



Doctors and campaigners oppose India's proposed surrogacy law

Professional medical bodies and women's health advocates have decried a bill passed by India's lower house of parliament that will prohibit commercial surrogacy services and allow only close relatives to offer altruistic surrogacy.

The Federation of the Obstetrics and Gynaecological Societies of India (FOGSI) and the Indian Society of Assisted Reproduction (ISAR) have drafted notes to convey their concerns and ask the government to redraft the Surrogacy (Regulation) Bill passed on 20 December. Members of Sama, a resource group for women and health that has campaigned for over a decade for the regulation of surrogacy services, have said that, in its current form, the bill is "not acceptable."

The bill will permit only infertile Indian couples married for at least five years to seek altruistic surrogacy only from close relatives, who are yet to be defined. The bill does not provide for single or divorced women to seek surrogacy services.

India's health ministry has said the bill was motivated by concerns about "unethical practices, the exploitation of surrogate mothers, and rackets of intermediaries importing human embryos and gametes."

In their expressions of concern, FOGSI and ISAR have cited the UK law on surrogacy and argued that surrogates should receive monetary compensation.

Nandita Palshetkar, a gynaecologist in Mumbai and president-elect of FOGSI, told *The BMJ*: "We absolutely want the interests and the rights of surrogates to be fully protected—there is no debate on that."

Both bodies have asked the government to permit "compensatory surrogacy" and opposed the provisions that allow only close

relatives to serve as surrogates and impose a five year waiting period for infertile couples.

They have argued that, with India's current small family structure, infertile couples are unlikely to find close relatives willing to become surrogates. "The insistence on close relatives could stop surrogacy services. Infertile couples from rich households will continue to seek surrogacy services outside India, and less privileged people will be denied surrogacy," Palshetkar said.

Some gynaecologists are also worried about the impact of the bill's provisions on infertile women. Jaideep Malhotra, a gynaecologist in Agra and president-elect of ISAR, said: "Without access to surrogacy services, some men may simply abandon infertile women—this is a harsh and sad reality."

Women's health advocates say that they favour tightly regulated surrogacy, not a complete ban on commercial surrogacy. Gargi Mishra, programme coordinator with Sama, told *The BMJ*: "The bill's provision to allow only altruistic surrogacy is impractical. It is likely to drive surrogacy services underground which would allow exploitation of vulnerable women to continue."

A Sama survey of surrogacy services in 2012 found that most women who become surrogates were employed in or belonged to households with "irregular, low paying, insecure jobs" and that informed consent sought from such women was inadequate.

Mishra said that women's groups were also concerned that the close relatives clause might lead to coercion of vulnerable women within families to serve as surrogates for more powerful women. "Given the hierarchical and patriarchal family structures that exist in India, some younger women might be coerced into becoming surrogates for a childless couple within the family," she said.