Great Expectations or Convoluted Realities: Artificial Insemination in Flux

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Great Expectations Or Convoluted Realities: Artificial Insemination In Flux

The socio-legal mysteries of artificial insemination are being resolved. Yet, as they give way to solution, others evolve into permutations within the penumbric haze of the subject area, itself. One particular paradigm of judicial decision making which holds clearly the expectation of anticipated rationality yet, at the same time, holds a distinct prospect for convolution, is to be seen in the case of Fitzgerald v Rueckl which will be argued before the Nevada Supreme Court, September 15, 1981. Before approaching an exegesis of this case, however, it is important to sketch the background of the central problems which arise within the total area of concern, itself.

Generally in dealing with heterologous artificial insemination cases (AID), the donor is unknown. The quintessential issues here involve whether the putative father, (ie, the husband of the artificially inseminated mother), becomes the real father of the artificially conceived child and whether the wife has committed adultery by participating in such an act with or without her husband’s consent.

In 1948, the New York Supreme Court recognized that a woman artificially inseminated by a third party donor, with her husband’s consent, gave birth to a legitimate child. The woman’s husband was “entitled to the same rights as that acquired by a foster parent who has formally adopted a child, if not the same rights as those to which a natural parent under the circumstances would be entitled.”

With the case of Gursky v Gursky in 1963, however, a New York trial court held that even though a husband consents to his wife’s use of AID, the child is nonetheless, illegitimate. A considerably more enlightened and contemporary California Supreme Court in People v Sorensen in 1968 rejected the Gursky thesis and proceeded to hold that a husband who gives his consent to his wife’s use of AID intervention, cannot disclaim his lawful fatherhood of the child for the purpose of child support. The court construed a state penal nonsupport statute to incorporate liability of a consenting father of the AID child, finding a genetic relationship, as such, unnecessary in order to establish the required father-child relationship.

A considerable degree of sophistication was shown by the New York Supreme Court in 1973 with its holding in Adoption of Anonymous. Instead of adhering blindly to Gursky, the court found a strong state policy favoring legitimacy and, further, that a child born of consensual artificial insemination by a donor, accomplished as such during a valid marriage, is legitimate and thereby entitled to enjoy all rights and privileges of a child who is conceived in a natural way by the same marriage.

Since Sorensen and Anonymous, several states have passed legislation legitimizing the offspring of AID when the husband consents to the procedure. These judicial and legislative developments indicate clearly that both branches of government no longer equate AID with adultery and may even signal the public’s willingness to sanction more startling genetic developments.

In New Jersey, it was held recently that an unmarried woman, who conceived a child through sperm artificially donated by a friend, was — despite her wishes — but consistent with what was perceived as the best interests of the child — to allow custodial and visitation rights for the donor. The court recognized the donor as the natural father, even though refusing to take a specific position on the propriety of the use of artificial insemination between unmarried persons, and went further in both recognizing and imposing upon him the responsibility to support and maintain the child.

Interestingly, a 1969 Harris opinion survey of some 1,600 adults throughout the country relative to advances and applications of the “new” biology, revealed a most intriguing attitudinal profile. Nineteen percent of all interviewed approved of AID, while 56 percent disapproved of the process. Where the only method for a married couple to conceive a family involved use of heterologous insemination (AID), 35 percent of those interviewed approved of the technique. Forty-nine percent of the men interviewed in the survey agreed in
wished to proceed with the procedure, the Planned Parenthood Organization was contacted, through artificial means of injection, in order to inseminate them.\textsuperscript{10}

\section{II}

As might be expected, the facts of Fitzgerald v. Rueckl are disputed by each party.\textsuperscript{11} What is conclusive, however, is that Michael P. Fitzgerald and his former wife, Rulanda, have maintained individual actions against Dr. Frank V. Rueckl seeking money damages stemming from acts of artificial insemination performed in 1972 by Dr. Rueckl on Rulanda Fitzgerald. Mr. Fitzgerald asserted the physician had an obligation to obtain his written consent before inseminating his wife; that he should not be held responsible for any of the child's subsequent medical bills, which originally totalled over $40,000 and have presently been reduced to $15,000, and that he and his former wife should be awarded damages for the psychological strain on them individually and on their marriage stemming from the circumstances of her pregnancy and the baby's condition.

