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Abstract: This paper describes how and why the political regulation of assisted reproductive technology (ART), which has been rather restrictive in Austria for more than 20 years, was recently liberalized. In detail, the paper (1) sketches the content and rationale of the past and present regulation; (2) describes the political configuration that was responsible for the restrictive law; (3) outlines the lengthy political struggle as well as underlying attitudes, aspects of political culture that blocked a liberalization for a long time; (4) indicates sub-politics of individual citizens who appealed to national and European courts to change the law; and (5) describes the societal as well as political transformations that pushed for and supported the reform. Moreover, (6) it describes the effects of the restrictive law on women and couples who wanted to undergo ART treatment. Finally, (7) it looks at potential impacts of the new law on the practice of ART in Austria. The paper is partly based on the research carried out between 2007 and 2012 in the research project "Genetic Testing and Changing Images of Human Life" (LIFE) that was funded by the Austrian Genome Research Program (GEN-AU). The project included a number of qualitative empirical studies on Prenatal Diagnosis (PND) and Pre-Implantation Genetic Diagnosis (PGD) in Austria in the political and clinical domain.

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Is well acquainted with the development of Austrian regulation of ART

prof. Praisack is well acquainted with Austrian and international regulation of ART and genetic testing.
Opposed Reviewers:
Dear Ladies and Gentlem!

I uploaded the paper „Changing direction: The struggle about regulating ART in Austria“ by Mariella Hager and myself for review. We are looking forward to hearing from you.

Yours,

Erich Grießler
Changing direction: The struggle about regulating ART in Austria

Mariella Hager, Erich Griessler (Institute for Advanced Studies)

Abstract
Austria from 1992 until 2015 had a very restrictive Reproductive Medicine Law that prohibited a number of ART treatments such as, e.g., egg donation, PGD, heterologous sperm donation for IVF/ICSI as well as general access to ART for same sex couples. As a consequence of this rather prohibitive law, Austrian physicians active in the area of ART cooperated with or had daughter institutes in countries with less restricting legal regulations such as the Czech Republic and Slovakia, which are only a few hours’ drive away. A more liberal reform of the Reproductive Medicine Law was for a long time blocked by the fierce and seemingly unresolvable struggle between permissive social democrats and restrictive conservatives, a division which also mirrored in the respective recommendations of the Austrian Bioethics Commission to the Federal Chancellor. Only this year the gridlock, which lasted over decades, was dissolved in favor of a more liberal Reproductive Medicine Law that permits egg donation, PGD in some cases and heterologous sperm donation also for IVF/ICSI and lesbian couples. ART treatments for single women and surrogate motherhood are still prohibited. The new Reproductive Medicine Law is heavily criticized by the Catholic Church, by some conservatives as well as by disability associations. The paper will present the political positions taken before and after the reform and will outline the effects of the former restrictive law, which resulted in open medical tourism. The paper is based on an extensive empirical study on the use of ART in Austria “Genetic Testing and Changing Images of Human Life” funded by the Austrian Genome Research Program GEN-AU).

Introduction
This paper describes how and why the political regulation of assisted reproductive technology (ART), which has been rather restrictive in Austria for more than 20 years, was recently liberalized. In detail, the paper (1) sketches the content and rationale of the past and present regulation; (2) describes the political configuration that was responsible for the restrictive law; (3) outlines the lengthy political struggle as well as underlying attitudes, aspects of political culture that blocked a liberalization for a long time; (4) indicates sub-politics of individual citizens who appealed to national and European courts to change the law; and (5) describes the societal as well as political transformations that pushed for and supported the reform. Moreover, (6) it describes the effects of the restrictive law on women and couples who wanted to undergo ART treatment. Finally, (7) it looks at potential impacts of the new law on the practice of ART in Austria.

