Ethics Medicine and Me

Introduction:
Ethics, medicine and me is a versatile event, suitable for ages 11 to 16. It uses the issue of infertility and assisted conception to explore the issue of ethics in medicine. Two approaches to ethics are looked at:

- rights based, where the rights and wrongs decide an issue
- consequences-based, where the effects on everyone involved in a decision are taken into consideration.

Ethics, medicine and me – KS3 1 hour lesson plan

Age group: 11-14

Timescale: 1 hour

Objectives: To give students an introduction to ethical decision-making, using the topic of fertility treatment.

NC links: Citizenship 2. a), c); 3. a), b), c)
PSHE 3. g), k); 4. g)
Science Sc2 2. g); breadth of study 1. c)

Resources: IVF information sheet
Ethics committee information sheet
White lie example cards – six sets of six cards
Blank cards – forty
IVF family cards – six sets of twelve cards
Genetic disease fact sheets – three
Ethics committee worksheet – one per student
Pens

Set-up: Students need to be in six groups, preferably around tables for discussion, but able to face the front for explanations. (If working with more than one class, you will need to print out extra copies of cards).

Introduction: Firstly, what do I mean by ethics? Ethics basically means what is right and wrong, socially and culturally. With medicine, what is ethically right or wrong has to be considered for all sorts of issues, such as who should get treatments, whether treatment should be withheld, how new drugs should be tested etc.

So who makes these decisions and how? Many hospitals and universities use ethics committees – groups of people who get together to discuss issues as they arise. And how do people make their minds up about complex issues like these? Well there are two ways that they can go about it, two approaches to dealing with ethics: looking at the rights of an issue, and considering the consequences.

This sounds quite complicated, but you can relate it to something quite simple. White lies. Who here knows what a white lie is? Who here has ever told a white lie? A white lie is a lie that is considered okay. You are brought up being told that lying is wrong, but there are some situations where it is better to tell a lie than to risk telling the truth. This can be to protect someone's feelings, to avoid awkwardness, or because telling the truth would cause more harm than lying.

When you justify a white lie you are using a consequences-based approach. The consequences of telling the truth would be worse than telling the lie. However some people believe all lies are bad, and that honesty is the best policy. This is a rights-based approach – it's wrong to tell lies, no matter what the consequences are.

White lies: In this activity take a look at the six white lie examples printed on the yellow cards. Have you ever told a white lie? Use the blank cards to write down your example. Discuss in your groups whether your lies and the yellow cards are justified – try to make a pile of those you agree with and those you think are wrong. As you do this, think about whether you're using a rights or consequences argument.
[10 minutes to write and discuss – follow up with 5 minutes of finding out which white lies students' agreed/disagreed with]

IVF: So now you've had an example of ethical thinking, it's time for you to give it a go yourself. IVF is a treatment available to couples who are having trouble getting pregnant naturally. It involves combining sperm and egg in a petri dish, then implanting any resulting embryos back into the woman. The treatment is not always successful, so several attempts are often necessary. Currently the rules are being changed to allow all couples one round of treatment free on the NHS – otherwise they have to pay for treatment privately.
But who do I mean by couples here? Who gets treatment varies from area to area, clinic to clinic. The only guidance given is that the welfare of the child must be uppermost. Most clinics offering IVF treatment in the UK have some form of ethics committee to decide who should be eligible for treatments. Today you're going to be this committee, discussing which families should get IVF treatment.
You will be given 12 green cards with family situations described. Read through the cards as a group. You must choose 6 families who you think deserve treatment. Remember to think through your decisions, considering what is right and wrong, and what are the consequences for those involved. You have twenty minutes to make your minds up, and then you will be asked to explain your choices, giving reasons where possible.
[20 minutes to discuss and prepare – follow up with 5 minutes for presentations]

Plenary: So how easy was it to come to those decisions? Did it help by breaking it down into what was right, and what the consequences were? Do you feel qualified to be on an ethics committee yourself? If not then who should be?

Homework: Who should be on an ethics committee? Write down five people/professions (e.g. doctor, lawyer, builder etc.), giving reasons why you think they should be on the committee. Is there anyone who should not be allowed on the committee? (e.g. doctor, patient etc.) Why? Use the sheet provided to write down your thoughts.

