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Federal Act on Medically Assisted Reproduction

(Reproductive Medicine Act, RMA)

of 18 December 1998 (Status as of 1 September 2017)

The Federal Assembly of the Swiss Confederation,

on the basis of Articles 119 paragraph 2 and 122 paragraph 1 of the Federal Constitution[1],[2]
and having considered the Dispatch of the Federal Council dated 26 June 1996[3],
decrees:

Chapter 1 General Provisions

Art. 1 Subject and purpose

[1] This Act specifies the conditions under which the techniques of medically assisted reproduction may be used in humans.

[2] It protects human dignity, personality and the family and prohibits misuses of biotechnology and gene technology.

[3] It provides for the establishment of a national ethics commission.

Art. 2 Definitions

In this Act:

a. *techniques of medically assisted reproduction (assisted reproductive techniques)* means methods of establishing a pregnancy without sexual intercourse – in particular, insemination, *in vitro* fertilisation with embryo transfer and gamete transfer;

b. *insemination* means the introduction, by means of instruments, of sperm cells into the female reproductive organs;

c. *in vitro fertilisation* means the bringing together of an ovum and sperm cells outside the woman's body;

AS **2000** 3055

1 SR **101**
2 Amended by No I of the FA of 12 Dec. 2014, in force since 1 Sept. 2017 (AS **2017** 3641; BBl **2013** 5823).
3 BBl **1996** III 205

d. *gamete transfer* means the introduction, by means of instruments, of sperm cells and ova into the uterus or a Fallopian tube;

e. *reproductive cells (gametes)* means sperm cells and ova;

f. *germline cells* means reproductive cells (including their precursor cells), impregnated ova and embryonic cells whose genetic material can be passed on to offspring;

g. *impregnation* means causing a sperm cell to penetrate into the cytoplasm of an ovum, in particular by insemination, gamete transfer or *in vitro* fertilisation;

h. *impregnated ovum* means the fertilised ovum before pronuclear fusion;

i. *embryo* means the developing offspring from the time of pronuclear fusion until the end of organogenesis;

j. *foetus* means the developing offspring from the end of organogenesis until birth;

k. *surrogate mother* means a woman who is prepared to become pregnant by means of an assisted reproductive technique, to carry the foetus to term and to surrender the child permanently to third parties after delivery;

l. *cloning* means the artificial production of genetically identical organisms;

m. *chimera formation* means the fusion of totipotent cells from two or more genetically different embryos. Embryonic cells are totipotent if they are capable of developing into any type of specialised cell;

n. *hybrid formation* means causing a non-human sperm cell to penetrate into a human ovum, or a human sperm cell into a non-human ovum.

Chapter 2 Techniques of Medically Assisted Reproduction

Section 1 Principles

Art. 3 Well-being of the child

[1] Assisted reproductive techniques may be used only if the well-being of the child is ensured.

[2] They may only be used in couples:

a. where a basis for a parent-child relationship exists in accordance with Articles 252–263 of the Swiss Civil Code[4] (CC) and

b.[5] who, on the basis of their age and personal circumstances, are likely to be able to care for and bring up the child until it reaches the age of majority.

[3] Only married couples may use donated sperm cells.

4 SR **210**

5 Amended by Annex No 20 of the FA of 19 Dec. 2008 (Adult Protection, Law of Persons and Law of Children), in force since 1 Jan. 2013 (AS **2011** 725; BBl **2006** 7001).

4 Reproductive cells or impregnated ova may not be used after the death of the person from whom they were obtained. The foregoing does not apply to sperm cells from sperm donors.[6]

5 Impregnated ova and embryos in vitro may no longer be used following the death of any one oft he couple concerned.[7]

Art. 4 Prohibited practices

Ovum and embryo donation and surrogate motherhood are prohibited.

Art. 5[8] Authorisation requirements for reproductive techniques

Assisted reproductive techniques may be used only if:

a. the aim is to enable a couple to overcome infertility and other treatment methods have failed or offer no prospect of success; or

b. there is no other way of avoiding the risk of transmitting a serious disease to the offspring.

Art. 5*a*[9] Analysis of the genetic material of reproductive cells and embryos in vitro and their selection

1 The analysis of the genetic material of reproductive cells and their selection to influence the sex or other characteristics of the child are only permitted in order to identify chromosomal properties that may inhibit the development capacity of the embryo to be created, or if there is no other way of avoiding the risk of transmitting a predisposition for a serious disease. Article 22 paragraph 4 is reserved.

