we regulate that?**

Answer: The ICMR guidelines are perfect and when the law is made I am sure it will have the provision to deal with persons, clinics or centers when they break the law.



Dr (Col) Pankaj Talwar VSM  
Executive Member, IFS

**Question 1. Should a child without parents be brought into this world and are we justified in playing God in this decision?**

The most envisaged clinical situation in the above scenario would be sperm banking of the vegetative child and later procreation with egg sharing and third party reproduction. In the majority of the similar cases, reproduction with the gametes or embryos of a deceased person will take place inside an existing parental project. The basic idea underlying the approval of this type of arrangement is that one partner may continue with the procedure after the death of the spouse. I feel that posthumous

reproduction may be permitted with the understanding that:

- (i) Parents of the deceased or other family members have no right in demanding or requesting posthumous reproduction.
- (ii) The partner can only use the gametes or embryos for his or her own reproduction. Informed consent of gamete providers is essential for procedures, but there is no need to impose a minimum waiting period and no need to use the embryos within a certain time span. If he or she does not want to use the gametes or embryos for this purpose, they cannot be donated for the reproduction of others. The only options left are donation for scientific research and disposal. This condition applies to our scenario.
- (iii) The gametes or embryos should be destroyed when both partners die. Third parties cannot continue a parental project in which they had no part during the life of the intentional parents.

There is no consensus about posthumous donation of the sperms to other persons than the surviving partner. Such children may have psychological problems and may question the society and the grand parents about such arrangement when they attain maturity. This is totally an avoidable situation and I strongly feel that a child without parents should not be brought into this world and we are not justified in playing god in this decision.

Ref ESHRE Task Force on Ethics and Law 11: Posthumous assisted reproduction 2006

**Question 2. *If inferred consent can be taken for making decisions about whether to provide life-prolonging treatment for patients in persistent vegetative state, can it also be used for posthumous sperm retrieval and if so, who can be the surrogate decision maker? Wife? Parents? In this case should grandparents be given the right to create a life without a parent when they have a limited life span left to ensure that the child is looked after?***

Written consent is the best way to avoid conflicts and dilemmas regarding the disposition of gametes and embryos in case of parental death. If the possibility of posthumous reproduction has not been availed, or if no written consent is available, it is possible that decisions are taken which do not conform to the deceased person's wishes. This means that in the absence of written consent, as in most cases of accidental persistent vegetative state or death, no action to obtain reproductive material can be performed, and no use can be made of the gametes.

For the unmarried child in the vegetative state the consent may be obtained from the parents if the legal rulings are available for the doctors. Such a clinical scenario is not encouraged in any bioethics forum. The grand parents are keen to have birth of 'commemorative child' and they want to hold on to the deceased by means of the newly created grandchild. Questions can be raised about the motives underlying these applications and the ensuing consequences for the resulting child. Thus I feel that these procedures should be discouraged and they should not be given the right to create life for ethical reasons. And yes, social and emotional security for the child is also very essential.

On the other hand wife should be allowed to take this decision with written legal agreement that the deceased sperms would be used under the **Parental project only.**

The existing international guidelines state the following;

- (i) Written consent should have been accorded by the deceased before the use of the gametes or embryos. Consent should be obtained at the time of storage or before the start of the IVF cycle of the spouse.
- (ii) Thorough counselling of the surviving partner during the decision-making period is necessary.
- (iii) A minimum waiting period of 1 year after the death of the donor should be imposed before treatment can be started.

**Question 3: *Should there be a well-defined regulation on advertising in ART? Smiling babies, confusing statistics and talk of miracles – How do we regulate that?***