Ethics, medicine and me - KS3 1.5 hour lesson plan

Age group: 11-14

Timescale: 1.5 hours

Objectives: To give students an introduction to ethical decision-making, using the topic of fertility treatment.

NC links: Citizenship 2. a), c); 3. a), b), c)
PSHE 3. g), k); 4. g)
Science Sc2 2. g); breadth of study 1. c)

Resources: IVF information sheet
Ethics committee information sheet
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Blank cards – forty
IVF family cards – six sets of twelve cards
Genetic disease fact sheets – three
Ethics committee worksheet – one per student
Pens

Set-up: Students need to be in six groups, preferably around tables for discussion, but able to face the front for explanations. (If working with more than one class, you will need to print out extra copies of cards).

Introduction: Firstly, what do I mean by ethics? Ethics basically means what is right and wrong, socially and culturally. With medicine, what is ethically right or wrong has to be considered for all sorts of issues, such as who should get treatments, whether treatment should be withheld, how new drugs should be tested etc.

So who makes these decisions and how? Many hospitals and universities use ethics committees – groups of people who get together to discuss issues as they arise. And how do people make their minds up about complex issues like these? Well there are two ways that they can go about it, two approaches to dealing with ethics: looking at the rights of an issue, and considering the consequences.

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White lies: In this activity take a look at the six white lie examples printed on the yellow cards. Have you ever told a white lie? Use the blank cards to write down your example. Discuss in your groups whether your lies and the yellow cards are justified – try to make a pile of those you agree with and those you think are wrong. As you do this, think about whether you're using a rights or consequences argument.
[15 minutes to write and discuss – follow up with 5 minutes of finding out which white lies students agreed/disagreed with]

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You will be given12 green cards with family situations described. Read through the cards as a group. You must choose 6 families who you think deserve treatment. Remember to think through your decisions, considering what is right and wrong, and what are the consequences for those involved. You have twenty-five minutes to make your minds up, and then you will be asked to come up to the front and explain your choices, giving reasons where possible.
[25 minutes to discuss and prepare – follow up with 15 minutes for presentations]

Ethics committees: So how easy was it to come to those decisions? Did it help by breaking it down into what was right, and what the consequences were? Do you feel qualified to be on an ethics committee yourself? If not then who should be? You will be given a worksheet to fill in with your ideas of who should be on an ethics committee. Should the doctors giving treatment? Patients who've already received treatments? What other members of society? Discuss in your groups then fill in your worksheets with your own opinions.
[20 minutes to discuss and fill in sheets]

Plenary: Discuss students ideas for ethics committee members. Ask them whether they feel qualified to make these decisions, and if not, why not.

Ethics, medicine and me – KS4 1 hour lesson plan

Age group: 14-18

Timescale: 1 hour

Objectives: To give students an introduction to ethical decision-making, using the topic of fertility treatment.

NC links: Citizenship 1. f); 2. a), d); 3. a), b), c)
PSHE 3. d), h); 4. g)
Science Sc2 Breadth of study 1. c)

Resources: IVF information sheet
Ethics committee information sheet
IVF family cards – six sets of twelve cards
Genetic disease fact sheets – three
Ethics committee worksheet – one per student
Pens

Set-up: Students need to be in six groups, preferably around tables for discussion, but able to face the front for explanations. (If working with more than one class, you will need to print out extra copies of cards).

Introduction: Firstly, what do I mean by ethics? Ethics basically means what is right and wrong, socially and culturally. With medicine, what is ethically right or wrong has to be considered for all sorts of issues, such as who should get treatments, whether treatment should be withheld, how new drugs should be tested etc.
So who makes these decisions and how? Many hospitals and universities use ethics committees – groups of people who get together to discuss issues as they arise. And how do people make their minds up about complex issues like these? Well there are two ways that they can go about it, two approaches to dealing with ethics: looking at the rights of an issue, and considering the consequences.
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When you justify a white lie you are using a consequences-based approach. The consequences of telling the truth would be worse than telling the lie. However some people believe all lies are bad, and that honesty is the best policy. This is a rights-based approach – it's wrong to tell lies, no matter what the consequences are.

