THE COMPLEX LEGAL FRAMEWORK OF ASSISTED REPRODUCTIVE TECHNIQUES AND ITS ROLE IN ADDRESSING DEMOGRAPHIC CHALLENGES: A HUNGARIAN PERSPECTIVE

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ABSTRACT

European society is ageing, as disclosed by many research papers and reports, and is marked by an increase in the number of older adults and a decrease in childbirth rate. Infertility is another related problem, with approximately 12-15% of couples unable to bear children. This has further decreased childbirth rates. However, current medical advancements can help infertile couples to bear child(ren), even if the success rate of medically assisted reproductive techniques (ART) is not 100%. The literature emphasises that as the age of childbearing increases, fertility tends to decrease. This tendency is also reflected in the success rate of ART, as 'despite the continuous technological improvements, ART cannot fully compensate for the age-related decline in female reproductive performance because the effectiveness of ART also declines with age'.[2] *This article discusses the legal background of ART in the Hungarian legal environment, the acknowledged types and institutional background of ART, and the available state aids for ART. Focusing mainly on the Hungarian legal regime and legal framework, at some points, it also offers examples from other nations (mostly Central European countries).*

KEYWORDS

assisted reproductive techniques
infertility
IVF procedure
infertility clinics
demographic challenges

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2 | Lazzari, 2023, p. 2.

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1. Introductory thoughts

Grief is perhaps the deepest of human emotions. Several studies have shown that the psychological effect of infertility on an infertile person is similar to that of grief,[3] which is therefore called 'infertility grief'. The exact causes of infertility can be traced to a variety of diseases and disorders. Studies mention that infertility can occur in both men and women, and that the number of infertile persons and couples might further increase in the future.[4] The reasons for infertility and approaches towards treating it are also significant. While somatic infertility can be detected by organ examination, idiopathic infertility is of unknown origin and cannot be detected by diagnostic means. This is compounded by trends caused by changes in modern lifestyles and family planning,[5] with couples seeking to enjoy their independence and achieve financial security first before getting married at a later stage in life.[6] In this context, it is worth pointing out that modern lifestyles and the need to have children later in life to achieve existential security produce their own demographic effects.[7] Creating existential security by having children is understandably a cornerstone of couples' lives. The family policy of the state in question also plays a major role in this choice in terms of the state encouraging childbearing by (partially) shouldering the financial burden that would otherwise delay the process of childbearing.[8]

The elimination and treatment of infertility depends on the medical reason for the infertility. If it is associated with an underlying condition that is causing the infertility, and this condition can be treated medically, then it is possible that the 'collateral infertility' can be eliminated. If the cause of infertility is not treatable, assisted reproductive techniques (ART) can help a couple bear children. Notwithstanding this, it must be pointed out, that with rising infertility rates reproductive techniques are becoming increasingly expensive and are rarely 100% successful.

This article focuses on the current Hungarian legal environment and institutional background of ART. A short introduction of the types of ART that are accepted and regulated in the Hungarian legal system is followed by outlining the legal background of ART. The complex legal environment of the abovementioned procedures, which contains both public and private law elements, is discussed next. In this regard, the substantive rules of the Family Law Book of Act V of 2013 on the Civil Code (hereinafter called the Civil Code),

3 | For complete details, see: Szijártó, 2023, pp. 111–144; Castro et al., 2021, pp. 1–13; Szigeti and Konkoly-Thege, 2012b, pp. 561–580, 713–731; Jarnagin, Thomas, and Herscher, 2023; McBain, 2019; Szigeti, Konkoly-Thege, and Lőrincz, 2014, pp. 406–414.

4 | Navratyil, 2011b, p. 110.

5 | Lenkovics, 2022, pp. 16–28.

6 | Navratyil, 2005b.

