Fact Sheet

From ReproductiveFacts.org

The Patient Education Website of the American Society for Reproductive Medicine

Fertility rights and responsibilities

Can a fertility program or clinic deny treatment to patient(s) if there is concern about the ability to care for the child(ren)?
Yes. Fertility programs can withhold services if there are signs that patients will not be able to care for child(ren). Services should not be withheld without good reason and it should happen only after a careful assessment has been made by the clinical team.

Can a fertility program deny services to people with disabilities?
Most people with disabilities are able and well-qualified to raise children. They should not be denied services only because of their disability. Disabled people are protected by the federal Americans with Disabilities Act. The Act makes it against the law to deny fertility services to a disabled person if the reason is based on stereotypes or doubts (with no proof) about his/her ability to take care of a child.

Can a fertility program deny services to singles, gays, and lesbians?
ASRM states that patients should not be denied fertility services because they are unmarried, gay, or lesbian.

Do all fertility programs offer services to HIV-positive patients?
About 3% of practices in the United States that are registered with the Society for Assisted Reproductive Technology (SART) provide services to people with HIV.

Some programs and clinics have concern about risks of transmission to clinic personnel and other eggs, sperm, and embryos at that clinic. There is also a high cost to provide separate laboratory space and equipment to lower the risk of cross-contamination.

Can a fertility program deny services to a woman after menopause?
In general, infertility is a natural part of aging and menopause. There are higher emotional and physical risks to pregnancy for a woman after menopause. For these reasons, pregnancy after menopause should be discouraged. However, some women go into menopause earlier than usual. Pregnancy after premature menopause, also known as primary ovarian insufficiency (POI), should not be discouraged.

Women with POI need donor eggs to get pregnant. Like every case where donor eggs are used, it is important to consider the woman's health, medical, genetic, and psychosocial risks, and the plans for child-rearing before deciding to go forward with egg donation.

Should patients with extremely low chances of success be allowed to continue treatment?
Clinicians need to discuss risks, benefits, and choices to patients when any type of treatment option is explored. When there is an extremely low chance of having a baby with a treatment, it should be discouraged. Other options for family-building should be explored.

Are patients required to undergo parenting skills assessment?
No, patients are not required to undergo and programs are not required to do parenting skills assessment. Sometimes problems are found during the course of treatment. Providers may choose not to go forward because of concerns for the child or fear of legal responsibility. Examples of such problems are uncontrolled mental illness, history of child or spousal abuse, or substance abuse.

Are risk-sharing programs ethical?
Risk-sharing programs are an agreement between a clinic and a patient where a patient pays for several IVF cycles at the beginning. Most of the payment is refunded if a pregnancy or live birth does not happen by the time the series is finished.

ASRM states that these programs can be ethical if patients are protected by clearly spelling out beforehand:

- What is considered success
- What is the chance of success
- What are the pros and cons of the program
- That pregnancy and delivery are not guaranteed but a refund is guaranteed if not successful
- What type of refund is possible
- What is the cost
- That patients will pay higher expenses with the program than if the sharing program is not chosen

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For more information on this and other reproductive health topics, visit www.ReproductiveFacts.org

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