IVF: IVF is a treatment available to couples who are having trouble getting pregnant naturally. It involves combining sperm and egg in a petri dish, then

implanting any resulting embryos back into the woman. The treatment is not always successful, so several attempts are often necessary. Currently the rules are being changed to allow all couples one round of treatment free on the NHS – otherwise they have to pay for treatment privately.
But who do I mean by couples here? Who gets treatment varies from area to area, clinic to clinic. The only guidance given is that the welfare of the child must be uppermost. Most clinics offering IVF treatment in the UK have some form of ethics committee to decide who should be eligible for treatments. Today you're going to be this committee, discussing which families should get IVF treatment.
You will be given 12 green cards with family situations described. Read through the cards as a group. You must choose 6 families who you think deserve treatment. Remember to think through your decisions, considering what is right and wrong, and what are the consequences for those involved. You have twenty minutes to make your minds up, and then you will be asked to come up to the front and explain your choices, giving reasons where possible.
[20 minutes to discuss and prepare – follow up with 10 minutes for presentations]

Ethics committees: So how easy was it to come to those decisions? Did it help by breaking it down into what was right, and what the consequences were? Do you feel qualified to be on an ethics committee yourself? If not then who should be? You will be given a worksheet to fill in with your ideas of who should be on an ethics committee. Should the doctors giving treatment? Patients who've already received treatments? What other members of society? Discuss in your groups then fill in your worksheets with your own opinions.
[20 minutes to discuss and fill in sheets]

Ethics, medicine and me – KS4 2 hour lesson plan

Age group: 14-18

Timescale: 2 hours

Objectives: To give students an introduction to ethical decision-making, using the topic of fertility treatment.

NC links: Citizenship 1. f); 2. a), d); 3. a), b), c)
PSHE 3. d), h); 4. g)
Science Sc2 Breadth of study 1. c)

Resources: IVF information sheet
Ethics committee information sheet
White lie example cards – six sets of six cards
Blank cards – forty
IVF family cards – six sets of twelve cards
Genetic disease fact sheets – three
Ethics committee worksheet – one per student
Policy information sheets
Policy worksheets – one per student
Pens

Set-up: Students need to be in six groups, preferably around tables for discussion, but able to face the front for explanations. (If working with more than one class, you will need to print out extra copies of cards). Access to the internet for the second half of the session would be preferable.

Introduction: Firstly, what do I mean by ethics? Ethics basically means what is right and wrong, socially and culturally. With medicine, what is ethically right or wrong has to be considered for all sorts of issues, such as who should get treatments, whether treatment should be withheld, how new drugs should be tested etc.
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[25 minutes to discuss and prepare – follow up with 15 minutes for presentations]

Policy statement: We've touched on some of the issues to do with IVF here, but now I want you to think a little more carefully about a couple of these decisions. You will be given an information sheet on one of three hot topics – designer babies, donor anonymity, free IVF treatment on the NHS [or choose to stick with one topic for whole class]. It is your job as a group to discuss the issues surrounding these topics, decide who they might affect in a positive/negative way, and then draft a policy that would govern how clinics have to deal with these situations.
In your groups, read through the information sheet for your topic. Take a look at the questions on the worksheet, discuss and make notes. You will be expected to present your final policy to the class so make sure you are prepared for this.
[20 minutes to discuss and prepare – follow up with 10 minutes presentations]

Plenary: So how easy was it to come to those decisions? Did it help by breaking it down into what was right, and what the consequences were? Do you feel qualified to be on an ethics committee yourself? If not then who should be?

Homework: Who should be on an ethics committee? Write down five people/professions (e.g. doctor, lawyer, builder etc.), giving reasons why you think they should be on the committee. Is there anyone who should not be allowed on the committee? (e.g. doctor, patient etc.) Why? Use the sheet provided to write down your thoughts.

Teacher information sheet
In Vitro Fertilisation (IVF)

In brief:
Couples suffering from fertility problems – defined by the doctors as the inability to fall pregnant after a year of trying for a child – can try IVF treatment as an alternative method to get pregnant.

Detail:
Whereas during normal conception the sperm and egg combine inside the woman's body, with IVF the process is carried out in a laboratory. The woman is given fertility drugs to increase her egg production. Eggs are harvested from her ovaries, and then combined in a petri dish with sperm from the man. When the egg is fertilised, the cells begin to multiply, creating an embryo. The woman receives more hormones, to make her womb receptive to this embryo. The embryo is then implanted back into the woman's womb, where it can develop just like in any normal pregnancy. Sometimes several embryos are created and more than one can be implanted. This can result in twins, triplets or even more multiple births.

