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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 Diagnostis (PND) and Pre-Implantation Genetic Diagnostis (PGD) in Austria in the political and clinical domain.

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Vienna, 30.11.2015

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 Griebler

## 1 **Changing direction: The struggle about regulating ART in Austria**

2 Mariella Hager, Erich Griessler (Institute for Advanced Studies)

### 3 **Abstract**

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

### 22 **Introduction**

23 This paper describes how and why the political regulation of assisted reproductive technology (ART),  
24 which has been rather restrictive in Austria for more than 20 years, was recently liberalized. In detail,  
25 the paper (1) sketches the content and rationale of the past and present regulation; (2) describes the  
26 political configuration that was responsible for the restrictive law; (3) outlines the lengthy political  
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30 pushed for and supported the reform. Moreover, (6) it describes the effects of the restrictive law on  
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32 of the new law on the practice of ART in Austria.

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

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<sup>1</sup> We thank the Austrian Research Promotion Agency for supporting our research.

36 studies on Prenatal Diagnostis (PND) and Pre-Implantation Genetic Diagnostis (PGD) in Austria in the  
37 political and clinical domain.<sup>2</sup>

### 38 **The prohibitive law of 1992**

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

53 The FMedG was discussed for a decade in the political arena between 1982 and 1992. The debate  
54 was mainly dominated by two questions: (1) what forms of ART should be permitted, and (2) who  
55 should get access to these technologies?<sup>3</sup>

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

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

63 First, the ban of certain procedures created *inequality between patient groups with different medical*  
64 *conditions and ART needs*. A way how to deal with this situation was to use legal loopholes. In the  
65 case of PGD, e.g., a few Austrian physicians utilized the legal loophole and provided as an alternative  
66 polar body analysis, which, as already mentioned was not covered by the law (Griessler and Hager  
67 2012: 68).

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

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<sup>2</sup> For a list of publications that originated from this project see  
<https://www.ihs.ac.at/steps/humanlife/english/project.html> (27.05.2015)

<sup>3</sup> For a detailed analysis of this debate see Hadolt 2005.

<sup>4</sup> In Vitro Fertilization (IVF)

71 Third, the restrictive law in combination with socio-economic disparities created *inequality between*  
72 *couples who could afford to evade the Austrian regulation by ART tourism and those who could not.*  
73 Austrians, seeking ART treatment that was prohibited at home travelled abroad, e.g. to Bulgaria,  
74 Czech Republic, Rumania and Slovakia. However, ART tourism is not only to be explained by legal  
75 variation. Other reasons are cheaper services, greater anonymity, better quality and/ or shorter  
76 waiting lists. Many Austrian physicians openly promoted ART tourism by informing their patients  
77 about clinics in neighboring countries<sup>5</sup> – which sometimes are their own subsidiaries<sup>6</sup> - or referring  
78 them to these institutes. As a consequence, Austrian patients who could afford it, were able to  
79 receive the whole range of state of the art ART abroad (Griessler and Hager 2012: 58).

80 Finally, the regulations of the public IVF Fund restricted funding by a number clauses to age limits  
81 and a certain number of attempts (Griessler and Hager 2012: 10).<sup>7</sup> This created *inequalities within*  
82 *the group of people which were not or no longer supported by the IVF Fund* between those who could  
83 afford to pay for ART services – at home or abroad - and those who couldn't.

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

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

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

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

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

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<sup>5</sup> Providing this information was not illegal in Austria.

<sup>6</sup> 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.

<sup>7</sup> 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.

107 population participated in national socialist atrocities whereas other parts of the population were the  
108 victims of these crimes. The murder of disabled people during the Nazi era is a particularly sensitive  
109 issue in the Austrian debate of ART. One reaction to this dark past was to instigate and repeatedly  
110 invoke a strong taboo on discussing PND, PGD and late term abortion (ibid).

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

### 117 **After a long time of procrastination - a sudden and surprisingly permissive** 118 **reform**

119 The reasons why the FMedG was changed and the FMedRÄG<sup>8</sup> was passed nonetheless on 21 January  
120 2015 after a surprisingly short consultation phase can be explained by a number of factors.

