Right to Family

The Canadian Fertility and Andrology Society (CFAS) supports the World Health Organization\[i\] definition of infertility as a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of trying to conceive. The development and delivery of reproductive technologies to help Canadians build their families are essential health services.

The CFAS is committed to respecting the human rights of all people. Thus, the provision of fertility services must be free from discrimination and blind to disability, race, family status, sexual orientation, gender identity and gender expression. As health professionals and experts in the field of reproductive medicine, our members have a duty to foster healthy pregnancies and offspring, and to advocate for the availability of safe, effective and inclusive fertility services for all Canadians.

The preceding is supported internationally by the United Nations General Assembly Universal Declaration of Human Rights\[ii\], Article 16, which outlines the basic human right to a family. Specifically, that all people of full age, without any limitation due to race, nationality or religion, have the right to marry and [/or] to found a family. The Declaration goes on to state that the family is the natural and fundamental group unit of society and is entitled to protection by society and State.

Federal protections include the Constitution of Canada\[iii\] and Section 15 of the Canadian Charter of Rights and Freedoms\[iv\] which guarantee that every individual is equal before and under the law and has the right to equal protection and equal benefit of the law without discrimination. Equal rights irrespective of sexual orientation were finally established through the Civil Marriage Act[v] and Assisted Human Reproduction Act[vi]. The provincial and territorial
human rights laws[vii] further protect against discrimination to ensure everyone has equal rights and opportunities.

Many Canadians have physical access to facilities providing a high level of fertility care; however, public funding for these services is not uniform across Canada. Unlike most developed countries, Canada restricts access to fertility care through inadequate funding. People in need of gamete donation and gestational surrogacy are also limited by a lack of individuals willing to provide these services altruistically, as required by the Assisted Human Reproduction Act. CFAS strongly believes that an adequate level of funding across Canada for fertility treatments and an appropriate system for compensation of individuals willing to provide third party reproduction services, will provide Canadians in need of fertility care the opportunity to start a family.

References