The plaintiff, Michael Fitzgerald, divorced his first wife, and the mother of his five children, in 1969. Before the divorce, however, the plaintiff began living with his future wife, Rulanda; and a healthy son, Michael, was born in March, 1967, of this relationship. Two years after his divorce was finalized, the plaintiff married Rulanda, February 3, 1971. Prior to the validation of his second marriage, Mr. Fitzgerald had a vasectomy. Subsequent to their marriage, the plaintiffs decided to seek medical advice relative to the possibilities of reversing the vasectomy. Notified that such surgery was quite painful and carried no real chance for success, the plaintiffs sought other alternatives to explore for their joint wish to have additional children. Adoption was rejected by both. Thereupon, consultation was undertaken with a physician in Oakland, California, where the plaintiffs then resided, relative to the feasibility of AID. The risks to Rulanda and the possible psychological consequences to her husband were all discussed. The Oakland physician started an ovulation chart with Rulanda in order to determine when she was disposed to a successful AID intervention.

In the meantime, Mr. Fitzgerald had moved to Reno, Nevada. Having ascertained that his wife wished to proceed with the procedure, the Planned Parenthood Organization was contacted, where it was learned that only one physician in Reno was performing artificial insemination, Dr. Frank V. Rueckl.

According to the defendant's pleadings, he advised Mr. Fitzgerald of a number of considerations that should be discussed before AID could be administered. The doctor was advised that Fitzgerald was fully cognizant of all the matters connected with the entire procedure and was thus requested to proceed. Thereupon Mr. Fitzgerald and his wife prepared a family background record and the wife executed a written consent form. Interestingly, Nevada has no law requiring consent of a husband in matters of this nature or, for that matter, any laws regarding artificial insemination. Rulanda made three separate monthly appointments with Dr. Rueckl for the purpose of being artificially inseminated.

Two months into the pregnancy, Fitzgerald communicated to Dr. Rueckl his inability to accept the present condition of his wife. Because of religious beliefs, a therapeutic abortion was not considered to be a feasible alternative. About a month later, Mr. Fitzgerald became abusive and forced his wife to leave their home and return to California where she had a relative with whom she could live. Later correspondence and a spirit of reconciliation fostered by Fitzgerald, brought his wife back to Reno. Before the birth of the child, however, Fitzgerald acknowledged the child to be as his own. After the birth of the child, however, he again became abusive with his wife and new son.

In June, 1974, the plaintiffs separated. The infant was healthy up to approximately three months; at that age, he "failed to thrive" and was treated at the medical centers at Stanford University and the University of California in San Francisco. During the treatment it was never determined that the child's condition was the result of the actual AID intervention. Before the age of two, the child died with, interestingly, no autopsy and no specific cause of death having been established. The plaintiffs divorced following the death of the child. Again, rather interestingly, the divorce decree contained no provision that either the child born of Rulanda and Michael's relationship out of wedlock nor the second one conceived artificially within the state of matrimony was fathered by Mr. Fitzgerald. Thus, it is questionable as to the extent of the legal liability on the part of Mr. Fitzgerald for any "necessaries" in the form of medical services provided to the second son during his life.

It was ruled at trial by District Court Judge
James Guinan that the husband's written consent was not needed before his wife underwent artificial insemination (a fair and objective reading of the facts would easily give rise to an implied consent on Mr Fitzgerald's part for the AID); that the doctor's right to refuse disclosure of the identity of the sperm donor would be upheld and that Mr Fitzgerald was not responsible for the medical bills incurred in keeping the child alive for nearly two years.