The paper is partly based on the research carried out between 2007 and 2012 in the research project "Genetic Testing and Changing Images of Human Life" (LIFE) that was funded by the Austrian Genome Research Program (GEN-AU).¹ The project included a number of qualitative empirical

¹ We thank the Austrian Research Promotion Agency for supporting our research.
studies on Prenatal Diagnostis (PND) and Pre-Implantation Genetic Diagnostis (PGD) in Austria in the political and clinical domain.\textsuperscript{2}

**The prohibitive law of 1992**

While Austrian legislation on abortion was permissive in international comparison since 1975 (Griessler 2006: 15; Griessler and Hadolt 2006), the respective law on ART was restrictive. The Austrian Reproductive Medicine Act of 1992 (in the following FMedG) expressed and reinforced conservative attitudes by limiting ART to traditional model families; rejecting the creation of new family forms and discriminating same sex couples. The law permitted ART only within strict limits: (1) ART was allowed as medical ultimo ratio only, i.e. if pregnancy by sexual intercourse is impossible because the woman and/or her partner have a medical condition of; (2) access to ART was limited to heterosexual couples living in marriage or extra-marital cohabitation. (3) sperm donation was in general prohibited except for heterologous insemination, i.e. insemination with donor sperm if the husband or long-time companion is infertile; (4) egg donation, donation of embryos and surrogacy were not allowed; (5) PGD was not explicitly regulated but the FMedG only allowed genetic analysis necessary to accomplish pregnancy. Therefore analysis of the fertilized egg (blastocysts) was illegal but polar body diagnostics, which in strict sense is not based on analysis of the fertilized egg and provides similar information, was not covered by the law (Bundeskanzleramt 2012: 16ff.).

The FMedG was discussed for a decade in the political arena between 1982 and 1992. The debate was mainly dominated by two questions: (1) what forms of ART should be permitted, and (2) who should get access to these technologies?\textsuperscript{3}

**Impact on patients and the health care system**

When assessing the impact of the FMedG on equal access to ART several elements come into play. First, as already explained, the restrictive FMedG banned a number of procedures that were permitted elsewhere. Second, it excluded certain user groups. Third, ART is partly funded in Austria by a public fund, the IVF\textsuperscript{4} Fund, which covers 70% of the costs. The combination of legal provisions and funding rules created a number of inequalities between user groups. Austrian women, couples and physicians rather creatively developed strategies to deal with this situation (see below).

First, the ban of certain procedures created *inequality between patient groups with different medical conditions and ART needs*. A way how to deal with this situation was to use legal loopholes. In the case of PGD, e.g., a few Austrian physicians utilized the legal loophole and provided as an alternative polar body analysis, which, as already mentioned was not covered by the law (Griessler and Hager 2012: 68).

Second, the law created *inequality between people whom access to ART was granted and those who were excluded*; it discriminated same sex couples as well as single, non-married people or people outside long-term partnerships.

\textsuperscript{2} For a list of publications that originated from this project see https://www.ihs.ac.at/steps/humanlife/english/project.html (27.05.2015)

\textsuperscript{3} For a detailed analysis of this debate see Hadolt 2005.

\textsuperscript{4} In Vitro Fertilization (IVF)
Third, the restrictive law in combination with socio-economic disparities created inequality between couples who could afford to evade the Austrian regulation by ART tourism and those who could not. AUSTRIANS, seeking ART treatment that was prohibited at home travelled abroad, e.g. to Bulgaria, Czech Republic, Rumania and Slovakia. However, ART tourism is not only to be explained by legal variation. Other reasons are cheaper services, greater anonymity, better quality and/or shorter waiting lists. Many Austrian physicians openly promoted ART tourism by informing their patients about clinics in neighboring countries  — which sometimes are their own subsidiaries — or referring them to these institutes. As a consequence, Austrian patients who could afford it, were able to receive the whole range of state of the art ART abroad (Griessler and Hager 2012: 58).

Finally, the regulations of the public IVF Fund restricted funding by a number clauses to age limits and a certain number of attempts (Griessler and Hager 2012: 10). This created inequalities within the group of people which were not or no longer supported by the IVF Fund between those who could afford to pay for ART services — at home or abroad - and those who couldn’t.

