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AVOIDING FORCED PARENTHOOD: A PRACTICAL LEGAL FRAMEWORK TO RESOLVE DISPUTES INVOLVING THE DISPOSITION OF EMBRYOS

*Melanie M. Lupsa**

I. Introduction

Creation of binding law as a means of regulating new technology tends to follow behind the invention and utilization of such technology.¹ Assisted reproductive technology (ART) is no exception² given its recent surge in popularity.³ In fact, the lack of related legislation has had a profound effect.⁴ This is especially true given that the fertility industry is largely self-regulated by independent associations.⁵ The judiciary specifically is having an especially difficult time deciding cases that involve disputes following ART treatment given the absence of legal precedent courts rely on for direction.⁶

In vitro fertilization (IVF) is a type of ART that assists many couples in making an embryo of their own, that when implanted in a uterus, could grow into a baby.⁷ The embryo is created in

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¹ See Tom Gjelten, *Technology Outpacing Policymakers, Needs of NSA*, NAT'L PUB. RADIO: PRIVACY & SECURITY (Nov. 19, 2013, 2:54 AM) (Technology is advancing too fast for writing of policy to keep up with it in real time).

² See Marina Merjan, *Rethinking the "Force" Behind "Forced Procreation": The Case for Giving Women Exclusive Decisional Authority over Their Cryopreserved Pre-Embryos*, 64 DePaul L. Rev., 737, 738 (2005) (The law has not kept pace with the increased use of IVF and how stored embryos will be used or disposed of when parties disagree.).

³ See Heidi Anne Duerr, MPH, *Use of Assisted Reproductive Technology Continues to Increase in the United States*, OBGYN.NET (May 23, 2011) (IVF procedures will increase 32.7% from 97,680 in 2010 to 129,587 in 2050.).

⁴ See Michael Ollove, *Lightly Regulated In Vitro Fertilization Yields Thousands of Babies Annually*, WASH. POST. (Apr. 13, 2015) (Both the federal government and the states have given the fertility industry much freedom regarding regulatory matters, making the U.S. an outlier compared to the rest of the developed world.)

⁵ Alissa Stockage, *Regulating Multiple Birth Pregnancies: Comparing the United Kingdom's Comprehensive Regulatory Scheme with the United States' Progressive, Intimate Decision-Making Approach*, 18 MICH. ST. J. INT'L L. 559, 573 (Fertility clinics are self-regulated by professional medical associations.).

⁶ See, Firm, *Who's Your Daddy (or Mommy)?? Maryland & Washington, DC Family Law and Assisted Reproductive Technology (ART)*, BRODSKY RENEHAN PEARLSTEIN & BOUQUET, CHARTERED: WHITEPAPERS (Mar. 21, 2013) (Because medical advances have not been accompanied by legal developments, there is little precedent on ART issues so courts are forced to resolve issues that few have before considered without precedent.).

⁷ See Steven P. Calandrillo & Chryssa V. Deliganis, *In Vitro Fertilization and the Law: How Legal and Regulatory Neglect Compromised a Medical Breakthrough*, 57 ARIZ. L. REV., 311, 314-15 (2015); Michelle F. Sublett, *Frozen Embryos: What Are They and How Should the Law Treat Them*, 38 Clev. St. L. Rev. 536, 586-87 (1990).

a laboratory by fertilizing an egg of a female with sperm obtained from a male.⁸ Normally, multiple embryos are created at one time regardless of whether the parties intend to use all embryos created.⁹ Creation of multiple embryos is attributable to the high cost of the procedure as well as the possibility that the first embryo transfer may be unsuccessful and never implant in the woman's uterus.¹⁰ Those who wish to preserve their embryos are given the option to cryopreserve unused embryos for future use.¹¹

IVF reached the public sphere in 1978 when scientists successfully created an embryo in vitro which translates to outside the womb.¹² Since then, in vitro technology has successfully assisted millions of couples who otherwise would not have had the opportunity to reproduce and create a family of their own.¹³ Couples, however, do not always have a happily ever after; many cease their relationships in divorce or separation. Given that the fertility industry has failed to institute proper precautions, the fate of preserved embryos has become complicated and ultimately, courts are forced to step in and mediate disputes.¹⁴

During the informed consent process before any treatment takes place, couples have the option to decide what to do with the embryos they preserve in the event of certain unfortunate

⁸ *See id.*

⁹ *See id.* at 3

¹⁰ *See id.* (Advantages of embryos freezing include decreasing the number of stimulated treatment cycles needed to achieve pregnancy and decreasing the costs of ARTs.).

¹¹ *See* Sublett, *supra* note 7 at 587; Marisa G. Zizzi, *The Preembryo Prenup: A Proposed Pennsylvania Statute Adopting A Contractual Approach to Resolving Disputes Concerning the Disposition of Frozen Embryos*, 21 WIDENER L.J. 391, 392 (2012) (A couple may choose to freeze embryos not immediately implanted to use them at a later date.).

¹² *See, supra* note 2 at 737-38

¹³ *See, supra* note 9 (“It is estimated that 2.1 million married couples or 5 million people in the United States are affected by infertility. . . . Approximately 10-15% of infertile couples become candidates for various forms of Assisted Reproductive Technologies (ARTs) to assist them in having their own biological children.”).

¹⁴ *See, supra* note 2 at 738 (“When the couple that created the pre-embryos no longer agrees as to their disposition . . . the courts have had to decide the ultimate fate of those pre-embryos.”); Michael T. Flannery, “*Rethinking*” *Embryo Disposition upon Divorce*, 29 J. CONTEMP. HEALTH L. & POL’Y 233, 233 (2013) (Courts are forced to confront disposition of embryos upon divorce and construct alternative resolutions when couples fail to expressly state in a contract the disposition upon divorce or public policy renders the contract unenforceable.).

circumstances.¹⁵ Couples may mutually agree that, upon divorce, separation, death or incapacity, they would donate the embryos, destroy the embryos, or grant one of the two parents, also known as progenitors, sole control over the embryos.¹⁶ Sometimes, however, before ART treatment, couples do not explicitly agree to a certain course of action, or the agreement is ambiguous as to a method of disposition under the circumstances.¹⁷ Even more often, a change of circumstances leads one progenitor to refuse to abide by a prior agreement drafted and signed before the embryos were created.¹⁸ Courts have adopted varying approaches to resolving the issue of which partner has the right to use, donate or dispose of the couples' surplus frozen embryos when the couple disagrees.¹⁹

Part II of this Comment will discuss in detail the three divergent approaches used by courts to resolve disposition litigation. This section will define each approach as well as illustrate how courts have applied them to resolve disagreements. It will then discuss the advantages and disadvantages of adopting each approach. Part III will suggest a uniform legal framework that legislatures adopt for courts to apply when resolving disposition cases. Based on Part II's analysis, this framework considers the advantages and disadvantages of each disposition method in relation to various situations and applies each approach accordingly. This section will also introduce *Szafranski v. Dunston*,²⁰ a recent Illinois circuit court case that adopted a very similar method of analysis as proposed in this Comment.

¹⁵ William G. Beatty, *Szafranski and Beyond: The Continuing Controversy Over Custody Rights to Frozen Embryos in Illinois*, 25 ILLINOIS ASSOCIATION OF DEFENSE TRIAL COUNSEL 1, 1 (2015).

¹⁶ *See id.*

¹⁷ *See, supra* Flannery note 14.