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

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

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

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<sup>8</sup> 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)

145 the Bioethics Commission for advice. The Bioethics Commission was again split in its opinion (as  
146 regularly is the case), however, in July 2012 a permissive majority recommended a fundamental  
147 reform of the FMedG in a number of aspects, especially with regard to permitting egg donation,  
148 sperm donation, PGD, and widening access to ART (Bundeskanzleramt 2012). Finally, on 10  
149 December 2013 the Constitutional Court of Austria repealed several clauses of the FMedG as  
150 unconstitutional and demanded rectification.

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

### 156 **The FMedRÄG Law of 2015**

157 The FMedRÄG permits ART in some cases, which were previously prohibited (FMedG). First, the law  
158 expands the group of persons that has access to ART. Now lesbian couples are also allowed to  
159 undergo treatment (§ 2 (1)). However, ART is still not possible for everybody. Single women and gay  
160 couples are still excluded from ART, surrogacy and embryo donation are still prohibited.<sup>9</sup> Second, the  
161 new regulation permits sperm donation – which previously was allowed for insemination only - also  
162 for IVF and ICSI (§ 3 (2)).<sup>10</sup> The age limit for donors is 18 years (§ 13 (1)). Sperm must be tested for  
163 fertility and for not posing any medical threats to woman and child (§ 12). To prevent  
164 commercialization donors are entitled to receive limited compensation (in the form of allowances) (§  
165 16 (1)). A maximum of three donations is permitted per donor (§ 14 (2)). The hospital has to keep  
166 records about the donor and the use of the donation (§ 15) to safeguard the fundamental right of  
167 children to know the biological father by the age of 14 (§ 20 (2)). Third, the FMedRÄG allows egg  
168 donation, however imposes age limits which are 18 to 30 years for donors (§ 2b (2)) and 45 years for  
169 recipient (§ 3 (3)). Commercialization and advertisement of egg and sperm donations is prohibited (§  
170 16). To avoid commercialization donors receive only limited compensation (e. g. in the form of  
171 allowances or reimbursement of travel and hotel expense, the law does not define an exact amount)  
172 (§ 16 (1)). The child is entitled to learn the name of the egg donor by the age of 14 (§ 20 (2)). Finally,  
173 the reform permits PGD in specific cases (§2a (1)), i.e. after three or more unsuccessful IVF cycles,  
174 after three miscarriages, or when there is an increased risk of a miscarriage or genetic disease due to  
175 the genetic predisposition of a parent. PGD for genetic screening remains prohibited.

### 176 **The debate about FMedRÄG 2015**

177 During the consultation process, more than 100 organizations and individuals sent statements to the  
178 responsible ministry.<sup>11</sup> These respondents included disability organizations, women's and men's  
179 organizations, pregnant women and prenatal and infant clinics, representatives of the Catholic  
180 Churches, lesbian, bisexual, gay and transgendered (LGBT) associations, psychotherapeutic and

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<sup>9</sup> Male homosexual couples are excluded because surrogacy is still banned.

<sup>10</sup> ICSI = Intracytoplasmic sperm injection, i.e. the direct injection of the sperm into the egg.

<sup>11</sup>[http://www.parlament.gv.at/PAKT/VHG/XXV/I/I\\_00445/index.shtml#tab-VorparlamentarischesVerfahren](http://www.parlament.gv.at/PAKT/VHG/XXV/I/I_00445/index.shtml#tab-VorparlamentarischesVerfahren)  
(30.05.2015)



181 psychological organizations, family counseling centers, health centers and health professionals,  
182 consumers representatives, lawyers, scientists, and private persons.

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

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

200 The draft bill, however, was also criticized. Women's organizations criticized that by excluding single  
201 women from ART their right of self-determination would be undermined.<sup>13</sup> Child and youth health  
202 centers<sup>14</sup> called for mandatory and comprehensive checks and counseling of patients prior to ART  
203 treatment. They also demand more documentation about donors and improved information for  
204 children. Men's organizations<sup>15</sup> maintained that children have the right to have a mother and a father  
205 and that the bill would give rise to unnatural and undesirable family constellations. They claimed that  
206 donor sperm or egg donation undermine the right to have mother and father. They also complained  
207 about financial interests of the reproductive industry and selfish, alleged legal rights of marginalized  
208 groups. Psychologists and psychotherapists<sup>16</sup> missed sufficient psychosocial counseling and care for  
209 women. ART should be accompanied by mandatory psychological counseling. They welcomed that  
210 PID and egg donation are now possible also in Austria, and women no longer have to travel abroad.  
211 Family counseling centers<sup>17</sup> criticized that the children's best interests would not be adequately taken  
212 into account and that the egg donor's significant risks were not sufficiently addressed.