The long blockade: “Because it is such a hot potato we rather don’t touch it”

The conflict about ART is sensitive in many societies because a number of highly delicate controversies about fundamental societal values intersect in this area: family, homosexuality, status of the embryo and attitudes towards disability. These controversies are particularly delicate in Austria because of distinct historical experiences. The lessons drawn from these experiences became part of Austrian political culture (Griessler 2010, Griessler 2012):

First, Austria is a country in which Catholic traditions used to be very strong. Despite diminishing influence in recent years, the Catholic Church is still a relatively strong political actor with well-established connections particularly to the conservative People’s Party (ÖVP). The Church rejects abortion, ART, PGD and same sex marriages, and is deeply involved in respective public debates in Austria as in other nations with historically strong churches.

Second, ART as a topic is connected with another deeply rooted aspect of Austrian political culture, i.e., avoidance of conflict and high esteem for consensus (for details see Griessler 2010: 171 ff.). After World War II Austria tried to cope with the trauma of its civil war between conservatives and Social Democrats of 1934 and the following conservative authoritarian regime by emphasizing a political culture of consensus, power-sharing and avoidance of severe political conflicts. This is particularly true for the Social Democrats who wanted to come to terms with the Catholic Church. The consensus between Social Democrats, ÖVP and Church was heavily strained by the permissive abortion law in the 1970s. As a consequence of this deep conflict about abortion the Social Democrats shy away from any debates and decisions in the area of ART that might invigorate these open fights and threaten the delicate equilibrium in the regulation of abortion.

Third, another element to be borne in mind when discussing ART and reproductive medicine in general in Austria, is that that the country was part of national socialist Germany and that parts of its

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5 Providing this information was not illegal in Austria.
6 Several Austrian ART clinics established subsidiaries in neighboring countries such as the Czech Republic and Slovakia with more permissive ART regulation to provide services which were prohibited in Austria.
7 Funding was only provided to married, heterosexual couples; thus single women and lesbian couples were excluded; there was no funding for women older than 40 years and men over the age of 50; the fund only financed four attempts per pregnancy.
population participated in national socialist atrocities whereas other parts of the population were the
victims of these crimes. The murder of disabled people during the Nazi era is a particularly sensitive
issue in the Austrian debate of ART. One reaction to this dark past was to instigate and repeatedly
invoke a strong taboo on discussing PND, PGD and late term abortion (ibid).

These three elements combined – two equal strong camps struggling about an issue that is strongly
connected to values, a conflict avoiding and consensus seeking political culture as well as the
association of the topic with national socialist crimes that have been transformed into strong societal
taboo (so called “negative eugenics” and “euthanasia”) - created a political context in which actors
put a reform of the FMedG rather on the long bench than discussing it, despite societal and
technological changes which would have made reevaluation necessary.

After a long time of procrastination - a sudden and surprisingly permissive reform

The reasons why the FMedG was changed and the FMedRÄG⁸ was passed nonetheless on 21 January
2015 after a surprisingly short consultation phase can be explained by a number of factors.

The main reason for the reform is owed to the fact that after more than 20 years the values and
attitudes towards family, homosexuality and ART underlying the FMedG underwent a radical change
in Austria. Other family forms besides the traditional one are an undeniable fact; they are much more
common and accepted than in the 1990s. Homosexuality as well, despite still existing discrimination,
is much more accepted than it used to be 20 years ago and civil union of same sex couples, e.g.,
became a legal option in Austria since 2010.

Important triggers for change were appeals of several citizens to the Austrian Supreme Court, the
Constitutional Court of Austria and the European Court for Human Rights (ECHR) (Griessler 2012: 53).
The first case concerned two infertile heterosexual couples who were excluded from ART because
the FMedG banned egg donation and heterologous sperm donation. As the Constitutional Court of
Austria ruled that FMedG was constitutional in this respect, the two couples appealed to the ECHR. In
April 2010, the ECHR’s Small Chamber ruled that the FMedG 1992 violated the European Charter of
Human Rights. Whereas the Austrian Bioethics Commission and the Ministry of Health thereafter
advocated a reform of the FMedG, the responsible conservative Minister of Justice tried to delay the
decision and appealed for revisions to the ECHR’s Grand Chamber. Although the Grand Chamber in
November 2011 rejected the claim of the two couples, it pressed Austrian government to evaluate
the FMedG (Bundeskanzleramt 2012: 7). As a consequence, the social democrat Federal Chancellor
instructed the Austrian Bioethics Commission to comprehensively discuss the ethical aspects of the
FMedG, in particular egg and sperm donation, embryo donation, ART outside of marriage and
cohabitation as well as PGD (Bundeskanzleramt 2012: 6).