2 The analysis of the genetic material of embryos in vitro and their selection according to sex or according to other characteristics are only permitted if:

a. there is no other way of avoiding the risk of an embryo with a hereditary predisposition for a serious disease from implanting in the uterus;

b. it is probable that the serious disease will occur before the age of 50;

c. no effective or expedient therapy is available for combating the serious disease; and

d. the couple have informed the physician in writing that they are not prepared to accept the risk in terms of letter a.

3 They are also permitted in order to identify chromosomal properties that may inhibit the development capacity of the embryo.

6 Amended by No I of the FA of 12 Dec. 2014, in force since 1 Sept. 2017 (AS **2017** 3641; BBl **2013** 5823).
7 Inserted by No I of the FA of 12 Dec. 2014, in force since 1 Sept. 2017 (AS **2017** 3641; BBl **2013** 5823).
8 Amended by No I of the FA of 12 Dec. 2014, in force since 1 Sept. 2017 (AS **2017** 3641; BBl **2013** 5823).
9 Inserted by No I of the FA of 12 Dec. 2014, in force since 1 Sept. 2017 (AS **2017** 3641; BBl **2013** 5823).

Art. 5*b*[10] Consent of the couple

[1] Reproductive techniques may only be used if the couple concerned have given their written consent after being given sufficient information and counselling.. After three unsuccessful treatment cycles, renewed consent and a further period for reflection are required.

[2] The couple's written consent is also required for the reactivation of preserved embryos and impregnated ova.

[3] If an assisted reproductive technique involves an increased risk of multiple pregnancy, the procedure may be carried out only if the couple are prepared to accept a multiple birth.

Art. 6 Information and counselling

[1] Before an assisted reproductive technique is used, the physician must adequately inform the couple about:[11]

a. the various causes of infertility;

b. the medical procedure, including the prospects of success and the risks involved;

c. the risk of a multiple pregnancy;

d. possible psychological and physical stresses; and

e. the legal and financial aspects.

[2] In the counselling session, appropriate reference should also be made to alternative ways of living and other family-building options.

[3] There must be an appropriate period for reflection, generally lasting four weeks, between the counselling session and treatment. It must be pointed out that the couple may also seek independent advice.

[4] Psychological support must be offered before, during and after treatment.

Art. 6*a*[12] Additional duties to provide information and counselling

[1] Before reproductive techniques with the analysis of the genetic material of reproductive cells or embryos in vitro or with the selection of donor sperm cells to prevent the transmission of a serious disease are carried out, the physician shall, in addition to the provision of information and counselling in accordance with Article 6, ensure that the couple concerned receive non-directive, expert genetic counselling. In this connection, the couple must receive sufficient information on:

10 Inserted by No I of the FA of 12 Dec. 2014, in force since 1 Sept. 2017 (AS **2017** 3641; BBl **2013** 5823).
11 Amended by No I of the FA of 12 Dec. 2014, in force since 1 Sept. 2017 (AS **2017** 3641; BBl **2013** 5823).
12 Inserted by No I of the FA of 12 Dec. 2014, in force since 1 Sept. 2017 (AS **2017** 3641; BBl **2013** 5823).

a. the frequency, significance and probability of contracting the disease and its potential symptoms;

b. prophylactic and therapeutic measures that may be taken against the disease;

c. ways of organising the life of a child that suffers from the disease;

d. the informative value of and risk of error in the analysis of the genetic material;

e. risks that reproductive techniques carry for offspring;

f. associations for parents of children with disabilities, self-help groups and information and counselling centres in terms of Article 17 of the Federal Act of 8 October 2004[13] on Human Genetic Testing (HGTA).

2 Counselling may only concern the individual and family situation of the couple concerned and not the interests of society as a whole.

3 The physician carries out the selection of one or more embryos for transfer to the uterus following a further counselling session.

4 The physician must keep records of the counselling sessions.

Art. 6*b*[14] Protection and disclosure of genetic data

The protection and disclosure of genetic data is governed by Articles 7 and 19 HGTA[15].

Art. 7[16]

Section 2 Licensing requirements

Art. 8[17] Principles

1 A cantonal licence is required by any person who:

a. uses assisted reproductive techniques;

b. receives reproductive cells, impregnated ova or embryos in vitro for preservation or arranges the supply of donated sperm cells without personally using assisted reproductive techniques.

13 SR **810.12**
14 Inserted by No I of the FA of 12 Dec. 2014, in force since 1 Sept. 2017 (AS **2017** 3641; BBl **2013** 5823).
15 SR **810.12**
16 Repealed by No I of the FA of 12 Dec. 2014, with effect from 1 Sept. 2017 (AS **2017** 3641; BBl **2013** 5823).
17 Amended by No I of the FA of 12 Dec. 2014, in force since 1 Sept. 2017 (AS **2017** 3641; BBl **2013** 5823).