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

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<sup>12</sup>[http://www.statistik.at/web\\_de/statistiken/menschen\\_und\\_gesellschaft/bevoelkerung/haushalte\\_familien\\_l\\_ebensformen/familien/081199.html](http://www.statistik.at/web_de/statistiken/menschen_und_gesellschaft/bevoelkerung/haushalte_familien_l_ebensformen/familien/081199.html) (24.11.2015)

<sup>13</sup> [https://www.parlament.gv.at/PAKT/VHG/XXV/SNME/SNME\\_02487/index.shtml](https://www.parlament.gv.at/PAKT/VHG/XXV/SNME/SNME_02487/index.shtml) (26.11.2015): See comments of Women's Health Center ISIS (79).

<sup>14</sup> Ibid: See comments of Austrian League for Child and Adolescent Health (96).

<sup>15</sup> Ibid: See comments of Association „Fathers without rights“ (83).

<sup>16</sup> Ibid: See comments of Austrian Federal Association for Psychotherapy (90) and Association of Austrian Psychologists (68).

<sup>17</sup> Ibid: See comments of Family Alliance (64) and Nanaya (121).

216 seen as a commodity in the context of ART), exploitation of egg donating women, the destruction of  
217 embryos in the context of IVF, providing access to ART for lesbian women, because this would  
218 confuse the identity of the child and encourages unnatural development of family.<sup>18</sup>

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

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

227 The draft law for FMedRÄG 2015 was passed in Parliament on 5 February 2015 and entered into  
228 force on 24 February 2015.<sup>19</sup>

## 229 Outlook

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

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

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

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

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<sup>18</sup> Ibid: See comments of a nun (15), the Catholic Bishops' Conference (85) and the Catholic Family Federation (104).

<sup>19</sup> [http://www.parlament.gv.at/PAKT/VHG/XXV/I/I\\_00445/index.shtml](http://www.parlament.gv.at/PAKT/VHG/XXV/I/I_00445/index.shtml) (30.05.2015).

251 The social and psychological effects of sperm and egg donation on donors, recipients, partners,  
252 families and children are assessed differently by different actors (Griessler and Hager 2012: 22, 33 ff.,  
253 43ff.) disputed and little researched in Austria<sup>20</sup>. The legal regulation and practice of assisted  
254 reproduction technologies (ART) are socially highly controversial in international comparison. The  
255 discussion is about value conflicts, family forms, sexuality, the status of the embryo and the attitude  
256 to disability. In Austria there was a period of over 20 years (from 1992 to 2015) with a restrictive law  
257 on reproductive medicine (FMedG 1992), in which numerous ART treatments were prohibited. Since  
258 2015 there is a new and more liberal law regarding ART (FMedRÄG 2015) which will lead to new  
259 developments and practices in dealing with ART in Austria. In order to address these and other  
260 developments and to learn more about the effects of the FMedRÄG on clinical practice of ART in  
261 Austria as well as on donors, recipients, children and families a research project on egg donation,  
262 sperm donation and PGD and the use of ART by same sex couples is currently planned. The study will  
263 consider mainly the experiences of affected women and people working in the field, and the handling  
264 of the topic of ART in online media. Issues of social inequality, changes in ART tourism, attitudes  
265 about families and new family forms and new emerging problems will be studied and should be  
266 discussed within the scientific community.

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



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## 275 Literature

276 Bogesberger, R., 2013. Maries Reise ins Unbekannte. In: Welt der Frau 0708, 35-37.

277 Bundesgesetz, mit dem Regelungen über die medizinisch unterstützte Fortpflanzung getroffen  
278 werden (Fortpflanzungsmedizingesetz - FMedG)  
279 [https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10003](https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10003046)  
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281 Bundeskanzleramt, 2012. Reform des Fortpflanzungsmedizinrechts. Stellungnahme der  
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283 <http://www.bundeskanzleramt.at/DocView.axd?CobId=48791> (30.05.2015).

284 Der Standard, 2015. Eizellspende fördert „Gesundheitstourismus“.  
285 <http://derstandard.at/2000017313805/Eizellspende-kurbelt-Gesundheits-Tourismus-an>  
286 (12.06.2015).

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

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