The pertinent Nevada statute relative to consent states that consent of a patient for a medical or surgical procedure is obtained if: it is explained to the patient in general terms without specific detail the procedures to be undertaken. Explanation is given to the patient of the alternative methods of treatment, if any, and their general nature and, furthermore, explanation is made that risks may exist, together with the general nature and extent of the risks involved, yet without specific enumeration of the specific risks being set out. The patient's signature is obtained to a statement containing an explanation of the procedure, alternative methods of treatment and risks involved as provided by the statute, itself.1

Persuasive authority exists, however, for the proposition that the consent of a married woman in full possession of her faculties is sufficient to authorize performance of medical or surgical treatment on her without any consent on the part of her husband.13 Nor, for that matter, need a physician even notify the husband of the possible effects of treatment which, according to the accepted standards of his profession, he regards necessary to administer to the wife.14 Today, with the social recognition and recognized importance of women's rights, as well as of the woman's self determination or autonomy over her own body, the issue of a husband's consent being necessary for an act to be performed on his wife's body — as in this case — is of less significance.15 Yet, since Dr Rueckl apparently never advised Rulanda Fitzgerald that a child born of an artificial impregnation might be born with "something wrong" genetically or otherwise, one extended theory of plaintiff Rulanda's case to develop an appeal is whether — as to Rulanda, herself — a truly informed consent was given.

FAILRE TO THRIVE

Failure to thrive, or the "something went wrong factor" here in the Fitzgerald case, is a pediatric syndrome in which the child or infant falls below the third percentile in height and weight and is demonstrably unable to develop and frequently dies. In the vast majority of the cases, a specific underlying organic cause can be identified. Often times the identification results only after an exhaustive and elaborate series of laboratory examinations. A number of these organic maladies involve the gastrointestinal system and can be attributed to congenital or inherited defects; these include congenital atresias, mediastinal tumors which compress the GI tract, making feeding difficult if not impossible, hiatus hernia and sometimes post surgical anatomical constructions. Other inherited defects include enzymatic deficiencies, immune defects including food allergies, malabsorption syndromes, inflammatory bowel diseases and acquired problems such as intestinal parasites. Disease of the cardiovascular and renal systems have also been associated with failure to thrive, usually involving a common metabolic defect such as uremia or hypoperfusion with decreasing cell metabolism.17

In approximately forty percent of failure to thrive cases, despite the most sophisticated testing, no organic problem can be identified. A number of cases have shown that emotional and psychiatric deprivation may be the basis for the failure to thrive.17 The pivotal individual in these cases is the child's mother. Similar to child abuse cases, one authority has described with precision how the mother often has profound emotional and psychiatric problems of her own and is usually not equipped to deal with the added problems of a newborn infant.18 In many of the reported cases, early detection of the problem and removal of infant from the stressful situation results in the child returning to a thriving condition.19

In order for the Fitzgeralds to establish liability on a failure to thrive theory, Rulanda must prove: 1) that all organic causes were excluded; 2) that her pregnancy was normal and she did not subject the fetus to any extraordinary risks which would include any and all drugs, ionizing radiation and electromagnetic radiation — such as microwaves; 3) if an organic cause is established (and this is the most difficult by far to establish) and the cause was inherited, she must then show that the genetic defect or inheritable trait was transmitted by the donor and not by her own ovum; and 4) if no organic defect is found, she must bear the burden of establishing that any emotional, non-organic, basis for the failure to thrive was not due to her interaction — or failure to interact properly — with the child.20 Thus it can be seen that this particular theory of liability will be most difficult (if, indeed, not impossible) for the Fitzgeralds to recover under.
INFORMED CONSENT

At the January, 1979, meeting of the American Association for the Advancement of Science in Houston, Texas, Dr JK Sherman, Professor of Anatomy at the University of Arkansas School for Medical Sciences and a leader in designing national and international standards for human semen cryobanking, noted that of the normal population, a seven percent rate of defectiveness is to be found, while of the studies made of those women who conceived artificially, through AID using frozen semen, less than one percent of the issue born were genetically defective.21 Query: was the statistical probability of genetic error occurring so significant that Dr Rueckl should have advised Rulanda of the distinct possibility of something going wrong in her use of AID?