As per chapter – VIII, Sub heading - offences and penalties, Para 37, titled: Prohibition of advertisement relating to pre-natal determination of sex and punishment for contravention of The Assisted Reproductive Technologies (Regulation) Bill - 2010 an "advertisement" is defined as any notice, circular, label wrapper, or other document and also includes any visible representation made by means of any light, sound, smoke or gas. As per subpara (3), any person who contravenes the provisions of this section shall be punishable with imprisonment for a term which may extend to five years and with fine which may be specified. As per the Guidelines for ART Clinics in India ICMR/NAMS, Para 3.9.1.3, an ART bank may advertise suitably for semen donors who may be appropriately compensated financially. Para 3.9.2 states that for Sourcing of Oocytes and surrogate mothers, law firms and semen banks will be encouraged to obtain (for example, through appropriate advertisement) and maintain information on possible Oocytes donors and surrogate mothers. ICMR- National Guidelines for Accreditation, Supervision & Regulation of ART Clinics in India also states that false claims via hoardings and paper advertisements are a cheap way of attracting a clientele that is vulnerable and, therefore, easily swayed. Such advertisements shall be banned. An honest display at appropriate places or publicity of statistics, fee structure, quality of service and of service provided, will be encouraged, provided the guidelines laid down by the Medical Council of India in this regard, are not violated. I strongly feel that smiling doctors and chubby babies are an essential part of the advertisement. Our profession is a part of the service industry, so such things which create positivity should be encouraged. On the other hand false technologies, claims and statistics should be prohibited. ICMR should make such an act punishable under acts -XVIII. IPC: 418 CHEATING WITH KNOWLEDGE, XIX. IPC: 419 PUNISHMENTS FOR CHEATING, XXI. IPC: 23, 24, 25 WRONGFUL GAIN, DISHONESTY, FRAUDULENCY Such violations should be appropriately reported and subjected to punishment with imprisonment of either description for a term which may extend to three years, or with fine, or with both.

**RECENT RESEARCH**

### *First human trial of Induced Pluripotent Stem Cells*

Induced pluripotent stem cells are artificially derived from a non - pluripotent-cell - typically an adult somatic cell by inducing a "forced" expression of specific genes. iPCs were first produced in 2007 from human cells. iPCs are an important advance in stem cell research, as they may allow researchers to obtain pluripotent stem cells, which are important in research and potentially have therapeutic uses, without the [controversial](#) use of embryos.

The first clinical study to put induced pluripotent stem (iPS) cells into human is being conducted by Masayo Takahashi of the Center for Developmental Biology in Kobe who has started a iPS cell trial to treat age-related macular degeneration, a condition that affects the retina and can lead to blindness. The researchers will remove damaged pigment epithelium and then implant a small sheet of new epithelium. The sheet will be created by coaxing iPS cells, created from the patient's body cells, to become epithelium cells. The clinical trial is meant to demonstrate the safety of the procedure in humans,

### *Role of BRCA gene in age-related fertility fall*

A slowdown in DNA repair mechanisms in oocytes may partly explain why women's eggs rapidly decline in both quantity and quality in middle age. The scientist, Dr Kutluk Oktay, who led the study published in Science Translational Medicine felt they had found the cause of reproductive ageing. The study showed that there was an age-related decline in expression of a group of genes essential for DNA damage repair, including the BRCA genes. BRCA1 mutations were linked to lower 'ovarian reserve' Older mouse eggs engineered to over-express BRCA1 were on par with eggs from younger mice in coping with hydrogen peroxide exposure induced DNA damage.

Research should now be directed to find a treatment to help maintain the efficiency of DNA repair mechanisms, which would in turn extend a woman's window of fertility to the age of 50.

**STATISTICS**

### *Fertility treatment statistics in UK – IVF rate increases while multiple pregnancy rate decreases*

Data from UK's Human Fertilisation and Embryology Authority (HFEA) showed that number of IVF cycles performed each year has risen while the overall multiple pregnancy and birth rate has declined. IVF or ICSI, cycles increased by around four percent more from 2010 to 2011. Live birth rate per cycle has remained steady at around 24 percent between 2009 and 2010. Around three percent of women who had IVF or ICSI did so as part of an egg sharing agreement or to produce eggs or embryos for donation. The HFEA figures show that the overall multiple pregnancy rate following fertility treatment fell from 26.6 percent in 2008 to 20.1 percent in 2011, however. The greatest decrease was seen in women aged between 18 and 34 who accounted for the greatest increase in elective single embryo transfer. Around 1.5 percent of all births in the UK each year are from IVF or ICSI. The HFEA also sets a maximum multiple birth rate for clinics, currently set at ten percent. However, it was seen that many multiple births were from non IVF treatment like ovarian stimulation.