IVF has been around since the 1970s. Louise Brown, the first British 'test tube' baby, was born in 1978. Since then over 70,000 children have been born using IVF techniques; around 1% of all births in the UK each year are the result of IVF. New techniques include ICSI (intra-cytoplasmic sperm injection), where a single sperm is injected directly into one egg. Although many advances have been made, the success rate of IVF is still only about 25%.

In the UK the NHS provides about a quarter of IVF treatments, with the rest being provided by private clinics. The cost of an average cycle of IVF is between £2000 and £4000, with the drugs costing an extra £1000.

References:
news.bbc.co.uk/1/hi/health/medical_notes/308662.stm
www.hfea.gov.uk

Teacher information sheet
Ethics committees

In brief:
An ethics committee is a group of people who get together to discuss and decide upon issues from an ethical standpoint.

Detail:
The purpose of an ethics committee is to protect the dignity, rights, safety and well being of the individuals involved. Ethics committees have been used in medical research for many years – they are set up by local health authorities and government agencies to make sure that no harm (physical, mental or otherwise) comes to people taking part.

With IVF clinics, the ethical questions arise from the fact that new lives are being created by the doctors and nurses involved. The welfare of the unborn child must be considered – for example whether they will be at risk of abuse or neglect. Most IVF clinics in the UK, whether private or NHS, will have some form of ethics committee. This can be made up of doctors from the clinic, patients, lawyers, and other interested parties. The job of this committee is to make decisions about who should and should not be eligible for IVF treatment. Some cases are straightforward – a convicted paedophile would not receive treatment. Other cases can be more complicated. Should unmarried couples get treatment? What about those where one partner has children from a previous relationship?

Other questions can also arise, such as whether parents should be able to select the gender, eye colour, hair colour or any other feature of their child. This can include selecting children in order for them to be suitable as donors (bone marrow, kidney) for older siblings. These issues are not dealt with by individual ethics committees but are instead decided by the HFEA (Human Fertilisation and Embryology Authority). This government organisation inspects and regulates fertility clinics in the UK.

References:
www.corec.org.uk
www.hfea.gov.uk

White Lies

Sara loves her boyfriend but he's a really bad kisser. When he asks she lies and tells him he's a great kisser. She doesn't want to upset him by telling him the truth.

White Lies

Phil received a hand knitted birthday jumper from his Aunt every year, which he never liked and never wore. He always lied and told her he loved the jumpers, as he knew she put a lot of effort into them. He did not want to hurt her feelings.

White Lies

Ruth finds out that her best friend's boyfriend is cheating on her. She doesn't want to tell her friend as she knows it will really upset her. She lies and says that she thinks he's a great boyfriend.

White Lies

Carla's eight year old daughter was learning to play the violin. The screeching sound of her practicing caused Carla to have a migraine. She lied and told her daughter that she sounded really good, as she did not want to discourage her from practicing.

White Lies

Helen is comforting her friend after she missed out on a promotion at work. She knows that her friend is often late to work, but lies and does not tell her that this might be the reason for not getting the promotion.

CitizenScience @ Bristol

White Lies

When Ian was a young child, he had what looked like a boil on his leg. His mother took him to a doctor, who told her that it was a bad spider bite. Ian's mum lied and did not tell him what had happened until years later, in case he grew up with a phobia of spiders.

CitizenScience @ Bristol

White Lies

Have you ever told a white lie?

White Lies

Have you ever told a white lie?

White Lies

Have you ever told a white lie?

White Lies

Have you ever told a white lie?

Situation

The Estevez family has two sons already, but Mrs Estevez really wants a daughter. They would like to use IVF treatment and pre-select a female embryo to implant.

Situation

Miss Irving and Mr Hill have lived together for ten years, but have never married. Mr Hill's family has a genetic condition known as Sanfilippo syndrome (see fact sheet for more information). The couple would like IVF treatment in order to pre-select a healthy embryo.

Situation

The Bakers have been married for two years. Mr Baker is in his mid forties and has one son from a previous marriage, who lives with them. The Bakers have been trying for a child for three years and would like to give IVF treatment a go.