7 | Reports show that environmental and genetic influences can have an impact on infertility in both men and women:
In men, as reports point out, infections, smoking, and alcohol consumption all have a negative impact on the viability of sperm, which are already in short supply. The amount of sperm in young men today is only half that of young men half a century ago. The reasons for this are not fully understood, but the fashion of wearing jeans is considered to be an important environmental influence, as jeans keep the body warm all the time, which is the biggest enemy of sperm development. Other lifestyle influences and civilisation practices are also likely to play a role in this worrying process. (author's translation) Kovács, 2020.

8 | For a more detailed discussion on the topic, see Barzó, 2023, pp. 23–41.

the regulations of Act CLIV of 1997 on health care (hereinafter the Healthcare Act),[9] Act C of 2012 on the Criminal Code (hereinafter the Criminal Code), and further provisions of sectoral legislation are explained in depth.

The current article focuses not only on the legal aspects of ART, but also on their relationship with demographic issues and solutions. The introduction of the institutional background is vital, as the appropriateness of the institutional framework of a given area can promote the effectiveness of the whole system. According a report by the World Health Organization, 17.5% of the adult population faces infertility issues.[10] Both national and international statistics show that use of ART is increasing worldwide. The success of ART has been instrumental in increasing the fertility rates. This article approaches the topic not only from a jurisprudential point of view – with the range of literature used not limited to legal literature – but also from sociological and medical perspectives. Further, interviews and announcements published on the Internet are used to shed light on the institutional and infrastructural background related to infertility treatment.

2. Types of assisted reproductive techniques (ART) acknowledged in the Hungarian legal system

The acknowledged, authorised assisted reproductive procedures in Hungary are mainly regulated by the Healthcare Act.[11] As a general condition, assisted reproduction may be performed by a healthcare service provider, which shall mean all healthcare activities may be carried out in possession of an operating license issued by the government healthcare administration body or upon registration by the government healthcare administration body.[12] The Act also adds, as a professional and institutional requirement, that assisted reproduction may be performed by duly licensed state-maintained healthcare service providers and clinical centres provided for in the Act on Public-benefit Trusts Carrying Out Public Service Functions, comprising a part of the integrated public healthcare system.[13] If a doctor carries out such an intervention without a licence, this operation can lead to serious sanctions, including being charged with a criminal offence. Assisted reproduction may be performed on a heterosexual couple in a marital relationship or in de facto cohabitation, if their relationship is unlikely to produce a healthy child naturally due to health reasons (infertility) of either party.[14] In the case of unmarried couples, assisted reproduction procedure may be performed only if neither one of them is married.[15]

The Hungarian legal system permits special procedures for assisted reproduction as follows:

9 | Healthcare Act, Art. 166.
10 | World Health Organization, 2023, p. V.
11 | Healthcare Act. For a detailed introduction of the authorised procedures in Hungary, see Fráter-Bihari, 2023.
12 | Healthcare Act, Art. 3 (e).
13 | Healthcare Act, Art. 169 (2).
14 | For details, see: Barzó, 2017, pp. 286–289.
15 | Healthcare Act, Art. 167 (1).

a) artificial insemination with the gametes of the spouse or partner or with donated gametes,
b) in vitro fertilisation and embryo implantation,
c) in vitro fertilisation and embryo implantation with donated gametes,
d) embryo implantation using donated embryos,
e) other methods promoting fertilisation and fecundability of the female gamete, as well as the binding and development of the fertilised gamete.

The abovementioned list is an exclusive specification; hence, no other type of assisted reproduction can be performed. The legal literature emphasises that the exhaustive classification is rooted in the ethical and moral aspect of reproduction itself. Since technological developments are extremely rapid in this field, new procedures in practice may emerge; however, new procedures – besides the existing ones – can raise moral and ethical inconsistencies and issues. Therefore, any new procedures can be permitted only if they are morally acceptable and explicitly declared by the legislator.[16] The last category mentioned in the abovementioned list, (point e), encompasses, for example, hormonal preparation prior to the procedures and genetic testing; therefore, it comprises the preparatory phase for the procedures listed.

