

Assisted Reproduction & Gynaecology Centre

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19 March 2020

Dear Mrs Cheshire,

I am writing to you to request urgent clarification of the HFEA's position in relation to the Coronavirus (COVID-19) pandemic and the varied response of the UK fertility sector.

On 17 March 2020, the HFEA published guidance for professionals in which you stated that the HFEA had *"...not issued any guidance to advise that treatments should not continue"* and that decisions about stopping treatments should be taken locally by individual clinics.

The same day you also issued guidance for patients in which you stated that the HFEA *"...cannot provide patients or clinics with medical guidance or make medical decisions"*. This guidance also reiterated that the HFEA had *"...not issued guidance which says all clinics should cease providing treatment at this time"*.

Yesterday, within minutes of the BFS and ARCS releasing a joint statement relating to COVID-19 advising that *"...UK licensed fertility centres will now be working to suspend treatments"*, the HFEA published further guidance for clinics, stating that you *"...expect clinics to follow the advice from the British Fertility Society and the Association of Reproductive and Clinical Scientists"*. It further stated that the BFS and ARCS guidance *"...assumes that as coronavirus spreads, clinics will stop fertility treatments over the coming weeks"*. It goes on to state, however, that *"[w]here clinics remain open either to continue treatment, or to provide a skeleton service, they must work within safe limits, including safe staffing numbers, and ensure stored gametes and embryos are not put at risk"*.

The HFEA's position regarding whether clinics should remain open in the present unprecedented times of global concern is far from clear, and this is causing unwanted and unnecessary concern and uncertainty amongst patients and clinic staff. If it is now the HFEA's position that UK licensed centres should cease operating, the HFEA should make that clear and unambiguous. The BFS and ARCS's efforts in attempting to provide guidance for the sector are welcome, but neither organisation has any statutory or regulatory function, whereas the HFEA has a duty to provide clear advice and information to all licensed centres and their patients. More generally, the UK fertility sector needs the HFEA to take leadership and responsibility at this difficult time and give unequivocal guidance for the benefit of patients who have been left in a state of confusion in the face of the different approaches adopted by individual clinics.

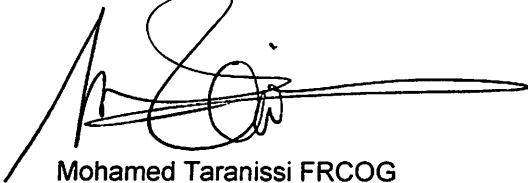
I appreciate that the HFEA is not an expert body and I accept that, therefore, you *"...cannot provide patients or clinics with medical guidance or make medical decisions"*. However, I am not seeking the HFEA's advice in relation to a medical decision. This is a much broader matter of public policy, unrelated to the specific medical and scientific issues of fertility treatment, which affects society as a whole and may potentially impact upon the fight against this unprecedented global health threat. If the HFEA is now requiring all clinics to follow the BFS and ARCS advice and cease operating (as implied in your statement on 18 March 2020), then the HFEA could achieve this by suspending the treatment licences of all UK clinics. Clinics would retain their storage licences and the suspension could be lifted nationally when there is more certainty about the public's safety as a whole. The suspension could become effective within two weeks from now to allow for the completion of any ongoing treatments.

By contrast, if the HFEA will not require all clinics to cease operating, it should then leave the decision about stopping treatment to individual clinics and endorse them publicly – as you initially recommended.

It is no longer acceptable for the HFEA to leave this public policy decision in the hands of individual clinics whilst at the same time “*expecting*” clinics to implement the professional bodies’ guidance to suspend all treatments. If the HFEA is unable or unwilling to implement such guidance themselves, notwithstanding that it is well within their powers to do so, then they will be sending a more conflicting message to the sector (and particularly to patients), which is the last thing anyone needs at these difficult times.

I look forward to hearing from you as a matter of urgency.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M. Taranissi', with a long horizontal stroke extending to the right.

Mohamed Taranissi FRCOG

Medical Director