The issue of a reform of the FMedG got even more pressing when a lesbian couple demanded access
to egg donation and appealed to the Austrian Supreme Court and the Constitutional Court of Austria.
Although their appeal was rejected at first by the Constitutional Court for procedural reasons
(Verfassungsgerichtshof 2012, G 16/2013-16, G 44/2013-14), the Court in February 2012 turned to

⁸ The full title of the law is: Bundesgesetz, mit dem das Fortpflanzungsmedizingesetz, das Allgemeine
Bürgerliche Gesetzbuch, das Gentechnikgesetz und das IVF-Fonds-Gesetz geändert werden
(Fortpflanzungsmedizinrechts-Änderungsgesetz 2015 – FMedRÄG 2015)
the Bioethics Commission for advice. The Bioethics Commission was again split in its opinion (as regularly is the case), however, in July 2012 a permissive majority recommended a fundamental reform of the FMedG in a number of aspects, especially with regard to permitting egg donation, sperm donation, PGD, and widening access to ART (Bundeskanzleramt 2012). Finally, on 10 December 2013 the Constitutional Court of Austria repealed several clauses of the FMedG as unconstitutional and demanded rectification.

A pivotal factor for the reform was a power shift within the conservative ÖVP which brought a more liberal party wing to power (Die Presse: 2015a). The ÖVP gave up its restrictive position - even against the opposition of the Catholic Church and recognized, because of an anxiety to lose voters, the abovementioned change of attitudes towards ART and same sex couples in large part of Austrian society (Die Presse: 2015b)

**The FMedRÄG Law of 2015**

The FMedRÄG permits ART in some cases, which were previously prohibited (FMedG). First, the law expands the group of persons that has access to ART. Now lesbian couples are also allowed to undergo treatment (§ 2 (1)). However, ART is still not possible for everybody. Single women and gay couples are still excluded from ART, surrogacy and embryo donation are still prohibited. Second, the new regulation permits sperm donation – which previously was allowed for insemination only - also for IVF and ICSI (§ 3 (2)). The age limit for donors is 18 years (§ 13 (1)). Sperm must be tested for fertility and for not posing any medical threats to woman and child (§ 12). To prevent commercialization donors are entitled to receive limited compensation (in the form of allowances) (§ 16 (1)). A maximum of three donations is permitted per donor (§ 14 (2)). The hospital has to keep records about the donor and the use of the donation (§ 15) to safeguard the fundamental right of children to know the biological father by the age of 14 (§ 20 (2)). Third, the FMedRÄG allows egg donation, however imposes age limits which are 18 to 30 years for donors (§ 2b (2)) and 45 years for recipient (§ 3 (3)). Commercialization and advertisement of egg and sperm donations is prohibited (§ 16). To avoid commercialization donors receive only limited compensation (e. g. in the form of allowances or reimbursement of travel and hotel expense, the law does not define an exact amount) (§ 16 (1)). The child is entitled to learn the name of the egg donor by the age of 14 (§ 20 (2)). Finally, the reform permits PGD in specific cases (§2a (1)), i.e. after three or more unsuccessful IVF cycles, after three miscarriages, or when there is an increased risk of a miscarriage or genetic disease due to the genetic predisposition of a parent. PGD for genetic screening remains prohibited.

**The debate about FMedRÄG 2015**

During the consultation process, more than 100 organizations and individuals sent statements to the responsible ministry. These respondents included disability organizations, women's and men's organizations, pregnant women and prenatal and infant clinics, representatives of the Catholic Churches, lesbian, bisexual, gay and transgendered (LGBT) associations, psychotherapeutic and

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9 Male homosexual couples are excluded because surrogacy is still banned.
10 ICSI = Intracytoplasmic sperm injection, i.e. the direct injection of the sperm into the egg.
11 http://www.parlament.gv.at/PAKT/VHG/XXV/I/I_00445/index.shtml#tab-VorparlamentarischesVerfahren (30.05.2015)
psychological organizations, family counseling centers, health centers and health professionals, consumers representatives, lawyers, scientists, and private persons.