¹⁸ *See A.Z. v. B.Z.*, 725 N.E.2d 1051 (Mass. 2000) (Court denied wife's desire to enforce signed and valid disposition contract in significantly changed circumstances and over the husband's objection.).

¹⁹ *See, supra* note 15 at 2.

²⁰ *Szafranski v. Dunston*, 993 N.E.2d 502 (Ill. App. Ct. 2013).

Part IV will focus largely on *Szafranski v. Dunston*, highlighting relevant facts, party testimony, and the analysis of the court. Afterward, this section will distinguish the *Szafranski* case from the cases in Part II that adopted the contractual approach to disposition litigation as a means of illustrating why the *Szafranski* court erred in how it adopted the contractual approach. Specifically, this section will assert that the definition of contracts used to adopt the contractual approach must be refined. Part V will outline a thorough model code to integrate necessary preventative measures as a means of avoiding embryo disposition litigation. Such measures, if taken by fertility clinics, will help to clearly define the intent of progenitors and avoid the issues that surfaced in *Szafranski*. Finally, Part VI of this will summarize and conclude the Comment.

II. The Three Approaches Courts Use to Decide Embryo Disposition Litigation

A. The Balancing Approach Defined and Applied

Courts that have adopted the balancing approach believe that the distinct interests of the parties in dispute should be balanced and govern the resolution of the dispute.²¹ The approach puts all discretionary power in a judge, for the court is the sole entity that will balance the interests of the parties.²² The balancing approach has been adopted both in the absence of a prior agreement between the parties as well as in the presence of such an agreement.

The first court to adopt the balancing approach was the Tennessee Supreme Court in *Davis v. Davis*.²³ In *Davis*, the court faced a dispute between progenitors as to the disposition of embryos following the couple's divorce.²⁴ No prior agreement addressed the disposition of the embryos and so using the balancing approach, the court evaluated the couple's conflicting interests.²⁵

²¹ *Id.* at 512.

²² *Id.*

²³ *Davis v. Davis*, 842 S.W.2d 588, 601 (Tenn. 1992).

²⁴ *Id.* at 601.

²⁵ *Id.* at 604.

Ultimately, the court held in favor of the party attempting to avoid procreation because the party wishing to procreate could still attempt to do so through another cycle of IVF.²⁶ Notably, however, the *Davis* court stressed that if a prior agreement existed between the parties, that agreement would have controlled the resolution of the dispute in entirety.²⁷ As such, the court asserted that the balancing test was only a last resort in which case the party wishing to avoid procreation would prevail.²⁸

Likewise, a Maryland Circuit Court adopted the balancing approach in considering the disposition of embryos. However, unlike *Davis*, the court adopted the approach in the presence of a valid contract.²⁹ In this case, the parties originally executed an agreement that granted the wife the embryos in the event of a separation.³⁰ When that time came, however, the husband wanted the embryos destroyed.³¹ Regardless of the previously agreed upon valid contract made between the parties, the court focused solely on balancing the interests of the parties to make a judgment, explicitly ignoring the agreed upon contract between the parties.³² Given that the wife's fallopian tubes were removed to help her conceive, she contended that she could not have children without using the embryos.³³ Balancing the wife's permanent inability to bear biologically related children with the fact that the husband willingly signed away his right to parenthood when he was not compelled to do so, the court held in favor of the wife.³⁴ It was simply coincidence that the court ruled in such a way that was consistent with the previously made agreement between the parties.³⁵

²⁶ *Id.*

²⁷ *Id.* at 597.

²⁸ *See id.*

²⁹ *See* Bailer Henneberg, *Maryland Woman Wins Custody of Frozen Embryos*, GREENBELT PATCH (Jan. 7, 2013) (describing Maryland Circuit Court case referred to).

³⁰ *Id.*

³¹ *Id.*

³² *Id.*

³³ *Id.*

³⁴ *Id.*

³⁵ *Id.*

B. The Contemporaneous Mutual Consent Approach Defined and Applied

Courts that have adopted the contemporaneous consent approach to disposition disputes believe that it is most important to promote the current intentions of the parties involved regardless of any past agreements.³⁶ Although these courts believe cryopreservation contracts should be presumed enforceable, they will not uphold such agreements in disputes where one of the parties has had a change of heart.³⁷ This means that “[i]f one of the partners rescinds an advance disposition decision and the other does not, the mutual consent principle would not be satisfied and the previously agreed-upon disposition decision could not be carried out.”³⁸

In *In re Marriage of Witten*, the Iowa Supreme Court held that no action can be taken regarding disposition when parties disagree about the particular method.³⁹ Contemporaneous mutual consent of the parties is required for a disposition method to be lawfully carried out.⁴⁰ In this case, the parties signed a form that required joint consent for release of the embryos unless a party became deceased.⁴¹ The form, however, did not specify the method of disposition in the event of divorce.⁴² Upon divorce, the wife was opposed to the donation of the embryos and wanted to use them to attempt to get pregnant.⁴³ The husband was open to donation or storage but did not want to father biologically related children.⁴⁴ The court held that the embryos were to remain in storage, fundamentally in perpetuity, because there was no mutual consent between the parties.⁴⁵

C. The Contractual Approach Defined and Applied

³⁶ Carl H. Coleman, *Procreative Liberty and Contemporaneous Choice: An In-alienable Rights Approach to Frozen Embryo Disputes*, 84 MINN. L. REV. 55, 102 (1999).

³⁷ *In re Marriage of Witten*, 672 N.W.2d 768, 782-83 (Iowa 2003).

³⁸ *Supra* note 27 at 110-12.

³⁹ *Witten*, 672 N.W.2d at 772.

⁴⁰ *Id.*

⁴¹ *Id.* at 773.

⁴² *Id.*

⁴³ *Id.* at 772-73.

⁴⁴ *Id.* at 773.

⁴⁵ *Id.* at 783.

Most courts have adopted the contractual approach to disposition cases. “Under this approach, courts . . . enforce contracts governing the disposition of pre-embryos which were entered into at the time of IVF informed consent so long as they do not violate public policy.”⁴⁶

Consider *Kass v. Kass* where prior to creating the embryos, the parties signed a consent form which provided that in the event of divorce, the disposition of the embryos would be determined in a property settlement.⁴⁷ In spite of this, a provision in that same consent form called for donation to research if the couple could not agree on the method of disposition.⁴⁸ When the parties divorced and could not agree on the means of disposition, the New York Court of Appeals deemed the cryopreservation agreement valid and upheld the donation provision as it was.⁴⁹

In *Dahl v. Angle*, the parties signed an Embryology Laboratory Specimen Storage Agreement before they underwent the IVF procedure that set forth the terms between the couple and the clinic.⁵⁰ The agreement did not address the disposal of frozen embryos following the dissolution of the couple’s marriage.⁵¹ The agreement did, however, provide that the wife, who at the time of the case wanted to destroy or donate the embryos, would have the final say over the embryos if the parties disagreed as to their fate in the event of divorce.⁵² At the time of separation, the wife opposed both the usage of the embryos herself and by another couple.⁵³ The husband on the other hand, strongly opposed destruction of the pre-embryos and requested the court mandate the donating of them to another couple.⁵⁴ The Oregon court upheld the provision in the agreement

⁴⁶ *Szafranski*, 993 N.E.2d at 506; *see Witten* 672 N.W.2d at 776; *supra* note 2 at 753.

⁴⁷ *Kass v. Kass*, 696 N.E.2d 174, 176 (N.Y. 1998).