Situation

Miss Ford is single and in her early forties. She always intended to have children, but never met the right man. She has tried sperm donation but has had problems conceiving. Miss Ford would like to try IVF treatment with donated sperm.

Situation

The Osmonds have no children. Mr Osmond has just been diagnosed with a genetic disease – Huntingdon's (see fact sheet for more information). They would like IVF in order to test embryos for this disease prior to implantation. This would ensure that it is not passed onto their children.

CitizenScience @ Bristol

Situation

Mr and Mrs Chang have two sons, one of whom suffers from a rare blood disorder called thalassaemia (see fact sheet for more information). The son could be cured by a bone marrow transplant, so they want IVF in order to pre-select a child that would then be a suitable donor for the older sibling.

CitizenScience @ Bristol

Situation

Mr and Mrs Kumar have been trying for a child for three years. They are in their mid thirties and have paid for two courses of IVF, with no success. They would like to try IVF treatment again, but cannot afford to pay for it privately this time.

CitizenScience @ Bristol

Situation

The Dingles are in their late twenties and have been married for five years. They have been trying for a child all this time, with no success. They would like IVF treatment.

CitizenScience @ Bristol

Situation

Mr and Mrs Jenkins are in their mid thirties and both unemployed. They have been unable to conceive naturally, and would like to try IVF treatment. They cannot afford to pay for this treatment privately.

CitizenScience @ Bristol

Situation

Mr Moore and Mr Nixon have been together for ten years and are in their late thirties. They would like to use IVF treatment to fertilise an egg before implantation into their chosen surrogate mother.

CitizenScience @ Bristol

Situation

Mr and Mrs Adams are in their mid-thirties. Mrs Adams has been receiving chemotherapy treatment for breast cancer. She is not yet officially in remission. The treatment has made Mrs Adams infertile, but the couple had previously frozen some of her eggs. They would like IVF treatment.

CitizenScience @ Bristol

Situation

Mr and Mrs Price have been married for five years. Mr Price had a vasectomy whilst in a previous relationship. They now both want children. Mr Price has tried, unsuccessfully, to have the vasectomy reversed. They would now like to use IVF treatment using donor sperm.

CitizenScience @ Bristol

Fact sheet – Huntingdon disease

Population frequency
1 in 18 000

Pattern of inheritance
Dominant, caused by a single gene on chromosome 4. An affected parent has a 50% chance of having an affected child.

Symptoms
Symptoms usually develop when people are between 30-50 years old, but this is very variable. Early signs include involuntary movements, concentration and memory problems and mood changes. These get more severe later in the illness. Death occurs on average about 17 years from the onset of symptoms, but this is again highly variable.

Treatment
At present there is no cure for Huntingdon disease, but medication, speech therapy and special diets can help treat the symptoms.

Possibility of genetic testing
Genetic tests are available - they will tell you if you have the gene, but will not give an indication of the age at which you will develop symptoms. Prenatal testing is also possible.

Fact sheet – Sanfilippo syndrome

Population frequency
1 in 85 000

Pattern of inheritance
Recessive, caused by a single-gene. An affected parent has a 25% chance of having an affected child, but only if both parents are carriers. Carriers show no symptoms.

Symptoms
Babies start with no or few symptoms, but between the ages of five and ten progressive mental deterioration occurs and children become hyperactive and disruptive. Eventually movement and speech are lost and death occurs in the mid teens.

Treatment
At present there is no cure for Sanfilippo syndrome.

Possibility of genetic testing
Sanfilippo syndrome is so rare that parents tend to find that they are carriers only when they have a child who is affected. However, for subsequent children, they can opt to have chorionic villus sampling during pregnancy to see if the foetus is affected.

Fact sheet - Thalassaemia

Population frequency
Thalassaemia is more common in Mediterranean cultures and in those of Italian or Greek descent. It is also present in other areas including Africa, India and to a lesser extent Southeast China.

Pattern of inheritance
Recessive, caused by a single gene. An affected parent has a 25% chance of having an affected child, but only if both parents are carriers. Carriers show no symptoms.

Symptoms
Children with Thalassaemia Major appear normal at birth. As they grow they exhibit paleness and fussiness. Weakness and slow growth appear in the first or second year of life and the abdomen may swell due to an enlarged liver and spleen. The appearance of the face and head changes - the eyes appear slanted and the cheekbones become more prominent.