The parameters of the Doctrine of Informed Consent are so fluid and flexible that the lengths to which a physician must go in order to obtain a truly informed consent from a patient are "ill defined at best."22 While some authorities would argue it is vitally important to include virtually all known complications and risks, others note convincingly that in order to obtain a legally binding informed consent, only revelation of significant — as opposed to insignificant — risk is necessitated.23 Utilizing a rule of reason in order to resolve the conundrum, the average ordinary "reasonable" physician should be guided by the basic realization that if there is, indeed, a high (statistical) risk of danger associated with a medical intervention of whatever kind, that risk should be explained fully to the patient and — in turn — an informed consent obtained.24

NEGLIGENCE AND MALPRACTICE

Another theory of recovery sought by the plaintiffs is that of negligence or, in other words, malpractice on the part of Dr Rueckl in administering the act of artificial insemination. Here, again, it will be extremely difficult for the plaintiffs to show the birth defects were probably caused by the physician's errors in the process of administering artificial insemination.25 Stated otherwise, there is little substantial evidence of any causal connection between the conduct of Dr Rueckl and the medical condition of Rulanda's deceased child. For a causal connection here, a reasonable probability, not a mere possibility must be shown.26 Nevertheless, as will be discussed later, negligence on the part of Dr Rueckl in selecting the donor may well be an act which creates a legal liability for misappliance.

The opinion of the New York Court of Appeals in the consolidated case of Becker v Schwartz and Park v Chessin,27 may serve as a pertinent influence or vector of force for the Nevada High Court in grappling with Fitzgerald v Rueckl. There the court held that where a physician fails to apprise a married couple with a given genetic deficiency (profile) of the risks of bearing a handicapped child, and, furthermore, neglects to advise of the availability of tests for detecting the disorder, if a genetically defective child is subsequently born, the physician, under basic malpractice law, is liable to the parents for the special costs of raising the handicapped child. Query: could not an expansive, yet rational, reading of this holding lead the Nevada Supreme Court to conclude that Dr Rueckl is guilty of malpractice in failing to work up a full and careful genetic profile of the donor and his compatibility with the co-plaintiff wife and furthermore, failed to disclose all relevant information to the wife in order to enable her to give an informed consent to the AID procedure?

STRICT LIABILITY

Still another intriguing theory for recovery by the plaintiffs is tied to the doctrine of strict liability. More specifically, the goods (eg, the donor's semen) were defective and, thus, the doctor breached the warranty of fitness that all goods must carry with them. This is a rather fanciful case theory. In some jurisdictions, especially California, the law is settled that a doctor diagnosing and treating a patient is normally not selling either a product or insurance. For the doctrine of strict liability to be applicable, it must be found that the seller (here, Dr Rueckl) was engaged in the business of selling such a product.28 To be remembered is the fact that Dr Rueckl was a general practitioner and not a sperm bank director or recognized specialist in the field. Drawing as such upon a growing number of decisions that since defective blood is inherently dangerous and its seller is to be held strictly liable for harm therefrom,29 a court could hold that genetically defective semen was akin to defective blood and thus impose liability for its improper use. In fact, with donor semen procedures, certain contaminants and genetic diseases can be detected easily, whereas in life saving emergency conditions, the purity of donor blood is more difficult to guarantee. Because of the inherent discrepancies in the two cases, the court could indeed be more willing to impose strict liability for errors in administering artificial insemination.30