⁴⁸ *Id.* at 181.

⁴⁹ *Id.* at 182.

⁵⁰ *Dahl v. Angle*, 194 P.3d 834, 836 (Or. Ct. App. 2008).

⁵¹ *Id.* at 836.

⁵² *Id.*

⁵³ *Id.*

⁵⁴ *Id.*

and ruled in favor of the wife, despite the husband having denied reading or signing the agreement stipulating that his ex-wife have ultimate decision-making authority.⁵⁵

In *Roman v. Roman*, a Texas court upheld a provision in a clinic consent form to discard unused embryos in the event of divorce.⁵⁶ The court determined that the form was enforceable and thus, controlled the resolution of the disposition of all embryos.⁵⁷ As such, the court ruled in favor of the husband seeking to discard the embryos, although his former wife wanted to implant them.⁵⁸ Likewise, in *Litowitz v. Litowitz*, the Washington Supreme Court upheld a provision in a cryopreservation contract that provided the clinic thaw and discard any embryos still in storage five years after the first day of cryopreservation.⁵⁹ When the couple divorced, the wife sought to implant the embryos in a surrogate and the husband sought to put them up for adoption.⁶⁰ Irrespective of the progenitors' desires, the court decided to uphold the contract's thawing provision because more than five years had passed by the time of the court's decision.⁶¹

D. A Discussion of the Advantages and Disadvantages of Each Approach

Many of the advantages of one approach act as the disadvantages of another and vice versa. As such, it is important to balance the advantages and disadvantages of each approach to disposition litigation to determine which promotes justice the best in a given scenario.

The major controversial aspect of the balancing approach is that the court acts as a "decision maker in [a] highly emotional and personal area."⁶² Normally, the justice system attempts to avoid involving itself in such situations, especially when parties have contracted

⁵⁵ *Id.* at 837, 841.

⁵⁶ *Roman v. Roman*, 193 S.W.3d 40, 54 (Tex. App. 2006).

⁵⁷ *Id.*

⁵⁸ *Id.* at 43, 54.

⁵⁹ *Litowitz v. Litowitz*, 48 P.3d 261, 263-64, 268 (Wash. 2002).

⁶⁰ *Id.* at 264.

⁶¹ *Id.* at 268-69.

⁶² *Witten*, 672 N.W.2d at 779.

privately as to the issues in question.⁶³ In cryopreservation disputes, however, courts have sometimes found it appropriate to intervene. As the court in *Davis* mentioned, when there is no contract to refer to, this approach is the best hope in bringing justice to the situation.⁶⁴ Even in cases where there is a contract, more careful consideration of the situation may be necessary if a certain outcome severely burdens one of the parties. This was evident in the Maryland Circuit Court decision where the court felt the need to balance the desire to avoid parenthood against the desire to be a mother.⁶⁵ The balancing approach evaluates not only all relevant evidence including testimony from parties involved, but also the significance of related public policy concerns.⁶⁶

Unlike the balancing approach, the contemporaneous mutual consent approach acknowledges that “decisions about the disposition of frozen embryos belong to the couple that created the embryo, with each partner entitled to an equal say in how the embryos should be disposed.”⁶⁷ Moreover, the contemporaneous mutual consent approach addresses the biggest concern of the contractual approach by allowing a party to change his or her mind.⁶⁸ Courts that have adopted this approach believe that when a couple is unable to agree to the method of disposition, the most rational solution is to keep embryos as they are, which generally means frozen in storage.⁶⁹ According to proponents of the contemporaneous mutual consent approach, other possible disposition decisions apart from continued preservation are final and irrevocable,

⁶³ *Id.* See *Balt. & O. S. R. Co. v. Voigt*, 176 U.S. 498, 505 (1900) (“[T]he right of private contract is no small part of the liberty of the citizen, and . . . the usual and most important function of courts of justice is rather to maintain and enforce contracts, than to enable parties . . . to escape from their obligation on the pretext of public policy.”); Sublett, *supra* note 7 at 605 (“The right of privacy in the United States . . . had developed through case law applying various principles of the Constitution. The right of privacy has come to encompass basic decisions concerning the family unit such as procreation and . . . the right not to create life.”)

⁶⁴ *Davis*, 842 S.W.2d at 597.

⁶⁵ See *supra* note 7.

⁶⁶ *Szafranski*, 993 N.E.2d at 512.

⁶⁷ *Witten*, 672 N.W.2d at 777 (quoting *Coleman*, *supra* note 27 at 81).

⁶⁸ *Szafranski*, 993 N.E.2d at 511. See *Witten*, 672 N.W.2d at 777-78.

⁶⁹ *Witten*, 672 N.W.2d at 778 (quoting *Coleman*, *supra* note 27 at 110-12).

and so delaying a hastened decision “makes it possible for the partners to reach an agreement at a later time.”⁷⁰ This notion, however, rests on the assumption that keeping embryos frozen when couples cannot agree does, in fact, promote the possibility that the individuals will eventually reach a more favorable agreement.⁷¹ On the other hand, critics argue that “[i]f the parties could reach an agreement, they would not be in court.”⁷² The main rationale for adopting the contemporaneous mutual consent approach is that agreements that in practice eliminate one’s right to decide whether or not to become a biological parent violates public policy.⁷³

Unlike the balancing and contemporaneous mutual consent approaches, the advance agreements of the contractual approach, if drafted correctly with the proper guidance, can help ensure that individuals who decide to undergo IVF treatment do so only after a full contemplation of all repercussions and the making of a reasoned decision.⁷⁴ If agreed to beforehand, couples can “determine the fate of their frozen embryos in a manner that coincides with their beliefs, morals, and feelings.”⁷⁵ Moreover, prior agreements “leave a clear record memorializing [the] parties’ intent, which . . . allow the parties to rely on them, [thus promoting fairness].”⁷⁶ This is especially true where the subject matter of the contract concerns family planning.⁷⁷ Lastly, previously thought out and agreed upon contracts ensure that no party is forced into parenthood. If a party knows they would not like to be a biological parent in the event of separation, they can proactively choose not to sign away their right to avoid parenthood.

⁷⁰ *Witten*, 672 N.W.2d at 778 (quoting Coleman, *supra* note 27 at 110-12).

⁷¹ *Reber v. Reiss*, 42 A.3d 1131, 1135 n.5 (Pa. Super. Ct. 2012).

⁷² *Id.*

⁷³ *See In re Marriage of Witten*, 672 N.W.2d 768 (Iowa 2003).

⁷⁴ *See* AMA Code of Medical Ethics Op. 2.141 (June 1994).

⁷⁵ *Zizzi*, *supra* note 10 at 413.

⁷⁶ *See* Amanda West, *Reproductive Freedom or Forced Reproduction: An Analysis of Minnesota Statutory Law Dealing with Parentage of Frozen Embryos After Divorce*, 34 *HAMLIN J. PUB. L. & POLICY* 259, 263 (2012).

⁷⁷ *See Szafranski*, 993 N.E.2d at 515 (Dunston initially embarked on the treatment as a means of assuring she could have biologically related children given that the chemotherapy would likely render her infertile.)