Treatment
Treatment for Thalassaemia involves blood transfusions every 4 to 6 weeks to sustain life. One cure can be to have a bone marrow transplant from a suitable donor.
Trials are underway for a new type of medication called deferoxamine, which can remove iron from the body. Early results have been encouraging and this promises to dramatically improve the life of Thalassaemia sufferers.

Possibility of genetic testing
A safe and reliable prenatal test has been developed to diagnose Thalassaemia in a foetus as early as 10-12 weeks after conception. Couples who are at risk may want to consider this possibility. Adults can also be tested so see if they are carriers.

Who should be part of an ethics committee?

Decide on five people who should be included. Can you think of anyone who should not?

Should be on committee:

1. _____
   _____
2. _____
   _____
3. _____
   _____
4. _____
   _____
5. _____
   _____

Should not be on committee:

_____
_____

How easy did you find it to make decisions about IVF treatment?

_____
_____
_____
_____

Would you want to be on a real ethics committee?

_____
_____
_____
_____

Designer babies – Policy worksheet

Should people be able to select specific embryos for implantation? What should they be allowed to select for?

Who will be affected by this decision?

How will they be affected?

Policy decision:

Who may benefit from this policy?

Who may be disadvantaged by this policy?

Ethics Committee – Selecting families for IVF treatment

Is it important to have common criteria when making your decision?

_____
_____

If yes what criteria will you use when making your decision?

Our Criteria:

_____
_____
_____
_____
_____

Which families do you think should receive the treatment? How can you justify these decisions?

Family	Should they receive treatment?	Justification

Donor anonymity – Policy worksheet

Should sperm and egg donors have complete anonymity from their future offspring? If not, then what sort of information should be passed onto the children of donors?

Who will be affected by this decision?

How will they be affected?

Policy decision:

Who may benefit from this policy?

Who may be disadvantaged by this policy?

Free IVF treatment – Policy worksheet

Should couples be able to receive free IVF treatment on the NHS? Who should be eligible for the treatment? What terms and conditions should there be, if any?

Who will be affected by this decision?

How will they be affected?

Policy decision:

Who may benefit from this policy?

Who may be disadvantaged by this policy?

Designer Babies

In Brief:
Designer Babies is a term coined by the media, it is generally used to mean any case where an embryo is selected for implantation on the basis of an inherited characteristic for example gender or eye colour.

Detail:
The issue of designer babies has hit the headlines increasingly over the past few years. Whilst the phrase throws up images of parents choosing to have children with blond hair, blue eyes and high intelligence, the reality of the stories reported is often very different. Two particular cases have come up recently.

The Whitakers had a child in 2003 following IVF and the selection of an embryo. They were looking for a bone marrow match for their older child, who was suffering from leukaemia. The HFEA in the UK at this time refused to allow the testing of embryos for this purpose, so they went to America for their treatment. However in a similar case the Hashmis were allowed to select an embryo to be suitable as a donor for their older child. The HFEA argued that the case differed because the testing also benefited the embryo as in their case the illness was hereditary (it was passed on through their genes).

Both these cases were reported as designer babies, as they involved the selection of embryos. Most people feel that selecting children to have particular traits such as brown hair or green eyes is wrong however where selection involves helping a sick sibling there is more debate. In July 2005 the rules were relaxed to allow the selection of an embryo to be a suitable match for treating a sick sibling. However, each case still has to be agreed by the HFEA on it's own individual merits.

What do you think?

Links

Human Fertilisation and Embryology Authority www.hfea.gov.uk

Relevant news stories from the BBC:

www.bbc.co.uk/religion/ethics/issues/designer_babies
http://news.bbc.co.uk/1/hi/northern_ireland/4050989.stm
http://news.bbc.co.uk/1/hi/health/4376041.stm

Free IVF on the NHS?

In Brief:
Currently the NHS will offer women under the age of 40 one free IVF cycle. Eventually three cycles should be offered although a time scale for implementing these guidelines has not been announced.

Detail:
The NHS watchdog NICE (National Institute for Clinical Excellence) recommended to the government in early 2004 that 3 cycles of treatment should be provided on the NHS. However ministers disagreed, and it was decided that local health authorities would provide one cycle of treatment for all women between the ages of 23 and 39.