Positive feedback came from the several organizations. For example, gay and lesbian associations considered it a great social progress that sperm donation and IVF were to become allowed for lesbian couples. The Austrian General Medical Council assessed the law as positive because it allows the adaptation to new medical possibilities and needs of people. Consumer representatives welcomed the law and the permission of egg donation, PGD and opening of sperm donation and IVF for same sex couples. The interdiction of commercialization and advertisements is considered as generally important.

But there was also criticism. Some organizations criticized the law as too restrictive. Women’s associations, lesbian and gay associations and political initiatives criticized that single women were still excluded from ART and PGD. This undermines women’ self-determination and, because of high divorce rates in Austria, this restriction no longer corresponds with the social reality that children often grow up without their father or mother. Many single parents testify that they are able to raise happy children. In Austria 12 % of the children younger than 15 (149.000) live in single-parent-families, most of them with their mothers (93 %)12.Women’s associations and physicians criticized the restrictions on PGD, according to which women can have these tests only after three miscarriages or stillbirths. This was considered a heavy burden for women concerned and should be adjusted in favor of more liberal rules.

The draft bill, however, was also criticized. Women’s organizations criticized that by excluding single women from ART their right of self-determination would be undermined.13 Child and youth health centers14 called for mandatory and comprehensive checks and counseling of patients prior to ART treatment. They also demand more documentation about donors and improved information for children. Men’s organizations15 maintained that children have the right to have a mother and a father and that the bill would give rise to unnatural and undesirable family constellations. They claimed that donor sperm or egg donation undermine the right to have mother and father. They also complained about financial interests of the reproductive industry and selfish, alleged legal rights of marginalized groups. Psychologists and psychotherapists16 missed sufficient psychosocial counseling and care for women. ART should be accompanied by mandatory psychological counseling. They welcomed that PID and egg donation are now possible also in Austria, and women no longer have to travel abroad.

Family counseling centers17 criticized that the children’ best interests would not be adequately taken into account and that the egg donor’s significant risks were not sufficiently addressed.

Disability organizations and representatives of the Church criticized PGD because it would discriminate people with disabilities. They claimed that PGD would pave the way for a new kind of eugenics. Furthermore the Church claimed insufficient consideration of the child welfare (child is

16 Ibid: See comments of Austrian Federal Association for Psychotherapy (90) and Association of Austrian Psychologists (68).
17 Ibid: See comments of Family Alliance (64) and Nanaya (121).
seen as a commodity in the context of ART), exploitation of egg donating women, the destruction of embryos in the context of IVF, providing access to ART for lesbian women, because this would confuse the identity of the child and encourages unnatural development of family.\textsuperscript{18}

Psychological and psychotherapeutic representatives criticized that the psychological effects of ART and PGD were not sufficiently known and that the positions of the psychologists and psychotherapists were not considered when the new law was created.

In the debate, also new topics were raised, such as medical, psychological and legal information for couples undergoing ART and persons donating an egg or sperm (§ 7 FMedG). Moreover, information of the child about its biological parents is considered increasingly important (§ 20 (2)). In this context, the Austrian law on adoption could give clues. After the age of 14 years an adopted child has the opportunity to inspect information about its origins with the court or the child and youth welfare.

The draft law for FMedRÄG 2015 was passed in Parliament on 5 February 2015 and entered into force on 24 February 2015.\textsuperscript{19}

\textbf{Outlook}

It is difficult to assess the impact of the FMedRÄG because the law only entered into force in February 2015. Possible consequences could be:

First, media discussion and information about the new law might increase at the beginning, e. g. in newspapers, magazines, online forums, and social networks. Second, the number of lesbian and heterosexual couples who have a child because of sperm and/or egg donation might increase. Third, the number of multiple or premature births might rise. In addition, ART tourism might decrease. However, certain groups of patients might continue to travel abroad for ART treatments which remained illegal or is not financed by the IVF Fund. There are early indications that medical tourism into Austria increases. Since egg donation is prohibited in their country German couples according to media reports increasingly seek ART treatment in Austrian clinics (Der Standard: 2015). Also the numbers of PND, genetic testing during pregnancy and late abortions might decrease because PGD finds its way into clinical practice.