Among the procedures, artificial insemination is the oldest and most commonly known procedure, which was earlier known as artificial reproduction. However, with the extended range of assisted reproductive procedures that was later developed, thanks to technological and medical advancements, artificial insemination became 'only' a subcategory of assisted reproductive technologies. In the case of artificial insemination, the egg is fertilised inside the woman's body. This procedure has currently two subtypes, depending on the source of the sperm. If the sperm is from the spouse or the de facto cohabitant partner, the procedure is called as artificial insemination by husband (AIH). The second subtype is Artificial Insemination by Donor (AID), which means that insemination is from a male donor. In opposition to in vitro fertilisation, artificial insemination is less invasive and therefore significantly less risky[17] and less exhausting for the woman's body (and mind).

In vitro fertilisation procedure involves extracting the woman's ovum, fertilising the egg outside the body, and then transferring the fertilised egg back into the woman's uterus at around 6-8 weeks (embryo transfer). This procedure can be used to treat co-infertility of both members of the couple, infertility in either the man or the woman, couples with a serious hereditary genetic condition or disease in one or both of them, and if assisted reproduction with eggs or sperm has repeatedly failed. This procedure causes more stress for the woman because she has to be on hormone medication and should undergo other hormone therapies before the implantation. Other methods based on the diversity of medical solutions include homologous fertilisation and heterologous fertilisation. If the parties do not have a gamete, it is possible to use a donor.

The procedure of embryo implantation using donated embryos involves supernumerary embryos from an in vitro process. The original purpose of creating supernumerary embryos was that if for some reason the first transplantation does not result in pregnancy, the woman does not have to undergo repeated hormone treatment and in vitro

16 | Dósa, 2023.
17 | Dósa, 2023.

fertilisation before the next attempt; the previously created embryos are stored until a later date and then retransplanted. However, if the first attempt is successful, the couple are entitled to offer the embryo for re-implantation to another infertile couple.[18]

Within the framework of permitted ART, highlighting the exclusionary circumstances is also significant. The Healthcare Act provides rules regarding prohibited and restricted versions of medically assisted reproduction as well. A gamete from a dead body, or a cadaver, or from a dead foetus may not be used for assisted reproduction. Correspondingly, the Criminal Code also prohibits this action. 'Use of human gametes that are prohibited' is considered a felony as per the legal order of reproductive procedures listed in the Healthcare Act. The seriousness of the offence also justifies the sanctioning of its preparation.[19]

The Act also provides that assisted reproduction – if the female gamete has already been fertilised – may be continued after a marriage or de facto cohabitant partnership has ended for a woman, who has again become single. However, in the case of in vitro fertilisation where the embryo has not yet been transferred, the spouses (partners) shall, before the commencement of assisted reproduction, expressly exclude in advance the continuation of the procedure in a joint statement made according to Subsection (1) of Section 168 in the event of the spouse's (partner's) death.[20] This means that, if the man dies, the previously fertilised egg can be retransplanted – unless the parties have made a declaration of exclusion – but the deceased husband's or partner's gametes cannot be used. Notwithstanding the above rules, the legal literature refers to the fact that the lack of specification regarding the time limit and the use of frozen gametes and on what should be done with the gametes after the death of the depositor can be considered a shortcoming of the Healthcare Act in this area.[21]