Naturally, there are several arguments against using the contractual approach to resolve disposition litigation. A large concern in promoting the contractual approach is tied to the length, content, and number of informed consent documents that patients are required to sign. Embryo disposition terms may be embedded in various documents⁷⁸ and “present . . . information using highly technical language in densely packed, single-spaced documents, that may not even clearly delineate the different topics.”⁷⁹ The nature of such informed consent forms can “hinder patients’ ability to make a thoughtful, informed decision,”⁸⁰ especially when couples are emotional.⁸¹ Moreover, disposition forms demand that couples imagine “worst-case scenarios.”⁸² These scenarios are focused on future mortality and divorce.⁸³ As a result, accomplishing serious and careful drafting becomes difficult given that “[i]t puts people . . . in a really awkward position.”⁸⁴ Though this should not matter, it is a factor that many critics believe ultimately prevents parties from contracting in a way that would justify adopting the contractual approach in all disputes.

Lastly, a major criticism of the contractual approach is that even if couples can fully contemplate every possible future scenario far in advance, their current views of those scenarios should not automatically take precedence over future views of those same scenarios. Critics assert that “individuals are entitled to make decisions consistent with their contemporaneous wishes,

⁷⁸ Deborah L. Forman, *Embryo Disposition and Divorce: Why Clinic Consent Forms Are Not the Answer*, 24 J. AM. ACAD. MATRIM. LAW. 57, 67 (2011) (Documents include those that cover risks and benefits, egg retrieval, etc.).

⁷⁹ *Id.* (citing Ellen A. Waldman, *Disputing Over Embryos: Of Contracts and Consents*, 32 ARIZ. ST. L.J. 897, 931 (2000) (discusses problems of consent forms and argues for a change in the way consent forms are presented)).

⁸⁰ Stewart Michael Sharp, *Common Problems with Informed Consent in Clinical Trials*, 5 RESEARCH PRACTITIONER 133, 135 (identifying problems of poor readability and excessive length as barriers to obtaining informed consent).

⁸¹ *See* Beatty, *supra* note 14 at 11 (“Despite the existence of a presumptively valid and enforceable agreement as to the custodial and dispositional rights regarding frozen embryos, it may be argued by one of the parties to the agreement that the emotional pressure that the party was under at the time of signing vitiated genuine informed consent.”); *Roman*, 193 S.W.3d at 52-53 (considered whether wife was “too emotionally upset to give consent”).

⁸² *See supra* note 83 at 70.

⁸³ Anne Drapkin Lyerly, *Factors That Affect Infertility Patients’ Decisions About Disposition of Frozen Embryos*, 85 FERTILITY & STERILITY 1623, 1628 (2006).

⁸⁴ Roy Strom, *SCOTUS End Long Illinois Embryo Battle*, CHICAGO DAILY LAW BULLETIN (Mar. 2, 2016 2:25PM).

values, and beliefs.”⁸⁵ As such, ““treating couples’ decisions about the future use of their frozen embryos as binding contracts undermines important values about families, reproduction, and the strength of genetic ties.”⁸⁶ The “possible lack of true informed consent to support the contract” is also an issue when the possibility of certain circumstances was never contemplated by the parties but are realized and the prior agreement still governs.⁸⁷

Irrespective of the above criticisms, on balance, the contractual approach is the soundest means in resolving embryo disposition disputes. Unlike the balancing and contemporaneous mutual consent approaches, the contractual approach attempts to help parties resolve the disposition issue both efficiently and effectively. It not only avoids costly and timely litigation, but also preserves resources used to freeze embryos for the right reasons only, not simply because a couple cannot agree.⁸⁸ Furthermore, courts have continuously promoted the freedom to privately contract unless the matter is against public policy.⁸⁹ The contractual approach is in line with this principle given that it precludes judicial involvement in private family decisions.⁹⁰ “By honoring the contract that the parties entered into, the parties are given the power in making these personal decisions while keeping the state from interfering in the matter.”⁹¹

III. A Proposed Legal Framework

This Comment will propose model legislation that all courts should adopt in embryos disposition cases. The following discussion articulates this uniform legal framework by

⁸⁵ *Witten*, 672 N.W.2d at 777 (quoting *Coleman*, *supra* note 27 at 88-89).

⁸⁶ *Id.*

⁸⁷ *Beatty*, *supra* note 14 at 8.

⁸⁸ *See Zizzi*, *supra* note 10 at 400 (“The contractual approach is appealing due to its simplicity . . .”).

⁸⁹ *See Voigt*, 176 U.S. at 505 (“[T]he . . . most important function of courts of justice is rather to maintain and enforce contracts, than to enable parties . . . to escape from their obligation on the pretext of public policy, unless it clearly appear[s] that they contravene public right or the public welfare.”).

⁹⁰ *Szafranski*, 993 N.E.2d at 506; *Kass*, 696 N.E.2d at 176.

⁹¹ *Zizzi*, *supra* note 10 at 400.

considering the advantages and disadvantages of each disposition method in relation to various situations.

A. Situations in Which Each Approach Should be Adopted

When parties disagree as to disposition and there is no contract in existence to apply the contractual approach, the balancing of interests approach is the best hope for an appropriate resolution.⁹² As such, the balancing approach should only act as a supplement to the contractual approach, not an approach used by its lonesome. For instance, it should not be the sole approach used by the court in making a judgment, as it was in the Maryland Circuit Court case, when a valid contract was executed that clearly stated what the parties willingly agreed to previously.⁹³

The contractual approach is the only approach that should be applied when a contract is in existence and the parties disagree.⁹⁴ Though it requires courts to adhere to and strictly uphold an agreed upon contract despite extenuating circumstances, the applying of the contractual approach cannot be shied away from. It is the only approach that promotes both efficient resolution of disputes and effective use of embryo preservation resources.

In practice, the contemporaneous mutual assent approach should never be adopted. If a contract between the parties exists and the parties disagree, the contract should govern the dispute and the contractual approach should be applied. On the other hand, if a contract does not exist and the parties disagree, the balancing approach should govern the dispute and the compelling interests of both parties should be weighed. Realistically, if both parties are going to be able to contemporaneously assent in court before a judge, they should be able to do so outside court and

⁹² See *Davis*, 842 S.W.2d at 597; *infra* Part IV (discussion of *Szafranski* holding).

⁹³ See *supra* note 7.

⁹⁴ See *Zizzi*, *supra* note 10 at 400 (“The contractual approach is appealing due to its simplicity . . .”).

so adopting the contemporaneous mutual assent approach is neither effective nor efficient. It not only results in costly and timely litigation, but also depletes resources used to freeze embryos.⁹⁵

B. *Szafranski v. Dunston* Resolved Using the Proposed Legal Framework

The Illinois Appellate Court's basic approach it used to resolve *Szafranski v. Dunston* is consistent with the framework I propose, and so serves as an example of the efficient and effective nature of the proposed legal framework above. The *Szafranski* Court held that when parties disagree in the presence of a contract, the contractual approach governs. As such the court found that the oral agreement between the parties—providing that plaintiff (Jacob) would unconditionally donate his sperm for the defendant's unconditional use of the resulting embryos—was valid and completely binding.⁹⁶ This resulted in defendant (Karla) being entitled to sole custody.⁹⁷ Anticipating an appeal of the decision, the court added that when parties disagree in the absence of a contract, the balancing approach governs.⁹⁸ In this case, the court believed that Karla's desire to have a biological child and the fact she could not without using the embryos because she was infertile, outweighed Jacob's desire to avoid parenthood.⁹⁹ The court also agreed with the proposition that the contemporaneous mutual consent approach has no place in the debate when parties disagree and want a final resolution to their dispute.

