

Israel legalizes surrogate motherhood . . .

Israel's parliament, the Knesset, has passed a bill legalizing surrogate motherhood, a practice banned in most other developed countries (with the exception of Great Britain and some states in the United States). Although forbidden for years in Israel by regulations of the health ministry, the ban against surrogacy expired in early March because of a ruling of the country's High Court of Justice, forcing the Knesset to draw up laws to regulate the practice while still maintaining its legality.

The new bill is unique in several ways, according to Joseph Schenkar, a professor of gynecology at Hadassah Medical Center in Jerusalem and a member of the government commission that drew up the recommendations for the new legislation. It is the only such law in the world that outlaws "commercial surrogacy," that is, carrying a baby to make money. The surrogate mother may only receive

compensation for her expenses while carrying and delivering the infant, and for the time she may have lost during pregnancy.

Furthermore, the surrogate mother may only provide the use of her uterus, but may not contribute the ovum (which must come either from the mother or a third-party donor). In other words, the baby can only be conceived via *in vitro* fertilization methods. The bill also requires that both the would-be parents and the surrogate must be Israeli residents, to prevent an "import" of surrogate mothers. Finally, the law expressly states that a surrogate mother may, if she changes her mind, appeal to a court to keep the baby she carried.

A major challenge faced in drafting the bill was obtaining support from the religious community, according to Yossi Katz, chairman of the Knesset Labor and Social Affairs Committee that prepared the legislation. The bill states that sperm

can only be supplied by the commissioning father, as demanded by religious lobbyists. However, the bill allows married women to serve as surrogates in special cases when no other solution is available, although Jewish religious law prohibits a married woman from carrying a child not fathered by her husband.

Surrogacy arrangements will be overseen by a supervisory committee comprised of three physicians, a lawyer, a clinical psychologist, a social worker and clergy from the same religion as the parties involved.

According to Katz, the legislation was adopted "to prevent anarchy," although many would-be parents said they would prefer no surrogacy law at all. Katz estimates that between fifty and sixty couples are interested in pursuing surrogacy arrangements at the present time.

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. . . and the British Medical Association supports it

The British Medical Association (BMA) now says the use of surrogate mothers is acceptable where there are no other treatment alternatives for infertile couples. This change in policy is outlined in the BMA's new guide for doctors, *Changing Conceptions of Motherhood: The Practice of Surrogacy in Britain*. Although it emphasizes that the BMA does not promote commercial surrogacy, the guide says it is reasonable for the surrogate mother to receive expenses of between £7,000 and £10,000 (US\$10,500–\$15,000).

Although there are no official figures, the BMA's new report was prompted by anecdotal evidence that surrogacy is on the increase in Britain. Furthermore, the increasing acceptance of surrogacy is leading more couples to seek help from their doctor, but reports received by the BMA indicate that some people enter into surrogacy arrangements with insufficient information or advice about the legal, medical and emotional aspects of their decision. "Although still less common in comparison with other forms of assisted reproduction, surrogacy raises more profound questions and challenges some of our most deeply held beliefs," says the report.

In 1985, when the first commercial

surrogacy agreement became public, the BMA advised doctors to "have no involvement in surrogacy." This was tempered in 1990 when doctors were told they could help, but were advised

that surrogacy arrangements should be conducted anonymously, to reduce the potential for psychological problems. Now, in the new guide, the BMA believes the evidence indicates there are benefits

UK lengthens embryo storage time

There is to be a change in the law governing the storage of embryos in the United Kingdom: Starting July 31, 1996, the storage period will be extended from five to ten years. This follows a report by the Human Fertilisation and Embryology Authority (HFEA), which documented a "growing concern in clinics and among patients at the prospect of leaving large numbers of embryos to perish which might be used in treatment [of infertility]." As of June 1995, there were 52,000 embryos in storage in the United Kingdom, and 9,000 of these will reach the five-year storage period July 31, 1996. As the law currently stands, if these embryos are not used by then for any purpose for which consent has been given, they must be allowed to perish. No medical or scientific reasons why embryos should not be stored for long periods were identified when the legislation was passed; the five-year limit was apparently chosen for reasons of caution.

An HFEA working group on embryo freezing that reviewed recent developments in freezing techniques concluded there is "no evidence" that viable embryos stored in proper conditions would suffer harm from longer, even indefinite, storage. However, the HFEA says there are practical considerations that make indefinite storage of embryos undesirable, such as the problem of keeping track of who they belong to. For this reason it recommended a ten-year storage maximum, which would "allow couples more control over their lives without creating unmanageable numbers of embryos in storage."

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