The Future Law on Infertility Treatment and on Biomedically Assisted Procreation in Slovenia

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Freedom of decision on childbirth in Slovenia is guaranteed by the constitution. Besides, there is the act on medical measures for realization of the right to free decision on childbirth from 1977. However, this act has been outdated, because in the area of assisted reproduction it regulates only artificial insemination, whereas more recent and more efficient methods of infertility treatment have not been amended. Therefore, we have prepared the draft of new regulations to complete the aforementioned act.

When writing the draft of the new act, we were guided by two basic principles. The first was formulated by John Robertson for the American law, with the sentence. "Freedom to have sex without reproduction does not guarantee freedom to have reproduction without sex" (1). The second principle that we took into consideration was expressed by Professor Finžgar with the phrase: "Procreatio artificialis imitatur naturam" (2). It is necessary to imitate nature, to make possible (only) that what the nature has deprived us of. Methods *contra naturam* are not acceptable.

Taking these two principles into consideration, the draft gives the right to biomedically assisted procreation (BMAP) only to infertile heterosexual couples, whether married or unmarried, in which according to the modern medical science the chances of successful medical or surgical treatment are considered minimal or the treatment was proven unsuccessful. As in natu-

ral way conception by a dead person is not possible, (conscious) posthumous use of gametes is not allowed. Biomedical participation in surrogate motherhood is also prohibited.

In the draft, BMAP procedures include both the methods of intracorporal and extracorporal fertilization by transferring gametes or embryos into the woman's reproductive tract. However, the possibility of other procedures, still to be developed by the biomedical science, is not excluded. Before performing a BMAP procedure, a conscious and free informed consent should be obtained from the couple.

As a rule, a couple may be assisted by homologous methods of fertilization. Heterologous procedures are allowed only exceptionally—for strict medical indication. For obvious medical reasons either donated sperm or ova may be used. However, the use of both (i.e., donated sperm and ova) for the same pregnancy is prohibited and so is the embryo donation. At least one of the future parents also should be a genetic parent. The woman's age is not considered an indication for ovum donation. It also is forbidden to use sperm or ovum mixture of two or more men or women.

For BMAP procedure with donated gametes a written, conscious, and free consent also should be obtained from the donor. In principle, anonymity of all participants involved in the donation procedure is guaranteed (and the related data are strictly confidential). The new law will not enable the child to know the identity of the donor. In exceptional health conditions, the child will be allowed to know the important health data of the donor.

Gametes and embryos can be used for BMAP exclusively. They should be handled and examined in accordance with the purpose of BMAP only, that is, enabling pregnancy to occur. Except for infertility treatment, certain treatment methods may be permit-

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ted only for prevention of severe hereditary diseases. Cloning, creation of hybrids and chimeras, extracorporal development of an embryo for longer than 14 days, as well as the use of the tissue of an embryo created by BMAP are prohibited.

All the ova obtained in one cycle may be fertilized, outside the woman's body but only three embryos may be transferred. The remaining viable embryos, if any, are stored by cryopreservation.

Gametes and embryos may be stored only in a specially authorized medical institution.

Research on spare gametes and embryos may be performed by special permission for medical purposes only. Embryo creation for research purposes is prohibited.

Procedures of BMAP may be carried out only in medical institutions that have obtained the license for these activities from the Minister of Health. In the draft, such institutions are called centers for BMAP. The license may be granted only to the health institution having appropriate specialists and equipment for performing BMAP, according to the needs of infertility treatment and according to the demands of contemporary biomedical science and experiences. The performance of donation procedures is allowed by extra permission of committee for BMAP.

Each BMAP procedure is performed by a group of biomedical specialists from the center for BMAP. The leading role belongs to a doctor (specialist in obstetrics and gynecology). For every procedure a consent from the extended medical board is needed. For the procedure with donated gametes extra permission by the national committee for BMAP is demanded.

According to the draft, the committee for BMAP at the Ministry of Health, consisting of medical and other experts, will have vast competence. It will provide the opinions to the Minister of Health and will independently issue certain licenses. Besides, it will supervise the work of the centers and act as advisory body. The committee will have a decisive influence on the creation of health policy regarding the BMAP procedures.

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