IV. *Szafranski* Got It Wrong: Defining Contracts Used in the Contractual Approach

Dependence on an appropriate contract is vital to justified use of the contractual approach. As such, what constitutes an appropriate contract in embryo disposition litigation must be refined.

A. Relevant Case Facts that Illustrate the Court's Error

⁹⁵ See Zizzi, *supra* note 10 at 400 (“The contractual approach is appealing due to its simplicity . . .”).

⁹⁶ *Szafranski v. Dunston*, 34 N.E.3d 1132, 1162 (Ill. App. Ct. 2015)..

⁹⁷ *Id.*

⁹⁸ *Id.*

⁹⁹ *Id.*

In 2008, Jacob Szafranski and Karla Dunston began dating and shortly thereafter in 2010, Karla was diagnosed with lymphoma.¹⁰⁰ She was informed that her course of treatment could result in infertility.¹⁰¹ Given her desire to have biological children, she met with a fertility specialist at the Northwestern Medical Faculty Foundation (Northwestern), who informed her of the option to create embryos to be frozen.¹⁰² After her meeting with Northwestern, Karla called Jacob and told him her options.¹⁰³ She was nervous about using an anonymous sperm donor and so asked Jacob if he would “be willing to provide sperm to make pre-embryos with her.”¹⁰⁴ Jacob agreed to Karla’s request over the phone.¹⁰⁵

The next day, Jacob and Karla met with Northwestern staff.¹⁰⁶ Both parties signed and dated the “Informed Consent for Assisted Reproduction” (the Informed Consent) that explained Northwestern’s legal rights and obligations.¹⁰⁷ Along with providing the clinic’s legal rights and obligations, it contained a provision applicable to the disposing of preserved embryos.

Because of the possibility of you and/or your partner’s separation, divorce, death, or mental incapacitation, it is important, if you choose to cryopreserve your embryos, for you to decide what should be done with any of your cryopreserved embryos that remain in the laboratory in such an eventuality. Since this is a rapidly evolving field, both medically and legally, the clinic cannot guarantee what the available or acceptable avenues for disposition will be at any future date. At the present time, the options are: (1) discarding the cryopreserved embryos, (2) donating the cryopreserved embryos for approved research studies, (3) donating the cryopreserved embryos to another couple in order to attempt pregnancy. . . . No use can be made of these embryos without the consent of both partners (if applicable).¹⁰⁸

¹⁰⁰ *Id.* at 1137.

¹⁰¹ *Id.*

¹⁰² *Id.* at 1137-38.

¹⁰³ *Id.* at 1138. According to the 5 Ids rule, this should be a short cite. You will need more short cites later on too

¹⁰⁴ *Id.*

¹⁰⁵ *Id.*

¹⁰⁶ *Id.*

¹⁰⁷ *Id.*

¹⁰⁸ *Id.*

Karla and Jacob initialed next to the option to donate the embryos to another couple.¹⁰⁹ After their appointment at Northwestern, Jacob and Karla met with an attorney at the recommendation of the clinic.¹¹⁰ With the attorney, they discussed two possible arrangements, a co-parenting agreement where Jacob would be, in the very least, financially involved in the child's life, and a sperm donor agreement, where Jacob would have no obligations and waive his parental rights.¹¹¹ Following the meeting, Karla sent an email to the attorney stating that the couple had decided to go forward with the co-parenting agreement.¹¹² This agreement was prepared and emailed to Karla by the attorney, but was never signed by either party.¹¹³

Shortly after Karla began chemotherapy, Jacob ended their relationship.¹¹⁴ They did not speak in the interim.¹¹⁵ A couple months later, Jacob sent Karla an email expressing his concern in having created the embryos with Karla and in a second email announced "that he could not let her use the pre-embryos and that he wanted them to be donated to science or research."¹¹⁶ At first, Jacob agreed to sign over the embryos to Karla but then changed his mind and filed a lawsuit against Karla to enjoin her from using the embryos.¹¹⁷ Karla filed a counterclaim seeking sole custody and control over the pre-embryos.¹¹⁸

B. Relevant Testimony by the Parties Involved

Jacob testified that he "understood the Informed Consent as requiring both his and Karla's approval prior to any use of the pre-embryos."¹¹⁹ He also testified that during their meeting with

¹⁰⁹ *Id.* at 1139.

¹¹⁰ *Id.*

¹¹¹ *Id.*

¹¹² *Id.*

¹¹³ *Id.*

¹¹⁴ *Id.* at 1140.

¹¹⁵ *Id.*

¹¹⁶ *Id.* at 1141.

¹¹⁷ *Id.*

¹¹⁸ *Id.* at 1136.

¹¹⁹ *Id.* at 1142.

Northwestern, he was told by the clinic that any use of the pre-embryos would require the consent of both individuals because they were not married.¹²⁰ He acknowledged that he was encouraged to seek an attorney to resolve the issue of what would happen to the embryos in the event of a separation.”¹²¹ In spite of the above, he relentlessly asserted that he never agreed to any term that would give Karla sole control over the disposition of the pre-embryos in the event of their separation.¹²² As a matter of fact, he believed that any such term contradicted what the attorney told him his rights would be as a co-parent and what he and Karla both agreed to in the clinic’s Informed Consent document.¹²³

By contrast, Karla testified that it was her understanding that she and Jacob “always agreed that he was doing this to help [her] create embryos to have a biological child with no other attachment.”¹²⁴ Moreover, “it was her understanding that she and Jacob would be documenting their wishes through an attorney as opposed to in the Informed Consent.”¹²⁵ Furthermore, she asserted that her and Jacob “agreed that he was donating the sperm for one reason and one reason only, for [her] to have biological children after [her] cancer treatment.”¹²⁶ She claimed that “there was really no need to ask for that term to be put into a form” given the nature of their oral agreement and mutual understanding of why she was undergoing IVF.¹²⁷ Regarding the email she sent the attorney requesting the co-parenting agreement as opposed to the sperm donation agreement, Karla testified that she was going through a very stressful time and did not thoroughly review the draft.¹²⁸

C. Appellate Court’s Ruling

¹²⁰ *Id.*

¹²¹ *Id.*

¹²² *Id.*

¹²³ *Id.* at 1142-43.

¹²⁴ *Id.* at 1143.

¹²⁵ *Id.*

¹²⁶ *Id.*

¹²⁷ *Id.*

¹²⁸ *Id.*

Jacob conceded that he participated in the forming of an oral contract with Karla to create embryos with her.¹²⁹ Thus, the court was challenged only with determining the scope of the agreement between the parties, in other words whether the oral contract was to create embryos or create babies.¹³⁰ “At trial, both Jacob and Karla testified that they never discussed whether Jacob’s consent would be needed to use the pre-embryos” to create offspring.¹³¹ Nonetheless, because Jacob admitted that it “never crossed [his] mind to place limitations on Karla’s use of the pre-embryos,”¹³² the court determined it was reasonable to infer that meant he never desired to limit Karla’s use of the pre-embryos in any way.¹³³

Jacob argued that because the oral agreement was ambiguous and “silent on the issue of whether Karla has an unlimited and unqualified right to use the pre-embryos,” it could not be construed to “reflect the parties’ mutual assent or intent to grant Karla such a right.”¹³⁴ He argued that the court should honor the parties’ silence regarding limitations.¹³⁵ The court addressed Jacob’s arguments by reiterating that the consent form contemplated “another agreement between the parties may govern the future disposition of the embryos” and that “Northwestern will abide by any agreement reached between the parties.”¹³⁶ To that end, the court held that “Karla and Jacob’s previous oral agreement [which took place over the phone] did not contradict or modify any language in the Informed Consent and so was valid and binding.”¹³⁷

According to the court, “[t]he Informed Consent merely advised the parties that Northwestern had no legal right to use or dispose of the pre-embryos in any manner that either

¹²⁹ *Id.* at 1148.