In connection with ART, discussions on issues of surrogacy and nursing pregnancy (altruistic version of surrogacy) are unavoidable, as the practical aspects of medically assisted reproduction can lead to interpretations of surrogacy and nursing pregnancy. According to the ancient principle of 'Mater semper certa est', surrogacy is not accepted in Hungary.[22] The law treated motherhood as a fact and not as a presumption for a long time. The Civil Code chooses between the biological mother and the genetic mother in accordance with international practice and considers the woman who gives birth to the child as the mother. Although the Civil Code does not regulate the recognition of maternity, it may be appropriate in case of lack of maternal status (e.g., if the mother of an exposed or found child demands for the child) if the mother demands for the child within six weeks and can prove beyond doubt that she is the real, biological mother of the child. Regarding surrogacy and nursing pregnancy, a woman who has asked another woman to carry an embryo derived from her ovum cannot be regarded as a mother.[23] In addition, a direct, public law prohibition for surrogacy can be found in the Criminal Code as well; the felony of 'Illegal Use of a Human Body' states as follows: 'Any person who illegally acquires, sells or trades for pecuniary gain human genes, cells, gametes, embryos, organs, tissues, or a cadaver or

18 | Navratyil, 2005a, p. 643.
19 | Official Justification of the Criminal Code.
20 | Healthcare Act, Art. 167 (2)–(3).
21 | Navratyil, 2011a, p. 367.
22 | Hungarian Civil Code, Art. 4:115.
23 | Barzó, 2021, p. 309.

part(s) of such, or a deceased fetus, is guilty of a felony punishable by imprisonment not exceeding three years'.[24]

3. The legal background for artificial reproduction

3.1. The complex regulations of the Healthcare Act, Civil Code, and Criminal Code

In many cases, the legal status of these new methods was unclear; they were introduced and used effectively, but whether it was an experiment, a service, or a treatment was unclear for a long time. It was only in the last quarter of the 1900s that legislation began to take control: the first was the Australian legislation in 1984, pioneered in Europe by Swedish scientists.[25]

In dealing with the legal background of medically assisted procreation, we are faced with a complex framework encompassing legal sources from higher level (acts) and sectoral legislation (mainly government decrees).

First, the abovementioned Healthcare Act provides for the most important concepts and the medical legal environment, conditions, and restrictions involved in assisted reproduction. The relevant provisions of the Act directly relate to the health, integrity, and status of embryos and foetuses. The maximum possible time for conducting specific procedures or research on embryos and human reproduction is defined and delineated in the regulatory framework.[26] A general requirement as per the Act for access to any assisted reproductive procedure is a joint request by a married or de facto cohabitant heterosexual couple, given that the reproductive procedure is intended to treat infertility fundamentally as a disease.

The Civil Code lists the legal facts generating the status in the order in which they are to be applied as, first, the marital status of the woman; second, the special procedures for medically assisted reproduction in the case of de facto partners; third, the acknowledgement of paternity by a legal statement; and, finally, the determination of paternity by a court decision. So long as paternity can be established on the basis of a presumption that is previous in the order, the later presumptions of paternity cannot be applied.[27] It is an exception from the general rule if the presumed time of conception – 300 days – has not lapsed between the time when the mother's previous marriage was terminated and the date when the child was born from a human reproduction procedure. In this case, it is not the spouse in the first place in the order, but the de facto partner of the mother who is considered the child's father. The same situation arises if, following a successful reproduction procedure between de facto cohabitants, the mother enters into marriage with another man before the birth of the child. This marriage also does not invoke the presumption of paternity in respect of the husband.[28] The system of presumptions of paternity is uniform, that is, they have the same legal consequences regardless of whether the child was born

24 | Criminal Code, Art. 175.
25 | Szijártó, 2023, p. 114; Navratyil, 2011b, p. 116.
26 | Official Justification of the Healthcare Act.
27 | Szeibert, 2013, p. 30.
28 | Civil Code, Art. 4:100 (2)–(3).