Another consequence might be a shortage of egg and sperm donation. It might turn out that suitable donors are hard to find in Austria and abroad; a grey market might develop. According to physicians there is already a shortage of donors since the law prohibits donor marketing and financial compensation. An interviewed physician criticized this situation and mentioned that “almost nothing remained of the previously progressive draft”. Couples would ask family and friends donors, however, would prefer unrelated donors for fears that related donors would interfere into the child’s upbringing. (Der Standard: 2015, Kurier: 2015)

In addition, IVF Fund expenditures might increase, as well as the overall financial burden for the health care system, because pregnancies of older women present higher medical risks.

\textsuperscript{18} Ibid: See comments of a nun (15), the Catholic Bishops’ Conference (85) and the Catholic Family Federation (104).
\textsuperscript{19} http://www.parlament.gv.at/PAKT/VHG/XXV/I/I_00445/index.shtml (30.05.2015).
The social and psychological effects of sperm and egg donation on donors, recipients, partners, families and children are assessed differently by different actors (Griessler and Hager 2012: 22, 33 ff., 43ff.) disputed and little researched in Austria. The legal regulation and practice of assisted reproduction technologies (ART) are socially highly controversial in international comparison. The discussion is about value conflicts, family forms, sexuality, the status of the embryo and the attitude to disability. In Austria there was a period of over 20 years (from 1992 to 2015) with a restrictive law on reproductive medicine (FMedG 1992), in which numerous ART treatments were prohibited. Since 2015 there is a new and more liberal law regarding ART (FMedRÄG 2015) which will lead to new developments and practices in dealing with ART in Austria. In order to address these and other developments and to learn more about the effects of the FMedRÄG on clinical practice of ART in Austria as well as on donors, recipients, children and families a research project on egg donation, sperm donation and PGD and the use of ART by same sex couples is currently planned. The study will consider mainly the experiences of affected women and people working in the field, and the handling of the topic of ART in online media. Issues of social inequality, changes in ART tourism, attitudes about families and new family forms and new emerging problems will be studied and should be discussed within the scientific community.

The authors most gratefully acknowledge the financial support of the Fondation Brocher which allowed them to participate in the workshop “European Union & Health Policy: The Question of Unregulated Assisted Reproductive Technologies” held in Geneva from 06 to 07.07.2015. The Brocher foundation mission is to encourage research on the ethical, legal and social implications of new medical technologies. Its main activities are to host visiting researchers and to organize symposia, workshops and summer academies. More information on the Brocher foundation program is available at www.brocher.ch.

Literature


Der Standard, 2015. Eizellspende fördert „Gesundheitstourismus“.

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20 There are some media reports (e.g. Welt der Frau 2013: 35ff.).


Mariella Hager studied sociology at the University of Vienna and took her doctor’s degree in social and economic sciences in 2005. She worked as a project manager and researcher in different national and international research projects and institutions and was also a lecturer at the Institute of Nursing Science at the University of Vienna. Her research interests are in particular sociology of health, health promotion, medical ethics, sociology of biomedicine, family research and the application of empirical research methods. Mariella Hager works as a senior researcher at the Department of Sociology of the Institute for Advanced Studies (IHS, Vienna).

Erich Griessler studied sociology and history at the University of Vienna and Maastricht. 1990 – 1992 he worked as scientific collaborator at the University of Vienna. 1992 – 1995 he worked on a dissertation scholarship at the Austrian Research Center Seibersdorf, Dept. for Technological Research. 1995 – 1999 he worked as junior researcher at the Ludwig-Boltzmann Institute for Medicine and Health Sociology. Since 1999 he works as researcher at the Institute for Advanced Studies. From 2007 to 2013 speaker of the section Technik- und Wissenschaftssoziologie of the Austrian Society of Sociology. From 2011 to 2013 Vice President of the Austrian Society of Sociology. Research areas include Citizen Participation in Research and Innovation Policy, Ethical Legal and Social Aspects of Life Sciences, Political Sociology and Responsible Research and Innovation (RRI).
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