than the others. The years from 1983 to 1993 were a time of profound change in the NHS, particularly in general practice. It is impossible to pinpoint precise times when changes occurred in the popularity of different careers or to know yet the extent to which current career choices in this cohort will be sustained.

We thank all the doctors who have participated in the study. We thank Karen Hollick, Janet Justice, and Alison Stockford for their accuracy and diligence in coding the data from the questionnaires.

Funding: The Medical Careers Research Group is funded by the Department of Health. The Unit of Health Care Epidemiology is funded by the Anglia and Oxford Regional Office of the NHS Executive.

Conflict of interest: None.

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(Accepted 24 April 1996)

Posthumous storage and use of sperm and embryos: survey of opinion of treatment centres

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See editorial
by Thomson

The ability to freeze-store the semen of men who are about to undergo treatment that will sterilise them or to store extra embryos resulting from in vitro fertilisation poses special ethical dilemmas. These include a woman's request to conceive a child after the death of her husband and a man's to have embryos carried by a surrogate mother if his wife has died (storage of unfertilised oocytes is not yet practicable). The issues are complex.¹

We see that the desire for posthumous conception is a loving expression in memory of the lost spouse, but the offspring has no such memory. In our centre we therefore refuse posthumous treatment and require patients to consent to this policy in advance of storage of sperm or embryos. Circulated guidance from the Human Fertilisation and Embryology Authority, however, disallows our policy or requires that gametes and embryos be moved to a centre willing to use them after the death of either progenitor (CH/94/9, September 1994). Yet the authority's interpretation of the law is not the only one possible. It would help to know the views of society at large and of interested groups. As a first step, we questioned licensed treatment centres about their views on such posthumous storage and use.

Methods and results

In 1995, 117 centres were licensed for treatment in the United Kingdom, including 106 licensed to store embryos or sperm (44 sperm alone, two embryos alone, and 60 both). All centres were sent a postal questionnaire and a second request if necessary. Several of the centres that were not licensed for storage assumed that they were not qualified to answer questions on posthumous treatment, so only the responses of the 106 storage centres were analysed. Of

these, 77 (73%) replied. The responses to questions on sperm and embryos were treated separately because in a few cases views differed about their posthumous use (table 1). Of those replying, 56 centres (74%) agreed to posthumous use of either sperm or embryos, but 27 of them (48%) did so with qualifying restrictions, which included good advance counselling, fully informed consent, and approval by an independent ethics committee. Three centres agreed to posthumous use only to produce a sibling for an existing child.

Comment

More than a third of the centres licensed to store sperm or embryos were opposed to posthumous use; about a fifth were also opposed to transferring stored sperm or embryos to another centre for such use. Even if the centres not responding to our survey all took a contrary view, a substantial minority believes it wrong to assist in the conception of a child after the death of a progenitor or to participate in such assistance by co-operating with a more liberal centre.

The Human Fertilisation and Embryology Act 1990 requires that "consent to the storage of any gametes or any embryo must...state what is to be done with the gametes if the person who gave the consent dies." We interpret that as permitting posthumous transfer, but not as making such transfer mandatory for treatment centres at the request of the surviving partner.

The act allows staff to abstain on conscientious grounds, and it does not oblige those who abstain to refer patients and transfer gametes or embryos to others with different views. It also requires centres to take account of "the welfare of any child who may be born as the result of...treatment (including the need of that child for a father)." The published code of practice of the licensing authority adds that in considering the welfare of a future child "centres should avoid adopting any policy or criteria which may appear arbitrary or discriminatory."² Arguably, such arbitrariness is less when centres act on a predetermined policy than when they choose later to act variably in each case. The original report of the Warnock committee, on which the 1990 act was based, "actively discouraged" posthumous treatment.³ We agree with that but seek clarification of the law and the wider views of society, patients, and the medical profession.

We thank all the licensed centres that responded to our survey.

Funding: None.

Conflict of interest: None.

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(Accepted 19 January 1996)

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BMJ 1996;313:24

Table 1—Views of licensed storage centres in United Kingdom on posthumous use of sperm and embryos. Values are numbers (percentages) of centres

Policy	No of centres licensed for storage	Replied	Agree	Disagree	Undecided
Posthumous use:					
Of sperm	104	76 (73)	41 (54)	26 (34)	9 (12)
Of embryos	62	40 (65)	18 (45)	16 (40)	6 (15)
Posthumous transfer for use at other centre:					
Of sperm	104	76 (73)	45 (59)	17 (22)	14 (18)
Of embryos	62	40 (65)	27 (68)	7 (18)	6 (15)