from marriage or out of wedlock. As mentioned above, the joint request of the de facto partner in a legal statement represents conclusive evidence, as the applicants accept that the family status of their child born in this way is exactly the same as that of a biological child.[29] However, in the case of de facto cohabitation, a reproduction procedure may be carried out only if neither of the de facto cohabitants is in a marital relationship. The reason for this is that the paternal status of a child born from the process of reproduction between spouses is based on the marriage of the mother; therefore, the reproduction procedure by itself creates paternal status only in the case of de facto partners. In sum, the reproductive process gives rise to a presumption of paternity only if the applicants are unmarried partners of opposite sex, neither of the applicants is married, the male partner is involved in the reproductive process, and the child's origin is a consequence of the reproductive process.[30] In the case of a single woman, the reproductive process can be carried out if, due to the woman's age or state of health (infertility), it is unlikely that she would be able to bear a child naturally.[31] Consequently, the legislator also allows – in exceptional and justified cases – for a single woman to participate exclusively in the procedure. However, the possibility of participating in the procedure is related to the concept of infertility (if unprotected sexual relationship does not result in fertilisation for a year). To apply for the procedure as a single woman, she is obliged to provide a proven history of infertility, with two medical specialist opinions on infertility. Therefore, it may be inferred that the requirement of the infertility clause makes it almost impossible for single women to apply for the procedure, as in most cases a woman is single because she does not have a stable relationship, which includes a regular sexual relationship.

The Criminal Code also contains some felonies that can be interpreted in connection with medically assisted reproductive techniques. As the official justification of the Criminal Code refers to the abovementioned fact, the development of modern medicine has opened new horizons for biomedical research and genetics, which were unknown in former traditional medical practices. With the new developments, offences against medical intervention, medical research, and medical self-determination were introduced into the Criminal Code in 1998. The related felonies can be found in the Chapter XVI, under the title 'Medical procedures and criminal offenses against the order of research' and are listed as follows: Procedures on the Human Genome,[32] Illegal Use of Human Gametes,[33] Violation of the Rules of Experimental Research with Embryos or Gametes,[34] Producing Genetically Identical Human Individuals,[35] and Illegal Use of a Human Body.[36]

3.2. Sectoral legislation of specific issues

In terms of sectoral legislation, the following legal sources are to be mentioned:

- Government Decree No. 96/2003 (VII 15) on the general conditions for the provision of health services and the procedure for granting of operating licences,

29 | Somfai, 2006, p. 11.
30 | Civil Code, Art. 4:100.
31 | Healthcare Act, Art. 167 (4).
32 | Criminal Code, Art. 168.
33 | Criminal Code, Art. 169.
34 | Criminal Code, Arts. 172–173.
35 | Criminal Code, Art. 174.
36 | Criminal Code, Art. 175.

- ESzCsM Decree No. 60/2003 (X 20) on the minimum professional requirements for the provision of health services,
- NM Decree No. 30/1998 (VI 24) on the detailed rules for conducting specific procedures for human reproduction and for the disposal of and frozen storage of gametes and embryos,
- NM Decree No. 49/1997 (XII 17) on infertility treatment procedures available under compulsory health insurance,
- Government Decree No. 339/2008 (XII 30) on the scope, manner, and place of publication, and the monitoring of the mandatory publication of performance data and statistics on human reproductive procedures,
- Government Decision No. 1729/2019 (XII 19) on the National Human Reproduction Programme.

4. The institutional and financial background of assisted reproductive techniques in Hungary: from a demographic perspective

4.1. The institutional background

In 2019, the Government Decision on the National Human Reproduction Programme, Decision No. 1729/2019 (XII 19), was enacted, under which, the deadline for the establishment of a framework for the National Human Reproduction Programme was July 2020. The next year, Government Decision No. 1011/2020 (I 31) for the execution of the National Human Reproduction Programme was enacted. According to the objects of both Government Decisions, the priority goals to be achieved, as set by the legislator, was realising Hungary's demographic stability and ensuring equal access to human reproductive procedures, which led to the enactment of laws.

