

SUMMARY OF PRELIMINARY STUDY FOR RECOMMENDATIONS ON FERTILITY TREATMENTS AND OTHER METHODS OF REPRODUCTIVE MEDICINE

Background

On 15 December 2021, the Council for Choices in Health Care in Finland (COHERE Finland), which works in conjunction to the Ministry of Social Affairs and Health, decided to launch the preparation of recommendations for fertility treatments and other methods of reproductive medicine within the Section for Reproductive Medicine. The objective is to establish national recommendations for criteria and practices for fertility treatments. It was decided to begin the preparatory work with a preliminary study of general principles and considerations. The work will next proceed to methodological recommendations. The preliminary study was available for public comment in the Otakantaa.fi online service from 29 February to 15 April 2024. It was finalised and approved in COHERE Finland's meeting held on 12 June 2024.

Practices in public health care

Referral practices for fertility treatments are described in the Uniform criteria for access to non-emergency care as published in 2019. In the public sector, fertility treatments have been centralised in the university central hospitals. Specialised treatments have been further centralised nationally. Treatments using the patients' own gametes have been offered to female-male couples when the female is under 40 years of age and the couple has no more than one child together. Since 2019, treatments using donated gametes have also been made available to female-male couples as well as to single women and same-sex female couples.

According to statistics compiled by the Finnish Institute for Health and Welfare, a total of 14,430 infertility treatments (inseminations, in vitro fertilisations, frozen embryo transfers) were started in Finland in 2023. The public sector accounted for 58% of all treatments started and 37% of all treatments with donated gametes. The treatments performed in 2022 resulted in 2567 births, which is 5.9% of the age cohort.

Legal considerations

There is more than one party whose legal status must be taken into consideration while planning treatment. The Constitution lays down an obligation to provide sufficient services to citizens. Based on the Constitution's non-discrimination provision, no one shall be treated differently from other persons without an acceptable reason. Under the Health Care Act, the service choices in public health care comprise medically justified disease prevention, examinations to detect an illness, diagnosis, treatment and rehabilitation. In Finland, the Act on Assisted Fertility Treatments contains detailed prohibitions for the provision of treatment. The preliminary study lists also practices and restrictions in other countries.

Ethical analysis

The Constitution can be used to derive normative principles that serve to guide the distribution of healthcare resources. The following judgments, yet to be refined, were compatible with the normative principles: 'Medical criteria should be prioritised over non-medical criteria in the treatment of childlessness in public health care.' 'If a patient has been found to suffer from childlessness that can be alleviated by reproductive medicine and the patient's state of health differs from the norm, these situations should be treated with public funding.' 'The collection of gametes should be publicly funded when fertility is at risk due to illness or the treatment of illness.'

Consultations and comments

A total of five meetings were held with organisations, patients and the Ombudsman for Children. In addition, a survey was sent to hospital districts (currently wellbeing services counties).

In the meetings, the wishes and needs of treatment seeking individuals and minority groups were highlighted, with respect to equal rights and non-discrimination. Access to treatment was requested for both medical and non-medical reasons regardless of type of family, gender or sexual orientation.

Conclusions

The preliminary study provides background for the future recommendations which will define publicly funded treatments and their restrictions. There is a strong societal dimension associated with reproductive issues. The framework for treatments is set by biology and medicine, societal values, legislation and international treaties that Finland is a party to. The rights of the person or couple receiving treatment, the future child and the eventual gamete donor must be taken into account.

The available resources must be considered when determining the content and scope of offered treatments. Wishes relating to reproduction and the number of children must be assessed differently from

medical needs for treatment of illnesses. From the perspective of equality, the extent to which treatments will be offered for non-medical reasons compared to other healthcare services must be decided. The possibilities of placing individuals in different treatment queues based on their situations must also be explored.

This is a summary of a preliminary study adopted by the Council for Choices in Health Care in Finland (COHERE Finland) for a set of recommendations to be drawn up at a later date. The actual preliminary study and the related background material are available in Finnish on the website of COHERE Finland under [Valmiit suositukset](#) .

The summary is also available in [Swedish](#) and [English](#) on the website.

The Council for Choices in Health Care in Finland (COHERE Finland) works in conjunction with the Ministry of Social Affairs and Health, and its task is to issue recommendations on services that should be included in the range of public health services. Further information about service choices in healthcare is available on [the COHERE Finland website](#).