women who had salpingectomy for ectopic pregnancy and proximal tubal obstruction because of low-grade infection or fimbrial occlusion with or without mild peritubal adhesion). Tubal infertility associated with gross hydrosalpingeal changes, dense pelvic adhesion because of endometriosis or pelvic inflammatory disease (PID) was excluded. In other words, our subjects had no chronic disease condition. This was done to account for the fact that diseased conditions are often associated with reactive oxygen species (ROS) generation.

Presently, we are not in a position to comment on the high levels of ROS in endometriosis as mentioned by Attaran et al. (2000). It is, however, suggested that the sample size be increased for assessing ROS levels in endometriosis as only 12 subjects are reported by the group which appear to be too small a population to comment on the significant correlation between ROS and pregnancy outcome in endometriosis.

K. Chaudhury, S. Das, R. Chattopadhyay, S. Ghosh, S. Goswami, S. Ghosh and B. Chakravarty
School of Medical Science and Technology, Indian Institute of Technology, Kharagpur, West Bengal, India

1To whom correspondence should be addressed:
School of Medical Science and Technology, Indian Institute of Technology, Kharagpur 721302, West Bengal, India.
E-mail: koel@smst.iitkgp.ernet.in

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Considerations of third-party reproduction in Iran

Sir,

We have read the article written by Isikoglu et al. published in January 2006 issue of this journal with interest. We would like to mention some points about the situation of gamete donation in Iran that authors have also pointed out in the discussion.

Based on the decree (Fatwa) by the spiritual leader of Iran, donor technologies are permitted and could be effectively used. According to this Fatwa, oocyte donation is not in and by itself forbidden, and also, it is not prohibited to fertilize a woman’s oocyte with a sperm donor in and by itself, but the opposite gender should avoid touching or seeing the woman or man (Inhorn, 2003, 2006; Khamanei, 2004). Owing to this Fatwa, ‘the Act of Embryo Donation to Infertile Couples’ was ratified by the parliament in 2003.

Nevertheless, it needs to be remembered that although the consensus of physicians and religious leaders has paved the way for progress of third-party-assisted reproduction in Iran, there are numerous ethical, legal, psychological and socio-cultural issues that could have important influences on application of these technologies in practice. The issues of new forms of kinship, the importance of safeguarding lineage, welfare of the resulting child and inheritance would be challenging concerns. Some aspects of the issue were discussed at the Conference of Gamete and Embryo Donation in Infertility Treatment (1–2 March 2006, Tehran, Iran). The abstracts are available at the website of Avesina Research Center (http://www.avesina.org/Journals/Seminars/11.pdf). However, before any regulations in the field of third-party reproduction can be defined, seeking appropriate approaches for managing the consequences is necessary. Currently, this is the main responsibility and concern of those who are in charge of policy-making in this field in Iran, despite the acceptance of new technologies by Islamic scholars and approval by the community.

For these reasons, the new act is silent on such techniques as sperm donation. We hope that along with taking these important issues into consideration, the parliament will pave the way for authorization of other required regulations.

References


F. Zahedi1 and B. Larijani
Endocrinology and Metabolism Research Centre and Medical Ethics and History of Medicine Research Centre, Tehran University of Medical Sciences, Tehran, Iran

1To whom correspondence should be addressed:
Medical Ethics and History of Medicine Research Centre, and Endocrinology and Metabolism Research Center, 5th floor, Shariati Hospital, North Kargar Avenue, Tehran 14114, Iran.
E-mail: fzahedi@tums.ac.ir

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Reply: Considerations of third-party reproduction in Iran

Sir,

We greatly appreciate the valuable comment by Dr Zahedi on our article entitled ‘Public opinion regarding oocyte donation in Turkey: first data from a secular population among the Islamic world’. During the preparation of our manuscript, we consulted with Dr Azimaraghi from Iran (Azimaraghi and Stones-Abbasi, 2004) and also with Dr Schenker JG from Israel (who has several publications on the issue) regarding the status of third-party reproduction in the Islamic world. We realized that although oocyte donation is practised in Iran, most of the professionals were not fully aware of the details of the regulations. For this reason, the information presented by Dr Zahedi is extremely important. As far as I know, Iran is the only country in the Islamic world where third-party reproductive treatment is allowed.
Sperm donation is not permitted in any Islamic country so far. Interestingly, egg donation is permitted in less than one-third of 39 European countries practising assisted reproductive treatment, but sperm donation is allowed in 24 of 39 countries (Schenker, 1997). Because culture is patriarchal based especially in eastern societies including the Persian culture, lineage and genetics is believed to be transmitted via sperm. This common belief in the population probably influences the law-makers to ban sperm donation while permitting oocyte donation.

Dr Zahedi emphasizes the importance of seeking approaches for managing the consequences of embryo donation before the regulations. We also agree that this would be the best approach to unravel the existing dilemmas. Actually, we conducted the mentioned study (Isikoglu et al., 2006) to reveal public opinion to make a baseline for regulations. We hope that future studies regarding public opinion and ethical and socials concerns will appear from different countries.

References

M.Isikoglu1, Y.Senol, M.Berkkanoglu, K.Ozgur and L.Donmez
Antalya IVF, Antalya, Turkey

1To whom correspondence should be addressed at: Antalya IVF, Halide Edip Cad. No. 7, Antalya 07080, Turkey.
E-mail: misikoglu@hotmail.com

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