

REPRODUCTIVE MEDICINE - PERMISSIBILITY AND LIMITS IN SWITZERLAND

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On 1 September 2017, the revised law on reproductive medicine and the revised reproductive medicine ordinance came into force in Switzerland. The amended legislation now regulates, in particular, the requirements and the permissibility of preimplantation diagnostics (PID), which has been prohibited to date.

1. What is meant by reproductive technology?

Reproductive technology includes processes of medically assisted reproduction, i. e. methods of achieving pregnancy without sexual intercourse.

2. What are preimplantation diagnostics (PID)?

Pre-implantation diagnostics (PID) is a procedure for the genetic examination of embryos. Embryos are defined as what results from the moment nuclear fusion of the genetic apparatus occurs until the completion of organ development. The genetic examination takes place on embryos produced outside the body (in vitro) before they are implanted into the woman's uterus. The procedure must be carried out in the first few days after conception.

Pre-implantation diagnostics enables the examination of embryos for certain changes in the genetic make-up, i. e. the conditions inherited from parents for a particular serious disease or other special features that would prevent a successful pregnancy. Pre-implantation diagnostics allows for the selection of an embryo that has no disease and its subsequent insertion into the woman's uterus.

Prior to the revision of the law, doctors had to use embryos immediately after fertilisation of the woman without checking whether they were capable of developing at all.

3. When may reproductive technology be used?

Reproductive technology may only be used if the child's well-being is guaranteed. Accordingly, reproductive technologies are only permitted if and to the extent that they do not present any particular risks to the healthy development of the child in comparison with natural procreation. The use of reproductive technology should therefore be avoided if the doctor is convinced that the child's living conditions would be burdened with serious psychosocial risks.

4. Who may reproductive technology be used for?

Reproductive technology may only be used for couples who would be capable of producing a child (woman and man) and who, due to their age and their personal circumstances, can presumably take care of the child's care and upbringing up to the age of majority.

5. Is egg donation permitted in Switzerland?

No, egg donation is not permitted in Switzerland.

6. Is embryo donation permitted in Switzerland?

No, the donation of embryos, which would lead to the artificial procreation of a child who is neither from his social mother nor from his social father, is not permitted in Switzerland. According to the Swiss legal view, a child should be genetically derived from at least one of the two persons who are his or her legal parents.

7. Is surrogacy permitted in Switzerland?

No, surrogacy is not permitted in Switzerland.

8. Who is allowed to use pre-implantation diagnostic methods in Switzerland?

Swiss legislation only permits the use of reproductive technology if:

- it is necessary to overcome a couple's infertility and the other treatment methods have failed or are unpromising; or
- the danger that a serious illness will be transmitted to the offspring cannot otherwise be averted.

In order to perform a pre-implantation diagnosis, in vitro fertilisation, i. e. the combination of an egg with sperm cells outside the woman's body, is necessary. However, as has been shown, reproductive technology may only be used by couples that could otherwise produce a child and who, due to their age and personal circumstances, are likely to be able to provide for the care and upbringing of the child up to the age of majority.

This means that single persons and same-sex couples currently have no access to reproductive technology in Switzerland.

9. What is considered a severe genetic disease?

The Federal Council's message states various characteristics that can distinguish serious illnesses. These include severe, therapy-resistant pain, severe limitations of motor functions, dependency that goes beyond childhood, severe limitations of cognitive abilities or severe mental illnesses, severe limitations of emotionality or affect regulation, as well as restrictions on general freedom of movement due to the continuing need for large supply devices, such as an oxygen apparatus.

10. For what purposes may the genetic material of reproductive cells be examined?

The examination of the genetic material of reproductive cells (sperm and egg cells) and their selection for influencing the sex or other characteristics of the child are only permissible for the recognition of chromosomal characteristics which may impair the viability of the embryo to be conceived, or if the risk of transmission of the predisposition to a serious disease cannot otherwise be avoided.



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11. Under what conditions is it possible to examine the genetic material of embryos in vitro and to select them according to their gender?

The examination of the genetic material of embryos in vitro and their selection according to gender or other characteristics is only permitted if:

- The risk that an embryo with a hereditary predisposition for a serious disease is implanted in the uterus cannot otherwise be averted;
- It is probable that the serious illness will appear before the age of 50;
- No effective and appropriate therapy is available to combat the serious illness; and
- The couple submits to the doctor in writing that it is unreasonable to accept the risk that an embryo with a hereditary predisposition for a serious disease is implanted in the uterus.

12. How many embryos may be developed?

First of all, a distinction must be made between an impregnated egg cell and an embryo. The term "impregnated egg cell" is used after the sperm has penetrated the egg, but before the maternal and paternal pronucleus have merged. An embryo within the meaning of the law on reproductive medicine exists when the maternal and paternal pronucleus are fused, i. e. approximately 24 hours after the sperm has penetrated the egg.

Up to now, no more than three impregnated egg cells per treatment cycle have been allowed to be developed into embryos. These had to be used by the doctor immediately after fertilisation of the woman without knowing whether or not they are capable of development.

More embryos can now be developed than should be implanted immediately in the woman. In other words, not all embryos need to be transferred immediately. However, a maximum of 12 embryos may be developed per treatment cycle.

The increase in the number of embryos is intended to reduce the risk of multiple pregnancies and at the same time increase the likelihood of obtaining a transferable embryo.

13. Can unused embryos be stored?

Embryos that have not been implanted can now be cryopreserved for further treatment.

14. How long can unused embryos be stored?

The storage period is 5 years with a one-time extension option of a further 5 years.

15. What happens to in vitro reproductive cells, impregnated egg cells and embryos after the death of a partner?

These may not be used after the death of either partner of the couple concerned.

16. Can I freeze my embryos without using a PID?

Cryopreservation is accessible to all couples requiring in vitro fertilization - with or without PID.

17. What happens to these embryos after the maximum storage period?

The embryos are destroyed or used under strict conditions to obtain embryonic stem cells.

18. Do we have to be married for PID?

No. At the time of the fertility treatment, it must be expected that the partners will be able to take care of the child until it reaches maturity. However, it is not necessary for the couple to be married. A stable relationship is sufficient.

19. Who pays the costs of the PID?

The couple has to pay for it themselves.

20. What are the limits for PID?

Embryos may still not be selected on the basis of gender (family balancing) or other physical characteristics such as eye colour.

It is also forbidden to procreate a child who can serve as a stem cell donor for a seriously ill sibling.

21. I'm over 40, is PID still allowed in my case?

The law on reproductive medicine does not establish an age limit for treatment. However, treatment centres often provide for an age limit of around 44 years.

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