In terms of the institutional background, the National Laboratory for Human Reproduction, located in Pécs, is mentioned as the main research centre for assisted reproduction. In 2020, when the National Laboratory for Human Reproduction was established, reports pointed out that approximately between 100 and 150 thousand couples in the country suffer from infertility issues, which means 300 thousand missing children in terms of the average family size.[37] The fundamental objective of the National Laboratory for Human Reproduction is to contribute to increase the success rate of infertility treatment by increasing the effectiveness of ART and professionally manage ongoing theoretical and clinical research, tenders, and professional programmes in the field of human reproduction at the University of Pécs. Within the objectives of the Laboratory, developing research programmes, setting up research teams, and sharing knowledge within and outside the University of Pécs are mentioned.[38] With regard to the scientific history of the University of Pécs, the National Research Centre for Reproductive Methodology was established in the summer of 2023.[39] As of 1 January 2022, the Directorate of Human

37 | Kovács, 2020.
38 | Humán Reprodukciós Nemzeti Laboratórium, 2024.
39 | Research Centre for National Reproductive Methodology to be established at UP, 2022.

Reproduction was established with the objective of developing treatment systems for fertility and reproductive disorders.[40]

In terms of the institutional background, it is also important to focus not only on the research facilities, but also on the issue that institutions are currently entitled to carry out assisted reproduction procedures. On the one hand, as was mentioned earlier, the legislator stipulates that a medically assisted reproductive procedure can be carried out only on the recommendation of an appropriate medical specialist and a healthcare provider with an operating licence. However, in the past, a significant proportion of reproductive procedures had been carried out by privately owned healthcare providers; this situation changed significantly in 2021. As of 1 July 2022, couples who cannot have a child naturally for some reason will no longer be able to register privately in hospitals. Under the Government Decree of 2022, the government nationalised all private hospitals for reproductive procedures. Consequently, the previously privately run providers have been bought out by the state, citing the need to effectively halt population decline and make infertility treatment widely available as the aim of the measure. However, these measures have divided both public opinion and the health sector, considering that there are 12 infertility centres in the country, 7 in Budapest and 5 in rural areas. From the institutions in the capital, the Saint John's Hospital performs the most IVF implantations, approximately 1,500 per year.

4.2. Financial framework for assisted reproductive procedures

As mentioned earlier, ART are expensive procedures; not just the procedure itself, but the associated hormone treatments and medicines are also expensive. In Hungary, infertility centres offer free treatment methods considered medically necessary or compulsory, from the simplest to the most specialised, and the interventions are financed by the Health Insurance Fund. In parallel with the nationalisation of infertility clinics, full treatment and care is free of charge; therefore, under the current regulation, only state-run centres can provide assisted reproductive techniques, but the procedure is entirely free of charge.

In 2023, BM Decree 34/2023 (VIII 24) amended certain ministerial decrees: on health insurance: it amended Decree No. 30/1998 (VI 24) and NM Decree No. 49/1997 (XII 17) on infertility treatment procedures available under compulsory health insurance. Consequently, the currently effective text of NM Decree No. 49/1997 declares that special procedures for human reproduction may be provided free of charge only on medical indication by a healthcare provider financed for that purpose by the Health Insurance Fund. In practice, it means, that, according to 2 § of the NM Decree, stimulation for egg retrieval through medicine may be carried out in up to five procedures and insemination in up to six procedures. Within the framework of public care, up to the age of 45, five implantations are free of charge, and if at least one child is born, a further four implantations are funded by social security. Another element of the new regulation is the plan to set up a National Registry of Obstetric, Perinatal, and Human Reproduction, which will include real-time data on stimulation, implantation, live births and, later, the health of children born through an IVF procedure.[41] The abovementioned Register would also be essential to

40 | A vágyott gyermekekért, 2024.

41 | Art. 16 of the BM Decree No. 70/2023 (XII 23) amends certain ministerial decrees on healthcare and health insurance relating to human reproduction procedures.

ensure transparency in the field, as in the last few years, almost no real data are available on the number and success rates of assisted reproductive procedures.