**LEGAL**

## *Fertility treatment receives the status of a human right - Court of Human Rights overturns Costa Rica's ban on IVF*

The Inter-American Court of Human Rights (IACHR) has overturned a prohibition on IVF in Costa Rica saying that it infringed provisions under the American Convention on Human Rights. Costa Rica is the only country known to implement a total ban on IVF in a claim to protect human life for the last 12 years. Stating that the practice of discarding 'spare' embryos in IVF was unconstitutional as it infringed the right to life which is from the moment of conception. Court ruled that Costa Rica's prohibition on IVF violated the rights to privacy and family, and also infringed the principle of non-discrimination. It said infertility was a disease recognized by the World Health Organisation and that infertile people should be granted access to fertility treatment. Crucially, the IACHR said an embryo could not be a 'person' and considered that the 'moment of conception' occurs after implantation, and not fertilisation. The IACHR also ordered that the state must pay compensation for 'material and moral' damages and the reimbursement of costs or expenses. ASRM and IFFS applaud this decision.

*This landmark decision can have a global impact as it can be interpreted as - Treatment for a disease cannot be denied as it is a human right. Infertility is a disease. Hence, fertility treatment of all kinds including surrogacy, or donor gametes becomes a human right.*

**Question :** The two questions which come up with this case are - Should fertility treatment be given the status of a human right? At what stage do we consider the embryo a 'person'?

## *Landmark rulings on sperm donor's anonymity –*

### *Donor offspring allowed knowledge about her biological father*

A regional appeals court in Hamm, Germany has allowed a 22-year-old woman conceived via an anonymous sperm donor the right to know the identity of her biological father. The records however may no longer be available. The court considered that the woman's right to know her biological father's identity took priority over the confidentiality awarded to the donor. If access is allowed then we need to keep donor details for a longer time. At least till the lifetime of the child conceived.

**Question:** Should access to genetic heritage be considered a personal right?

### *UK court allows 'known' sperm donors to see offspring*

The UK High Court has granted permission to two sperm donors in a same-sex relationship to apply for contact with their biological children, conceived through a known donation arrangement with two lesbian couples. However, a hearing on the whether the men will have a right to contact the children is yet to take place. Nevertheless, the ruling may have implications for men who have acted as known sperm donors and have no legal parental status. It further clarifies that the ruling does not affect a donor's legal responsibilities, for example, by making them financially responsible for children they help conceive. He said the decision to grant permission should not be taken as an indication of donor's rights against legal parents. There exists a risk that the application would disrupt the child's life causing harm.

**Question:** What are the implications if a biological father becomes a psychological parent and should a known donor be allowed to seek access to a child that he is biologically related to, even if he is not the legal father?

NEWS

*IVF – The answer to endangered wildlife? Puppy born from frozen embryo with surrogacy*

9-month old Labrador-beagle mix named Klondike is the first canid pup born from a frozen embryo in the Western Hemisphere, according to researchers at Cornell University. This could hold the secret to how to preserve endangered species of canids like red wolves. In this study a beagle was inseminated using sperm from a Labrador. The resulting embryos were frozen and implanted into another surrogate beagle. The researchers pointed out that timing the transfer of frozen canine embryos is particularly difficult since dogs are able to sustain a pregnancy only once or twice a year. Cryopreservation, could help preserve the genetic diversity of endangered animals through assisted reproduction.

*Uniform Embryo Grading System – Essential for accuracy of data*

Embryos have been graded for prognosis by their morphological features. However, no uniform grading system has been followed. In order to have uniformity and accuracy of national data it is essential to follow a embryo grading system. SART body developed 3-point grading system (good, fair and poor) using morphological parameters relevant to different developmental stages. The voluntary collection of embryo data for transferred embryos using the grading system, was initiated in 2006 and collection of data became mandatory from 2010. The European embryologists are bringing out an embryo classification system with the intention to produce a de facto international standard for morphological embryo grading. It must be a system which has simplicity, can be easily adopted in all IVF laboratories and have accurate predictive power.

*In India there is no uniform grading system for the embryo. However, with regulations coming into effect there is need to evolve a embryo grading system which should be mandatory for all ART laboratories to follow so that national data can have a uniform basis.*

*India introduces new regulations for surrogacy*

New regulations for surrogacy in India require that intended parents must apply for a specific 'medical' visa which has considerably stricter criteria than tourist visa. Foreign commissioning couples will also only be able to enter into surrogacy agreements at authorised fertility clinics registered with the Indian Council of Medical Research (ICMR). Applications are restricted to heterosexual couples, married for at least two years. Applicants must also cite evidence that surrogacy is legal in their home country and that their home country would recognise the child born of the surrogacy arrangement as their biological child. This was deemed necessary after a number of cases where children born of surrogacy arrangements have been left 'stateless'. Some countries - including Norway, Germany and Italy - have prohibited surrogacy and therefore do not recognise a child born of cross-border surrogacy arrangements as a citizen and the legal child of the commissioning couple

