



Editorial

Opportunities and challenges in assisted reproduction – The Swedish example



The World Health Organization has acknowledged infertility as a disease. This means that the health care system in any country should make investigation, diagnosis and treatment available to their citizens in line with what is offered for other diseases. Assisted reproductive technology (ART) has rapidly developed and today a number of options are available including treatment with donor gametes as well as with donated embryos. However, due to several ethical and legal issues, legislation and access to care vary widely across countries. This has led to an increasing number of people seeking cross-border reproductive care [1].

It has also led to changes in legislation. In Sweden, in vitro fertilization (IVF) with either donated egg or sperm became allowed for infertile couples in 2003. Two years later lesbian couples were granted the same right. Single women were entitled to receive ART in Sweden from 2016 and the most recent legislation change took place in January 2019 when the principle of one genetic link to the embryo in ART was abandoned and donation of both types of gametes (so called double donation) and also donation of embryos, currently being cryopreserved after previous ART, was allowed.

Sweden has, unlike many other countries, legislation in place that children conceived through ART have the right to information about their genetic origin when they reach "mature age", and parents are obliged to disclose to their children how they were conceived. Anonymous donation is thus not allowed. The process of sharing information about donor conception with offspring is, however, a complex process [2,3].

The new legislation raises also other questions and health care providers are currently seeking guidance from the Social Board of Health and Welfare. An embryo donation of cryopreserved embryos involves the chance that two individuals, belonging to different families, can have the same biological origin. If they meet later in life and fall in love it can become a problem. One way of minimizing this risk is to set a limit as to how many children one donator can "produce". This

is not yet legislated in Sweden but there is a recommendation of a maximum of six children per donator. In case of double donation the limit of three children has been discussed.

Another challenge is the access to ART. The number of donors is limited and some may be intimidated by the risk of being approached later in life by children resulting from their donation [4]. This leads to long waiting times in many clinics. All public clinics have age limits for ART and if waiting times become several years, the risk of becoming too old as well as failed treatment and adverse pregnancy outcomes increases.

These rapid changes in legislation and clinical practice related to ART should be followed by rigorous research. We therefore welcome studies from the clients' perspective and on caring aspects in relation to gamete and embryo donation in Sweden and elsewhere.

References

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