¹³⁰ *Id.*

¹³¹ *Id.* at 1152.

¹³² *Id.*

¹³³ *Id.*

¹³⁴ *Id.* at 1150.

¹³⁵ *Id.*

¹³⁶ *Id.* at 1153.

¹³⁷ *Id.*

Jacob or Karla would find objectionable.”¹³⁸ Further, the court asserted that “an informed consent agreement was primarily a contract between the couple and the clinic, rather than between the donors themselves.”¹³⁹ As such, the court found that since there was no subsequent signed contract following the couple’s execution of the Informed Consent, the oral agreement unconditionally bound Jacob in the absolute, and so Karla was entitled to sole custody.¹⁴⁰

D. Criticism of the Court’s Analysis in *Szafranski v. Dunston*

i. The Danger in Inferring a Contract Existed

A court must not infer the existence of an agreement without sufficient evidence. The *Szafranski* court found that “[b]y remaining silent on the issue of the embryos’ use, Szafranski did not negotiate a contract that gave him the right to later object to their use.”¹⁴¹ In other words, the court found that under the facts of this case—which involved a man who provided sperm outside a committed relationship, expressly to help a woman preserve her ability to have children in the future—it was reasonable to assume the man consented to the embryos’ future use by that woman. One critic, however, has gone so far as to say “[i]t appears that in the absence of a written contract between the couple, Illinois courts will assume that creating an embryo is the same as agreeing to the birth of a child.”¹⁴² Despite the actual extent to which the court’s inference applies, such assumptions in this context are exceedingly dangerous because parenthood is at stake.

“An oral agreement is binding where there is an offer, an acceptance, and a meeting of the minds as to the terms of the agreement.”¹⁴³ While there was an oral contract between the *Szafranski* parties in regard to creating the embryos for preservation,¹⁴⁴ there was no concrete

¹³⁸ *Id.* at 1156.

¹³⁹ Beatty, *supra* note 14 at 5.

¹⁴⁰ *Id.*

¹⁴¹ Roy Strom, *SCOTUS End Long Illinois Embryo Battle*, CHICAGO DAILY LAW BULLETIN (Mar. 2, 2016 2:25PM).

¹⁴² *Id.*

¹⁴³ *Szafranski*, 34 N.E.3d at 1147 (citing *Bruzas v. Richardson*, 945 N.E.2d 1208 (Ill. App. Ct. 2011)).

¹⁴⁴ *Szafranski*, 34 N.E.3d at 1148.

evidence that suggested Szafranski gave up his right to consent to the actual implantation in the womb of the embryos.¹⁴⁵ Szafranski explicitly stated that he would provide Dunston with his sperm so that she could create the embryos and have the option to use the embryos to have biological children, not the right.¹⁴⁶ At the point in time he agreed to the oral contract in haste over the phone, it was not even certain that Dunston would, in fact, be infertile after chemotherapy treatment.¹⁴⁷ The creating of the embryos was merely a precaution in case the chemotherapy treatment in fact rendered Dunston infertile.¹⁴⁸ For that reason, while it is true that Szafranski and Dunston had a meeting of the minds as to the creating of embryos, there was no meeting of the minds over the eventual implantation of embryos. Though Szafranski himself admitted that placing limitations on Dunston's use of the pre-embryos "never crossed [his] mind," that does not mean there was a meeting of the minds as to that issue.¹⁴⁹ The silence and ambiguity surrounding any limitations should have encouraged the court, like others before it, to lean in favor of Szafranski, the individual attempting to avoid parenthood.¹⁵⁰

ii. The Danger in Relying on an Oral Agreement as a Contract

An additional criticism of *Szafranski* involves the court's reliance on an oral agreement. The contract the court relied upon was the oral agreement made between the parties over the phone, not the contract made via the informed consent document.¹⁵¹ The *Szafranski* court was the first to use an oral contract as a means of adopting the contractual approach in a disposition suit. Each of the other cases that adopted the contractual approach upheld a written contract. In fact, the majority of cases that adopted the contractual approach considered informed consent documents

¹⁴⁵ *Id.* at 1150.

¹⁴⁶ *Id.* at 1138 (stating he would be willing to make pre-embryos with her). *See also id.* at 1142.

¹⁴⁷ *Id.* at 1137-38.

¹⁴⁸ *Id.*

¹⁴⁹ *Id.* at 1152.

¹⁵⁰ *See Davis*, 842 S.W.2d at 597.

¹⁵¹ *Beatty*, *supra* note 14 at 5.

to be disposition agreements that bound the parties in dispute.¹⁵² By contrast, the *Szafranski* court stated that the informed consent document was “a contract between the couple and the clinic, rather than between the donors themselves.”¹⁵³ There was no rational reason for the *Szafranski* court to rely on the ambiguous oral contract between the parties when informed consent documents existed and were clear as to Szafranski’s intent since the documents required both parties to consent to usage of the embryos.

Moreover, it appears that what the court believed were the terms of the oral contract directly contradict not only the signed informed consent but also the later actions of both parties. For instance, if “Northwestern had no legal right to use or dispose of the pre-embryos in any manner that either Jacob or Karla would find objectionable,”¹⁵⁴ it can be reasonably inferred that one party cannot decide to use the embryos without the other’s consent. Northwestern is the entity that would have to implant the embryos and given the above, the clinic cannot legally do so without the consent of both parties. As such, the court was wrong not to consider the consent form as part of the contract between Dunston and Szafranski. Moreover, the drafting of the co-parenting agreement by an attorney also sheds light on the fact that Szafranski intended to retain the opportunity to have input in the embryo’s possible fruition.¹⁵⁵ Though the contract was not signed by either party,¹⁵⁶ the fact that it was requested by Dunston, knowing it would give Szafranski authority as to the disposition of the embryos, cannot be ignored.

iii. The Danger in Uncertainty as to Binding Agreements

¹⁵² See *Kass*, 696 N.E.2d at 182 (court upheld a provision in a cryopreservation agreement within the informed consent documents); *Dahl*, 194 P.3d at 836 (parties signed an Embryology Laboratory Specimen Storage Agreement and court upheld a provision in it); *Roman*, 193 S.W.3d at 54 (court upheld a provision in a clinic consent form); *Litowitz*, 48 P.3d at 268 (Court upheld a provision in a cryopreservation contract).

¹⁵³ *Beatty*, *supra* note 14 at 5.

¹⁵⁴ *Szafranski*, 34 N.E.3d at 1156.

¹⁵⁵ *Id.* at 1139.

¹⁵⁶ *Id.*

Szafranski single-handedly “created uncertainty about what types of agreements between couples themselves and between couples and their fertility providers will be recognized as binding.” Dunston and *Szafranski* signed a medical consent form provided by the fertility clinic which stated, “No use can be made of these embryos without the consent of both partners (if applicable).”¹⁵⁷ The court ruled that the consent form did not modify the oral contract, which explicitly included a provision requiring both parties’ consent. This is “very dangerous for fertility clinics because it’s no longer clear that the contracts [the clinic requires] people [to] sign are meaningful at all.”¹⁵⁸ It was not appropriate for the *Szafranski* court to use the oral contract as its basis for adopting the contractual approach. Any agreement between the parties should have been viewed holistically in light of all the evidence available; not simply based on a single oral contract made over the phone. Doing so would have made it clear that *Szafranski* did, in fact, preserve his right to consent to the embryo’s fate in the informed consent.

