• Self Regulation as a means of regulating privately financed Medicare:
  • What can we learn from the IVF sector?

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Fertility Clinics in Canada

- most fertility services are provided outside hospitals in private, for-profit clinics
Regulatory mechanisms for fertility clinics

- limited government regulation
- self-regulation of professionals and facilities
- clinical practice guidelines
- voluntary accreditation
Self-regulation of professionals and facilities

- rationales:
  - expertise
  - professional autonomy
  - acceptability
  - independence
  - processes
Self-regulation of professionals and facilities

- criticisms of complaints process:
  - onerous and opaque processes
  - weak remedies and sanctions
  - lacks transparency
  - prioritizes professional members rather than patients and the public
Self-regulation of professionals and facilities

- fertility clinics
- in Ontario, subject to Out-of-Hospital Premises Inspection Program
- falls under jurisdiction of the College of Physicians and Surgeons of Ontario
Clinical practice guidelines

- intended to promote consistent and higher quality care based on up-to-date medical evidence
- CFAS clinical practice guidelines committee

- Guidelines for Third Party Reproduction (CFAS 2016) AMENDED [English – French]
- Guidelines on Fertility Preservation In Reproductive Age Woman Facing Gonadotoxic Treatments (CFAS 2014)
- Guidelines on Management of Ovarian Hyperstimulation Syndrome (CFAS 2013)
- Guidelines on the Number of Embryos Transferred (CFAS 2013)
Clinical practice guidelines

- efficacy?
- multiple embryo transfer
- Quebec regulations vs. CFAS guidelines
Information collection & disclosure

- Canadian Assisted Reproductive Technology Register (CARTR)
- fills important data gaps
- BUT
  - voluntary
  - verification
  - transparency
  - accessibility
Conclusion

• cautionary tale
• self-regulation is important but insufficient
• other forms of external regulation are crucial to promoting patient health and well-being