Cases have held that where the primary objec-
tive is to obtain professional services, strict liability and warranty do not apply. The patient's main object is to achieve pregnancy, not to purchase semen.\textsuperscript{31} Thus, a physician utilizes artificial insemination in order to assist his patient in becoming pregnant, and the use of semen to achieve that result is but \textit{incidental} to the central object sought to be accomplished. Therefore, the process of artificial insemination is arguably but a classic physician service (as in furnishing blood to a patient), and is not subject to the doctrine of warranty or strict liability.\textsuperscript{32}

\textbf{DONOR CONFIDENTIALITY v THE RIGHT TO KNOW}

Even though the identity of the donor in the instant Fitzgerald case was not revealed at the lower court, he was acknowledged to be a medical student. Dr Rueckl further acknowledged that he, himself, spent only a few minutes talking to the donor, thus leading to the plaintiffs' assertion that the doctor was guilty of malpractice in failing to properly screen the donor and ascertain his genetic profile and compatibility with Rulanda. The plaintiffs presume that there was a mismatch between the donor and Rulanda Fitzgerald and contend, further, that "no admissible evidence points to anything other than an inherited defect [from the donor]."

There is a rather alarming precedent being set within the field of adoption law that has serious possibilities of jeopardizing, through broad construction, donor secrecy in AID cases. District of Columbia Court Judge Green recently ruled that a twenty-two year old mother of two living in Takoma Park, Maryland, who herself was adopted as a child, should be granted permission to see her sealed birth records and thus learn the identities of her natural parents.\textsuperscript{33} The plaintiff in this case asserted her basic right to know her total historical identity, but also to discover whether hereditary diseases or other health problems were a part of her genetic inheritance.\textsuperscript{34} A comparable argument could obviously be made by the progeny of AID. The argument for disclosure would gain even more persuasiveness in light of recent findings discussed in the New England Journal of Medicine.\textsuperscript{35} Statistics from a recent study showed that sperm from one donor had in fact been used to produce fifty children, and thus raised very real danger of accidental incest among offspring who unknowingly have the same father.\textsuperscript{36} The article also recorded the sloppiness of some doctors in failing to screen genetically the donors who participate in AID procedures. A mere twenty-nine percent of the doctors tested the donors of semen, and then primarily for communicable diseases. Most recipients were inseminated twice per cycle. Seventeen percent of the physicians used the same donor for a given recipient, and thirty-two percent used a multiple donor within a single cycle. Only thirty-seven percent kept records on children, and only thirty percent on donors. The identity of donors usually was carefully guarded to ensure privacy to avoid legal complications.\textsuperscript{37}

Of seven-hundred-eleven physicians likely to perform artificial insemination by donors surveyed to determine their current practices, four-hundred-seventy-one responded, of whom three-hundred-seventy-nine reported that they performed this procedure. They accounted for approximately three thousand five hundred seventy-six births by this means in 1977. In addition to treating infertility, twenty-six percent of these physicians used the procedure to prevent transmission of a genetic disease, and ten percent used it for single women. Donors of semen were primarily from universities; were only superficially screened for genetic diseases; and were then matched phenotypically to the recipient's husband.\textsuperscript{38}

In Fitzgerald, the obvious reason for discovery of the donor's identity is to impose financial liability upon him for the progeny that he fathered. A less obvious reason is to determine whether Dr Rueckl took all necessary genetic and other medical precautions in selecting him.

Provisions within the Uniform Parentage Act provide that all records involving AID interventions are to be kept "confidential and in a sealed file." Inspection of them is only sanctioned when a court order acknowledges the existence of "good cause."\textsuperscript{39} Although, on balance, \textit{Fitzgerald v Rueckl} presents inadequate cause for breaching the AID confidentiality, merely on an evidentiary basis with no reference to the Uniform Parentage Act not even adopted in Nevada, the day may soon be here where a stronger case arises when donor identity may be necessary.