V. Proactive Measures are Key as a Means of Preventing *Szafranski* and the Like

Cases like *Szafranski* can be easily avoided, but it is the fertility clinic’s responsibility to better prepare patients for the potential consequences of their services. The best way to approach this issue is to take the problem out of the court’s hands. This involves being “proactive and resolv[ing] this issue by enacting legislation.”¹⁵⁹

[P]arties should be encouraged . . . before embarking on [*in vitro* fertilization] and cryopreservation, to think through possible contingencies and carefully specify their wishes in writing. . . . Advance directives . . . both minimize misunderstandings and maximize procreative liberty by reserving to the progenitors the authority to make what is in the first instance a quintessentially personal, private decision. Written agreements also provide the certainty needed for effective operation of [IVF] programs . . .¹⁶⁰

¹⁵⁷ *Szafranski*, 34 N.E.3d at 1138.

¹⁵⁸ Roy Strom, *SCOTUS End Long Illinois Embryo Battle*, CHICAGO DAILY LAW BULLETIN (Mar. 2, 2016 2:25PM).

¹⁵⁹ See Zizzi, *supra* note 10 at 412.

¹⁶⁰ Kass, 696 N.E.2d 174, 180 (N.Y. 1998).

Legislation that requires fertility clinics to be proactive should be enacted by the state as a matter of public policy. Some states have already taken it upon themselves to do just that.

A. Examples of Enacted Legislative Approaches to Disposition Agreements

In Florida, IVF legislation states that,

all of the decision-making authority concerning the disposition of the frozen embryos in the hands of the couple donating the sperm and eggs by stating that ‘a commissioning couple and the treating physician shall enter into a written agreement that provides for the disposition of the commissioning couple’s eggs, sperm, and pre-embryos in the event of a divorce, the death of a spouse, or any other unforeseen circumstance.’¹⁶¹

The Florida statute also notes that “if there is not a written agreement executed, only then can the decision-making authority pertaining to the disposition of the pre-embryos ‘reside jointly with the commissioning couple.’”¹⁶² As such, when there is a contract present and the parties disagree, Florida requires courts to abide by the terms of the contract.¹⁶³ On the other hand, when there is no contract to depend on, Florida adopts the contemporaneous mutual assent approach.¹⁶⁴ The statute, however, stops there.

California law requires “the health care provider who is conducting the fertility treatment to ‘provide his or her patient with timely, relevant, and appropriate information to allow the individual to make an informed and voluntary choice regarding the disposition of any human embryos remaining following the fertility treatment.’”¹⁶⁵ Moreover, the statute “mandates that the health care provider giving the fertility treatment is to provide a form to the couple that ‘sets forth advanced written directives regarding the disposition of embryos.’”¹⁶⁶ Lastly,

¹⁶¹ See Zizzi, *supra* note 10 at 410 (citing FLA. STAT. § 742.17 (2005)).

¹⁶² FLA. STAT. § 742.17(2).

¹⁶³ *Id.*

¹⁶⁴ *Id.*

¹⁶⁵ CAL. HEALTH & SAFETY CODE § (West 2006).

¹⁶⁶ CAL. HEALTH & SAFETY CODE § 125315(b).

there are specific choices that the couple or patient is presented with regarding the disposition of unused embryos, and the couple or patient is required to choose one of the options for the disposition; alternatively, if the couple or patient would like to choose another option for disposition that is not on the enumerated list, the couple or patient must ‘clearly state’ the alternative option for disposition.¹⁶⁷

While Florida’s statute is effective in implementing a uniform legal framework for courts to follow, any legislation, if it is to in fact make a difference, should be more similar to California’s statute.

B. Proposed Model Code: Elements Defined and Implications Considered

The purpose of this model code is to ensure that patients of IVF go into treatment with properly drafted contracts to effectively keep disposition litigation out of the courts. As a preliminary matter, the contract should be signed, dated, and written in plain language.¹⁶⁸

i. Thorough Review of Agreement Terms and Stressing Their Binding Nature

To begin, fertility clinics themselves should be required to go over each and every element of the agreement with the couple seeking in vitro fertilization. The length and number of consent forms that must be completed before IVF treatment, as well as the substance and technicality of the language in those forms, should not be a reason to dismiss terms in a contract. “Patients may regard these forms as little more than a ritual to access treatment . . . [or] perceive that these forms exist to protect doctors rather than to contribute to a meaningful, patient-protective educational interaction.”¹⁶⁹ To counter this, clinical personnel must ensure parties read thoroughly all documents they are presented with and ask questions if they do not understand the technical language being read.¹⁷⁰ Clinical personnel should be required to sign off on thoroughly reviewing

¹⁶⁷ *Id.*

¹⁶⁸ *See id.*

¹⁶⁹ Jody L. Madeira & Barbara Andraka-Christou, *Paper Trails, Trailing Behind: Improving Informed Consent to IVF Through Multimedia Applications*, 3 J. L. & THE BIOSCIENCES 2, 3 (2016).

¹⁷⁰ *Id.* at 22-24 (discusses informed consent interaction and personal conversations are more helpful to patients in understanding and clarifying the terms of the consent than simply providing patients with written documents).

the terms with the patients. This will make clinical personnel liable as well when essential terms of an embryo disposition contract as missing or patients claim they did not know of or did not understand a term they agreed to according to the contract. Requiring such a signature will make the thorough review of the terms by the clinical personnel with the patients a fundamental requirement that is taken seriously rather than merely a formality.

If patients intentionally choose to leave a document unexamined, it should not be up to the court to remedy the situation and determine ambiguous or absent terms.¹⁷¹ Though informed consent documents provide fertility clinics with legal protection,¹⁷² such consent forms are also for the benefit of the patients themselves.¹⁷³ In sum, they are meant to act as a precautionary and preventative tool so courts do not have to involve themselves in every and all IVF disputes.¹⁷⁴

ii. Agreeing to Disposition Terms Prior to IVF Procedure

Participants in IVF treatment should be required to execute a binding agreement prior to embryo creation that covers the use and disposition of the embryos in case of divorce, illness, incapacity or death of one or both parents or other change of circumstances including but not limited to separation or estrangement.¹⁷⁵ The agreement ought to state explicitly whether an intended parent may use the embryos in the event of divorce or other circumstances.¹⁷⁶ Also, the agreement ought to contain a statement identifying which of the disposition methods are impermissible under applicable law.¹⁷⁷ For example, some laws prohibit embryo donation for

¹⁷¹ See Michael I. Meyerson, *The Reunification of Contract Law: The Objective Theory of Consumer Form Contracts*, 47 U. MIAMI L. REV. 1263, 1267 (1993) (“[T]raditionally, there has been a so-called duty to read, which binds those who sign or accept a contract to the written terms even if they did not read or understand its content.”)

¹⁷² See Steven B. Dowd, *The Legal, Ethical and Therapeutic Advantage of Informed Consent*, 24 J. Nucl. Med. Technol. 129, 129 (1996) (“Obtaining consent from patients . . . provide legal protection in . . . malpractice cases.”).

¹⁷³ See *id.* (discusses that in consent forms patients are educated about risks, benefits, and treatment alternatives).