CONFERENCES AND EVENTS

*National & Regional*

1. CME on 'Advanced Infertility Management' on the 9<sup>th</sup> March 2013 1pm to 5pm at Maulana Azad Medical College, Delhi under aegis of IFS
2. CME on 'Myoma and Infertility Recent advances and newer strategies' India Habitat Centre Delhi on 17<sup>th</sup> March 2013 under aegis of IFS. For registration: Dr Gouri 9810023111

3. Fertilisation 2013, Annual Conference of Indian Fertility Society (IFS) to be held on 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> December 2013 at India Habitat Centre, New Delhi
4. 19<sup>th</sup> National Conference of Indian Society of Assisted Reproduction (ISAR) to be held from 14<sup>th</sup> to 16<sup>th</sup> Feb 2014 at Gujrat University Convention and Exhibition Centre, Ahmedabad

### ***International***

1. 5<sup>th</sup> International IVI Congress – Reproductive Medicine and Beyond Seville, Spain. 4<sup>th</sup> to 6<sup>th</sup> April 2013
2. 10<sup>th</sup> International Congress of Andrology Feb 23<sup>rd</sup> to 26<sup>th</sup> 2013 at Melbourne Australia
3. 6<sup>th</sup> World congress on mild approaches in Assisted reproduction March 22<sup>nd</sup> to 24<sup>th</sup> 2013 at Nanjing China
4. Meeting of South Asian society of Sexual Medicine March 29<sup>th</sup> to 31<sup>st</sup> 2013 at Bangalore India
5. 12<sup>th</sup> World Congress on Endometriosis April 30<sup>th</sup> to May 3<sup>rd</sup> 2013 Sao Paulo, Brazil
6. ASPIRE India regional conference at Chennai on ‘What do successful clinics and clinicians do differently’, a highly interactive conference awaits your participation from 17<sup>th</sup> -19<sup>th</sup> May 2013
7. BCGIP Building consensus out of controversies in Gynecology, infertility and perinatology Istanbul Turkey 30<sup>th</sup> May to 2<sup>nd</sup> June 2013
8. 69<sup>th</sup> ASRM Annual Meeting to be held Conjoint with IFFS in Boston Exhibition and Convention Centre, Boston, Massachusetts, USA on Oct 12 – 17<sup>th</sup> 2013 For more information [asrm@asrm.com](mailto:asrm@asrm.com) <http://www.asrm.org/IFFS-ASRM2013>

### **IFS ACTIVITIES**

### *IFS organized 6 IVI hands on Workshops*

National Co-ordinator - Dr.Bharati Dhorepatil



1. Pune : Pune Fertility Center on 5<sup>th</sup> August 2012 Local Convenor..Dr.Sheebaaz Daruwala, National Faculty.Dr.Priya Kannan,Chennai Delegates..25
2. Bangalore.at Sure Fertility Center on 19<sup>th</sup> August 2012 Local Convenor..Dr.Reeta Billangudy National Faculty.Dr.Bharati Dhorepatil Delegates..28
3. Delhi at KJIVF Center on 23<sup>rd</sup> sept 2012 Local Convenor.Dr.Kuldeep Jain Delegates.40
4. Chennai at Garbaa Rakshambegai Fertility Center on 30<sup>th</sup> sept.2012 Local Convenor.Dr.Jayam Kannan/Dr.Priya Kannan National Faculty.Dr.Bharati Dhorepatil Delegates..28
5. Chandigarh at Dr.Jindal's IVF Center on 14<sup>th</sup> oct.2012 Local Convenor. Dr.Umesh Jindal National faculty. Dr.Bharati Dhorepatil Delegates.30

6. Cochin at Fessi Louise fertility Center on 25th Nov Local Convenor.Dr.Fessi Louis National faculty.Dr.Kuldeep Jain Delegates.25

### *Inauguration of 3 new chapters in IFS*

UP  
Chattisgarh  
Madhya Pradesh

### *CME s Organized under aegis of IFS*

### CME & Inauguration of Madhya Pradesh chapter of IFS



### CME on 'Gonadotropins' at Jaipur Golden Hospital under the aegis of IFS on 3<sup>rd</sup> Feb 2013





Endoscopy workshop on fertility enhancing Surgeries at Fortis Shalimar Bagh under aegis of  
IFS