As observed, by drawing upon analogous right-to-know-parental-identity cases arising in regular adoption areas, "good cause" in order to discern the identity of a donor in artificial insemination cases could be determined to exist not only for reasons of obtaining complete medical information regarding the child's donor "father," but for reasons of allowing the AID child to resolve ques-
tions of identity and promote social adjustment; to establish a bond of love; promote a wish to be of genuine assistance and support of a biological family unit; and to determine if the rules of intestate succession were applicable. The right to know parental lineage has received recent federal attention. Efforts were undertaken by Senator Carl Levin of Michigan in the second session of the 96th Congress to amend The Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 to provide for a national computerized adoption identification center. This proposed legislation is entitled The Adoption Identification Act of 1980. The specific purpose of the legislation is “to provide a system whereby the natural parents, siblings, or other natural relative of an adoptee can locate each other through a centralized computer system.” The Center, to be established within the former Department of Health, Education and Welfare, will be tied to voluntary participation by all involved parties. State participation through the development of state computer centers is provided.

In essence, a natural parent, a sibling or other natural relative or offspring submits an application to a computerized identification center and thereby initiates the locating process. The application is then programmed into the national or state computer in an effort to match the parent, the offspring, the sibling or the other relative. All subjects which fit the profile of the data which is submitted are in turn printed out and made available to the particular agency involved with the follow-up procedure. Provision is made for additional research and actual interviewing for purposes of conclusively determining whether the subjects match. Storage for computer information of this nature is guaranteed for ten years. If no successful match is made within this time frame, application may be made to apply for a renewal of the application, itself, for another ten year period.

On April 2, 1980, Senate Resolution 401 was introduced by Senator John Tower expressing disapproval of the proposed legislation which would require either automatic opening at the request of an adult adoptee of confidential birth records, court records, and adoption agency records and require agencies to notify adult adoptees that a birth parent desires to meet the adoptee even if the adoptee had not expressed a desire to meet with his birth parents.

Senator Levin, in proposing his legislation, was careful to state that it would allow adoptees and birth parents to communicate only where there exists mutual interest in communicating; thus any intrusion into the life of either party or any prospective violation of constitutional privacy rights would be avoided. No action of any nature could be taken by the center unless and until both the adoptee and his or her natural relatives have independently made requests with the center.

III

As the courts begin to recognize “a best interests of the child test,” in deciding vexatious cases involving artificial insemination, it would surely appear that where genetic heritage is brought into question concerning the health and well-being of an AID child, the confidential files (if such are maintained) of a participating physician to an AID intervention, should be examined by a judge “in camera” and, where necessary, with the assistance of a geneticist. Public disclosure of the donor’s identity should not be revealed, nor, for that matter, should liability be imposed upon him for “errors” that might follow as a consequence of his participation. As has been maintained, it is the doctor who must be held liable for error.

Perhaps the New York Court of Appeals has heralded, with its decision in Becker v Schwartz and Park v Chessin, a new judicial attitude which will impose upon physicians a high standard of care and medical foresight, and will thus seek to effect this purpose by tightening the decisional law of malpractice. A physician who is negligent in failing to properly screen prospective donors for artificial insemination must bear the consequences of his errors.

Greater safeguards must be undertaken in order to preserve the integrity of artificial insemination as a medico-legal process. If physicians are not sufficiently careful in their supervision and administration of the AID process, then the states must act in order to guarantee higher standards of professional care. In addition to judicial activism, legislative implementation should be sought by creating presumptions at law of the legitimacy of issue born of consensual AID, and thus clarify both the legal rights and duties of the husband. To the extent that greater confidentiality of donor records would be strengthened, additional adoptions of the Uniform Parentage Act should be advocated.

NOTES

1 Fitzgerald v Rueckl, Case No 11433, scheduled for argument before the Nevada Supreme Court, September 15 1981 at 8.15 am.
2 Strnad v Strnad 190 Misc 768, 78 NYS2d 390, 391-92 (Sup Ct 1948).
therefrom is to be considered legitimate. 