¹⁷⁴ See AMA Code of Medical Ethics Op. 2.141 (June 1994); *supra* note 103 at 3.

¹⁷⁵ See *id.*

¹⁷⁶ See *id.*

¹⁷⁷ See *id.*

certain types of research and this should be communicated to the progenitors.¹⁷⁸ If this all is done correctly, a party to an embryo disposition agreement cannot later withdraw consent to its terms and prohibit the use of the embryos to initiate a pregnancy because allowing revocation by either party down the line would render any signed agreement meaningless.¹⁷⁹

In fact, requiring detailed and complete agreements made prior to IVF treatment would work a benefit to society. Taking the production of embryos more seriously may indirectly limit the rapidly increasing number of embryos created and frozen.¹⁸⁰ “It has been estimated that there are 500,000 spare embryos frozen with an additional 20,000 embryos added yearly.”¹⁸¹ Some remain frozen indefinitely.¹⁸² Agreements specifically delineating methods of disposition will ensure embryos are not kept in cryopreservation for eternity.

iii. Imagining Worst-Case Scenarios and An Effective Way of Doing So

When participants are informed that the contracts they are required to sign are complete and binding, they are likely to take the production of embryos more seriously. For example, imagining worst-case scenarios together and making decisions as to proper disposition if they occur, fosters mutual and peaceful agreement. An agreement as to disposition should not be an issue for individuals who are prepared to bring life into the world. If individuals believe that imagining worst-case scenarios puts them in an awkward position,¹⁸³ courts should not be forced to remedy the situation and parties should deal with the consequences themselves.

¹⁷⁸ Anne Drapkin Lyerly & Ruth R. Faden, *Willingness to Donate Frozen Embryos for Stem Cell Research*, 317 *Science*, 46-7 (Jul. 6 2007).

¹⁷⁹ *See id.*

¹⁸⁰ Colleen M. Browne & Brian J. Hynes, *Note: The Legal Status of Frozen Embryos: Analysis and Proposed Guidelines for a Uniform Law*, 17 J. LEGIS. 97 (1991) (“As of 1987, there were roughly 4,000 frozen human embryos in existence as compared to only 300 in 1985.”).

¹⁸¹ Peter A. Clark, *Embryo Donation/Adoption: Medical, Legal and Ethical Perspectives*, 5 *Internet J. L., Healthcare & Ethics* 1 (2008).

¹⁸² Beatty, *supra* note 14 at 1.

¹⁸³ Roy Strom, *SCOTUS End Long Illinois Embryo Battle*, CHICAGO DAILY LAW BULLETIN (Mar. 2, 2016 2:25PM).

Correctly drafting advance agreements can only be achieved through the help of attorneys who have dealt with couples in similar situations and have experience managing the concerns and desires of couples engaged in IVF. Though it may be considered a radical requisite, couples should be required by all fertility clinics to consult with an experienced reproduction law attorney before the clinics can sign off on informed consent documents. The attorney can be one of the participants' choosing or one on staff at the clinic. Either way, before a clinic can go forward with treatment, the attorney must be sure all contracts are as encompassing as they can be given the situation. Patients must be compelled to fully contemplate all possible scenarios that may arise after treatment. An attorney can assist the couple in considering potential scenarios and how to contract for the mutual benefit of the parties. More likely than not, this will result in the contractual realization of the couple's present and future desires, wishes, values, and beliefs. If fertility clinics simply advise patients to consult with an attorney, many will not and so will not obtain the expert analysis that will allow them to truly consider all possible scenarios and create a properly drafted contract.

Critics may find it inappropriate to require attorneys to advise patients, specifically because the cost of doing so would be borne by the clinic or the patient. These critics, however, must understand that this requirement is a necessary means to an end. IVF procedure should be considered a privilege with heightened responsibility. Moreover, some may find it inefficient to require an attorney because of the potential for competing interests between the parties. In those cases, the parties must be required to use separate attorneys to represent their interests in the final contract. As such, fertility clinics should have multiple experienced reproductive attorneys on site or at their disposal.

iv. Using Standardized Forms the Right Way and Restriction on Supplemental Contracts

Another important practice that must be followed in IVF clinics is the modifying of standardized informed consent forms. Though standardized forms are the best way to ensure that all the major options are included and clearly explained, parties should be free to modify the standardized form. Doing so largely eliminates the possibility of clinics not properly setting forth the parties' intentions with respect to disposition decision. There are many other possibilities couples can consider that are not typically mentioned in standardized forms.¹⁸⁴ Such possibilities include "dividing the remaining embryos between the parties; allowing for one party to use the embryos, but specifying that the ex-spouse not be considered a legal parent under that situation, or specifying that parental rights would flow from post-dissolution use of any embryos."¹⁸⁵ Many couples would be unaware of their possible options if they are not properly advised. Thus, the entire contract presented to the couple by the clinic should be largely individualized even if it starts out standardized initially. It should be created similar to how a deposition or affidavit is created as opposed to how a job application or medical insurance form is filled out by a patient.

Additionally, any other contracts, regardless of nature, should not be able to supplement informed consent forms as was allowed in *Szafranski*. Supplemental contracts, even if drafted by attorneys, only complicate the fertility clinic's ability to properly set forth the agreed upon terms of the contract. Further, if the original agreement between the parties is properly drafted there should be no need for supplemental agreements. As such, embedding all disposition agreements in the clinic's informed consent form both increases efficiency and eliminates questions of the types of agreements that will be recognized as binding. It seems most practical to give the clinic the sole responsibility to finalize a valid and binding disposition contract. After all, the clinic is the first to sit with the patients, conduct the IVF procedure, and later store the embryos. Having a

¹⁸⁴ *Supra* note 83 at 78.

¹⁸⁵ *Id.*

single source of concrete guidance as to the disposal of the embryos will also save the clinics as well as patients, time and money when it comes to disputes.

v. The Overall Benefit

A model code will not always create a perfect contract, however mandating the creation of complete and integrated binding agreements up front makes it less likely that this will be the case. In the end, the goal is to better prepare couples for what may lie ahead if they chose to undergo IVF treatment. Thus, even if a model code avoids a small amount of costly litigation for couples, it is a great victory for the regulation of the IVF industry. There will be no need for a court to decide the type of ambiguity in contracts as in *Szafranski*. The use of seasoned reproductive and family law attorneys early on will likely guarantee that no couple will ever enter into an agreement that contains determinative ambiguities detrimental to the parties. For the most part, this framework will also do away with the need to balance competing interests. Parties should be told up-front that their agreement will govern regardless of changing desires and be allowed to add any provisions they feel necessary to protect themselves.

C. Conclusion

Complete contractual agreements made before commencement of IVF procedures truly capture the intentions of the parties at the time the embryos are created. Ultimately, courts should be concerned with upholding already contemplated terms, rather than trying to decipher parties' changed intentions. In emotional situations, there must be some concrete guidance as to what should be decided without judicial intervention. Furthermore, if there is no incentive for patients to truly consider the risks and benefits of undergoing IVF treatment at the onset or parties can freely change their mind and file lawsuits to enforce their wishes, couples will certainly take less care in making these important initial decisions. A legal framework is necessary to address

disposition disputes in the fertility industry because it is our only hope in giving more structure to the disposition of embryos and provide courts with an ability to approach issues systematically. This, in turn, will benefit all IVF patients, as it would have in *Szafranski v. Dunston*, by helping society avoid forced parenthood and other issues that emerge.