The chance of getting pregnant with one cycle of IVF is around 25%, but this chance increases to 50% when you have three cycles. Many doctors argue that it is pointless putting a woman through the difficult process of IVF just once – it would be a much better use of resources to make three courses freely available.

The availability of IVF treatment free on the NHS varies from region to region in the UK. Other issues arising include whether there should be an age limit for treatment, whether unmarried/gay/lesbian couples should be allowed IVF, and what to do if one or both parties already has children. Whilst for private clinics these matters are decided internally, with NHS provision the decisions can become more of a national concern.

What do you think?

Links

Human Fertilisation and Embryology Authority www.hfea.gov.uk

Relevant news stories from the BBC:

http://news.bbc.co.uk/1/hi/health/3516941.stm
http://news.bbc.co.uk/1/hi/health/4398429.stm

Donor anonymity

In brief:
From April 2005 men and women who donate sperm and eggs for couples to use in infertility treatment no longer have the right to remain anonymous.

Detail:
It was decided in January 2005 that sperm and egg donors would no longer have the right to remain anonymous. When a person donates sperm or eggs for use by infertile couples, their personal details are kept by the HFEA (Human Fertilisation and Embryology Authority). Information such as eye colour, hair colour, occupation and religion is now given on request. Donor children will also be able to go through a process to be put in touch with their genetic parents. However the genetic parents have no legal or financial responsibility over any offspring. These changes are also not retrospective – they will not affect donations given before April 2005.

One of the strongest arguments for removing donor anonymity is that everyone has the right to know their genetic and medical history. As a person's medical notes are confidential between a patient and their doctor, this information cannot be passed onto anyone else. There is a great deal of concern that these changes will lead to a large drop in donors coming forward. Although there is no legal or financial issue, the idea of someone turning up twenty years later looking for their genetic parent is off-putting for many potential donors. There is also almost no monetary incentive for donating in the UK – the only money donors can be paid is a small amount to cover expenses. Numbers of new donors has been dropping over recent years, and for many clinics there are now donor shortages.

Links

Human Fertilisation and Embryology Authority www.hfea.gov.uk
Relevant news stories from the BBC:
http://news.bbc.co.uk/1/hi/business/4579555.stm
http://news.bbc.co.uk/1/hi/wales/4571245.stm

Citizen Science Resources Evaluation

At-Bristol's Citizen Science resources have been created by At-Bristol in partnership with teachers and with support from the Wellcome Trust. Please take part in our evaluation of these resources by filling in this questionnaire and returning it to us at the address below. This will help us to maintain the quality of the resources.

How confident did/do you feel about using these resources in the classroom (please circle)?

Very confident 1 2 3 4 5 Not very confident

Have you used any of the resources? Yes No

If no, please describe what has prevented you from using these resources. Is there anything we could do to improve the resources to enable you to use them?

_____
_____
_____

If yes, please circle the Key Stage and class that you have used these resources with.

	Key Stage			Class					
Aftershot	KS3	KS4	Post 16	Science	Drama	English	PSHE	Citizenship	Other
Genome games	KS3	KS4	Post 16	Science	Drama	English	PSHE	Citizenship	Other
Science from the future	KS3	KS4	Post 16	Science	Drama	English	PSHE	Citizenship	Other
Postcards from the future	KS3	KS4	Post 16	Science	Drama	English	PSHE	Citizenship	Other
Ethics, medicine and me	KS3	KS4	Post 16	Science	Drama	English	PSHE	Citizenship	Other
Rainforest medicines	KS3	KS4	Post 16	Science	Drama	English	PSHE	Citizenship	Other
Drugs on the brain	KS3	KS4	Post 16	Science	Drama	English	PSHE	Citizenship	Other
Explore At Bristol trail	KS3	KS4	Post 16	Science	Drama	English	PSHE	Citizenship	Other

Are there any activities that you found particularly useful?

_____
_____
_____

What would you like to see changed or improved about these resource?

_____
_____
_____

Do you have any additional comments you would like to make?

_____
_____
_____

Many thanks for completing this questionnaire. Please return to freepost address:

Citizen Science
At-Bristol
Freepost SWB578
Bristol
BS1 5ZZ