5. Summary

The topic of assisted reproductive techniques is sensitive, with connotations of moral-ethical, religious, and conscience issues besides legal ones. However, it is noteworthy that ART – and surrogacy in relation to them – also display international diversity, implying that their use is not restricted by national borders. Admittedly, several Central European countries – for instance Poland,[42] the Czech Republic,[43] Slovenia,[44] Slovakia,[45] Serbia,[46] and Croatia[47] – have similar regulations on the main principles of assisted reproductive procedures and a mainly prohibitive focus on the issue of surrogacy because the number of people who use reproductive tourism is on the increase. Outside the European Union, many regions that follow permissive regulations and their health institutions provide this service in practice.[48]

As mentioned earlier, the state takeover of private infertility clinics performing reproductive procedures started about two years ago, as a result of which it is no longer possible to apply for such a procedure at a privately owned institution in Hungary. The complete system conversion has made social security support available for the complete treatment, including medicines and hormone therapy. At the same time, it has been reported that this measure was not received with enthusiasm unanimously. Pro and con arguments regarding the transformation of the system began in public life. As was understood during the preparation of the legislation, the government's intention in nationalising the process was to promote childbirth in the country and to provide a more transparent framework and institutional background to the procedures. The financial assistance (making it free if the legal conditions are met) is clearly an advantage of the new system since these procedures could cost up to 1-2 million forints although their success rate was not 100%. Simultaneously, (considering both the pro and con arguments) the biggest advantage may actually be the source of disadvantage at the same time. Making something free is always a double-edged sword. The free service has led to long waiting lists, with people going to private hospitals of neighbouring countries (e.g., Slovakia and the Czech Republic), where they can avail care and fast treatment with shorter waiting times at about the same price as was earlier in Hungary. Additionally, there are groups that are completely deprived of free access, such as women over 45 or those who have already undergone five implantations. So, in principle, the intention and aim are certainly laudable, but the effectiveness cannot be measured in a matter of 1-2 years, as the IVF

42 | Andrzejewski, 2021, pp. 167–168.
43 | Králíčková, 2021, pp. 94–99.
44 | Kraljić, 2021, pp. 276–281.
45 | Garayová, 2021, pp. 221–254.
46 | Kovaček Stanić, 2021a, pp. 203–207; Kovaček Stanić, 2013, pp. 35–57; Kovaček Stanić, 2014, pp. 151–169; Kovaček Stanić and Samardžić, 2019, pp. 235–250; Kovaček Stanić, 2021b, pp. 199–210.
47 | Korać Graovac, 2021, pp. 66–68; Korać Graovac, 1999, pp. 229–238.
48 | Navratyil, 2017, p. 105.

procedure itself takes time. Hopefully, the financial resources invested in the procedure will yield the expected results and the desired number of children will be born.

As Zoltán Navratyil highlights,

> Human reproduction, parenthood and family are things that are defined by traditions deeply rooted in most people, traditions that are mostly based on the paradigm of the family as a fundamental element of society, in which childbearing takes place in the complementary community of man and woman, in its 'intimate mystery', from which all others are excluded.[49]

The state can therefore contribute to increasing the success of the procedures through legal regulations, subsidies, and the establishment of an appropriate institutional system.

Regarding the complexity of the abovementioned issues, unfortunately, the topic of medically assisted reproductive techniques is taboo in many cases even under the current circumstances and within the advanced technological environment. The dilemma of choosing this approach can also result in negative psychological effects on couples who want to have children but cannot do so in the natural way. At the same time, with the number of infertile couples increasing, couples entitled to requiring IVF treatment are correspondingly increasing. Although the financial support by the state that couples can use for reproductive procedures is extremely helpful, it is not everything. Mental and spiritual balance, which is rooted in social attitude and acceptance, is also an important factor in the success rate of such procedures. As the leader of the Directorate of Human Reproduction stressed, compassion and acceptance play a key role here and in the assessment of infertility.[50]

49 | Navratyil, 2005a, p. 641.
50 | Folyamatosan zajlik a meddőségi ellátórendszer kialakítása, 2023.

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