

l.c.

From the Rt Hon Patricia Hewitt MP  
Secretary of State for Health

Modtaget fra Ministeren



27 MRS. 2007

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KOPI

20 MAR 2007

*Lars Minister Rasmussen,*

Thank you for your letter of 2 March about reports that a Danish woman aged 61 has given birth to a child, and that her treatment was in a UK clinic.

As you may know, both the NHS and the private sector provide fertility treatment in the UK. The NHS is highly unlikely to treat a woman who is age 61, and I understand that in general fertility clinics in the UK do not treat women of this age. However, there have been a small number of reports of the case you mention. I have made enquiries of our regulatory body, the Human Fertilisation and Embryology Authority (HFEA), and they do not know the circumstances of the particular case, or the name of the clinic where the treatment took place.

It may be helpful if I explain that the UK law, set out in the Human Fertilisation and Embryology Act 1990, makes no specific reference to an upper age limit for the fertility treatment of women. However, it says that 'a woman shall not be provided with treatment services unless account has been taken of the welfare of any child who may be born as a result'.

Thus, UK fertility clinics have a responsibility to make an assessment of the welfare of any child or existing children before they can provide treatment to a woman. The HFEA provides guidance to clinics on how this assessment should be carried out. The full guidance can be found at <http://www.hfea.gov.uk/cps/rde/xchg/hfea/hs.xsl/490.html>. Clinics are required to consider factors which are likely to cause serious physical, psychological or medical harm, either to the child to be born or to any existing child of the family. Fertility clinics in the UK are licensed and inspected by the HFEA, and have to abide by the HFEA's Code of Practice.

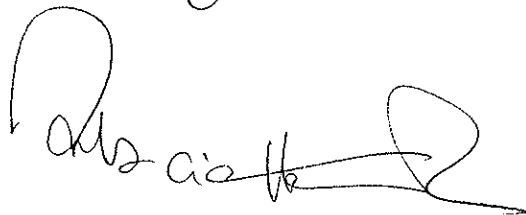
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The HFEA considers a range of ethical issues in relation to fertility treatment, generally through extensive public consultation. The issues concerning the welfare of the child were last considered in the consultation '*Tomorrow's Children*' published in 2005. Following that consultation, in November 2005, the Authority announced that they would no longer include age as a risk factor, but that there might be instances in which the age of one of the prospective parents means that the child is likely to face medical harm or that the parents are unlikely to be able to care for the child. The Authority's view was that in such a case, it was the problems associated with a person's age (such as ill health) rather than a particular age itself, that should be the determining factor in the decision to refuse treatment, and that such associated problems should be given proper consideration by clinics.

Separately from the ethical issue of the welfare of the child, we have a separate *clinical* guideline for the NHS on the assessment and treatment for people with fertility problems. This was published in 2004 by the National Institute for Health and Clinical Excellence who recommended that, where appropriate, couples in which the woman is aged 23-39 should be offered up to three cycles of IVF treatment. Though this guideline is for the NHS, it can also be used as a reference document by the private sector.

As I have only very limited information about the case to which you are referring, it is difficult for me to comment further.

Your sincerely,

A handwritten signature in black ink, appearing to read 'Patricia Hewitt', with a large, stylized flourish at the end.

**PATRICIA HEWITT**