Established under the Assisted Human Reproduction (AHR) Act of 2004, Assisted Human Reproduction Canada (AHRC), also known as the Assisted Human Reproduction Agency of Canada, was created in 2006 to oversee research related to reproductive technologies and to protect the reproductive rights and interests of Canadian citizens. AHRC serves as a regulatory body for the development and use of such research and technology while enforcing the guidelines and restrictions laid out by the AHR Act.

Initiated by Canadian Health Minister Alan Rock in May 2001, the draft of legislation presented to the House of Commons Standing Committee on Health was developed as a response to the Report of the Royal Commission on New Reproductive Technologies in 1993. This report called for caution in proceeding with the development and use of reproductive research and technologies. By pointing out the need for deeper consideration of the social, ethical, legal, economic, and other implications of such advancements, the report identified a starting point for the AHR Act (Bill C-13), which, after multiple drafts, was passed by Parliament and granted Royal Assent on 29 March 2004.

Located in Vancouver, British Columbia, AHRC is governed by a 13-member board made up of experts from a variety of fields, to provide a thorough examination of each request for research and new development in the field. The organization is responsible for issuing and monitoring licenses for work with AHR materials and in-vitro embryos. In addition, the board manages health information, clinic and lab inspection, legislative changes or reviews, and recommendations to the Minister regarding AHR and other relevant issues. The organization is separate from Health Canada, which is the federal department that oversees the health and wellbeing of Canadians.

The overall goal of the AHR Act and AHRC is to protect the health and safety of Canadians using these techniques or born as a result of such technology as well as to ensure that such procedures are developed and practiced ethically. They also provide a unique and comprehensive national policy and regulatory board for limiting and preventing activities deemed inappropriate, unjust, or dangerous. Canada is not alone in monitoring and restricting the use and development of such technologies, as England, Germany, the United States, and many other nations have varying degrees of federal regulation on reproductive technologies and related research, particularly involving human embryos.

Among the Act’s prohibited activities are human cloning, buying and selling human embryos, paying a woman for a surrogate pregnancy, keeping a human embryo alive in-vitro longer than 14 days or after the development of the primitive streak, creating human embryos for the purpose of research, creating human chimeras for implantation in humans or other animals, implantation of humans with non-human embryos or vice versa, using cells from fetuses or embryos to create new embryos for implantation, and sex determination.
of embryos for AHR implantation for reasons other than to prevent, diagnose, or treat sex-linked genetic diseases. Additional prohibitions include disallowing the selling, buying, or trading of the above-named entities, surrogate motherhood of women under the age of 21, and performing restricted acts without proper consent forms and licensing. Many of the activities permitted under the Act require formal licensing and regulation, including general research on human embryos in-vitro and the egg donation process. Scientists and others who choose to perform a prohibited activity (or who perform a licensed activity improperly or without approval) are subject to serious fines and prison terms, as well as forfeiture and potential destruction of the information or materials they collected illegally.

Though the Act and regulatory board were met with considerable appreciation from many Canadian citizens, researchers, health workers, ethicists, and news media, there is still debate as to whether a variety of activities should be more or less restricted. The Act provides, however, for changing technologies and growth in scientific understanding with built-in flexibility for licensing and legislation, so that as new issues arise in the field of assisted reproductive technologies, AHRC will be able to adapt and revise its regulatory stances and restrictions.

Sources


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