20. See generally The Integrity Of Frozen Spermatozoa (1978 Nat'l Academy of Sciences).


10. Smith For Unto Us... supra note 4.

11. The analysis of the Fitzgerald case devolves from the various pleadings submitted before the Second Judicial District Court of Nevada, Washoe County, filed October 20, 23, 1978, together with the briefs of the Appellants and the Appellees as submitted to the Supreme Court of Nevada and filed with the Clerk of the Court. A telephone conversation with Gary C Backus, Esquire, Counsel for the Plaintiff-Appellants, November 14, 1978, from Washington, DC, also provided pertinent information and insight into the case.


15. In New York, it is provided by statute that a written consent must be executed by a married woman seeking to be artificially inseminated and by her husband if the issue therefrom is to be considered legitimate. NY Domestic Relation Law § 73 (McKinney 1977)). See also Cal Civ Code § 7005 (West 1975).

16. Statement of Dr Barry S Reed (MD) April 18, 1980, Washington, DC.


18. Id.

19. Id.

20. Supra note 16.

22. Alldi, Controversy, Alternatives, And Decisions In Complying With The Legal Doctrine Of Informed Consent In Contemporary Issues In Bioethics 146 at 147 (T Beauchamp, L Walters eds 1978).

23. Id. See generally ch 4 as well.

24. Id at 148, 149.

25. See Huffman v SS Mary & Elizabeth Hospital 475 SW2d 631 (1972).


27. 46 NY2d 401, 413 NYS2d 895 (1978). See Curlender v Bio-Science Laboratories 100 CalApp3d 811 (1980) where the California Court of Appeals allowed a genetically defective child to sue in her own capacity under a theory of wrongful life to recover damages for pain and suffering during her limited life span and any special pecuniary loss resulting from the impaired condition. See generally Capron Tort Liability In Genetic Counselling 79 ColumLRev 618 (1979).

28. Carmichael v Reitz 17 CalApp3d 958, 979, 95 Cal2d 846 (1975); Perl互uter v Beth David Hospital 308 NY 100, 123 NE2d 792 (1954).

29. Bell Bonfils Memorial Blood Bank v Hansen 579 P2d 1158 (Colo 1978); McDonald Blood Bank 62 CalApp3d 866, 133 CalRptr 444 (1976); Steinick v Doctor's Hosp 82 Wisc2d 97, 368 NYS2d 767 (Sup Ct 1975).


32. See Shepard v Alexian Bros Hospital Inc 33 CalApp3d Artificial Insemination By Donor In The US 300

33. Whitaker Birth Data Ruled Open To Adoptee The Washington Post February 5 1979 at CI col 5.

34. Id.


36. Id at 587.

37. Id.

38. Id.


40. In re Adoption of Female Infant 5 FamLRep 2311 (1979); In Re Adoption Of Spinks 32 NCApp 422, 232 SE2d 479 (1977).


42. Spillman v Parker 332 So2d 573 (La Ct of App 1976). See
IN BRIEF

Ziff Article

Add the following to note 50 in the article by Bruce Ziff *Maintenance Claims In Divorce Actions: Goldstein Revisited* (1979) 2 FamLRev 186, 191:

See contra Gigantes v Gigantes (1980) 12 RFL(2d)171 (Ont HC) wherein Boland J held that §11 did not permit one party to seek an order on behalf of the other party, that other being perfectly content with the support being paid under a separation agreement.

Correction

In the title to the article by Arthur Leonoff and Maureen O’Neil, the word, Psychological, is misspelled: see (1979) volume 2 number 3 at page 192.

Mr Ziff’s biographical note was incomplete, and should read;

BA (Carleton) LLB (Ottawa) MLit candidate Magdalen College Oxford. He is grateful to Ms Rosi Kerr for her assistance in preparing his article.