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THE LEGAL CHALLENGES OF LEGAL REGULATION OF ASSISTED REPRODUCTION CASE OF LITHUANIA

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Abstract

The legal regulation of assisted reproduction poses significant challenges and problems both in Lithuania and internationally. This topic is becoming increasingly relevant, as the development of advanced reproductive technologies opens opportunities for single women and homosexual couples to have children. The purpose of the article. To analyze the aspects of the legal regulation of assisted reproduction, identifying the main problems and challenges. Research objectives. To achieve the goal of this paper, the following objectives are set: to define the concepts, conditions and methods of assisted reproduction and infertility; 2. To analyze the aspects of the legal protection of the patient, embryo, and gametes; 3. After evaluating the legal regulation of assisted reproduction to identify aspects of the legal regulation of assisted reproduction in Lithuania that need to be improved. Methodology of investigation. In order to fully and as thoroughly as possible disclose the research goal and implement the tasks set in the work, the following research methods are applied in the work: document analysis, systematic analysis, and comparative methods. The changing structure and concept of the family encourages discussions about legal, ethical and social norms, which need to be reviewed and updated. In some societies, assisted reproduction faces objections due to the traditional concept of the family, which complicates the creation of laws that would be acceptable to the public. Findings indicate that the approach to assisted fertilization in Lithuania, when drafting the Law on Assisted Fertilization, sought to harmonize national legislation with European Union directives and international conventions. This analysis provides a better understanding of how the regulation of assisted fertilization in Lithuania complies with general EU trends and what fundamental differences remain between different Member States. In addition, the study reveals what legal, ethical and medical aspects influence the availability of assisted fertilization, and the procedures used. Although similar legal frameworks exist in many EU countries, some countries apply stricter or more liberal regulations, depending on public attitudes, religious beliefs and political decisions. Further research could delve into how different regulatory strategies affect the availability of assisted fertilization, success rates and patients' rights in Lithuania and other EU countries.

Key words: assisted reproduction, donor anonymity, infertility, embryo protection, legal regulation.

Introduction

Relevance of the topic. The legal regulation of assisted reproduction poses significant challenges and problems both in Lithuania and internationally. This topic is becoming increasingly relevant, as the development of advanced reproductive technologies opens opportunities for single women and homosexual couples to have children. The changing structure and concept of the family encourages discussions about legal, ethical and social norms that need to be reviewed and updated. In some societies, assisted reproduction encounters contradictions due to the traditional concept of the family, which complicates the development of legislation that would be acceptable to the public. In Lithuania, assisted reproduction and the rights related to it are limitedly regulated, and the existing legal system does not always reflect the needs of a changing society.

Problem Statement. The research problems of the analyzed topic include the following interrelated issues: first, before performing the assisted fertilization procedure, all issues must be resolved in the best interest of the child who will be born through assisted fertilization; ensuring the anonymity of the donor, since questions also arise regarding the child's right to know his or her origin; assisted fertilization procedures raise many legal and ethical issues. One of the main issues is the status of the embryo and the question of when an embryo should be considered a person.

The purpose of the article. To analyze the aspects of the legal regulation of assisted reproduction, identifying the main problems and challenges.

Research objectives. To achieve the goal of this paper, the following objectives are set: to define the concepts, conditions and methods of assisted reproduction and infertility; 2. To analyze the aspects

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of the legal protection of the patient, embryo, and gametes; 3. After evaluating the legal regulation of assisted reproduction to identify aspects of the legal regulation of assisted reproduction in Lithuania that need to be improved.

Methodology of investigation. In order to fully and as thoroughly as possible disclose the research goal and implement the tasks set in the work, the following research methods are applied in the work: document analysis, systematic analysis, and comparative methods.

The document analysis method was chosen because this method is useful in collecting the data necessary for conducting the research, with the help of this method the sources of legal doctrine, national and international legal acts analyzed in the work are selected. The document analysis method will also be applied in evaluating Lithuanian and international case law and other sources necessary for scientific analysis. Using the method of comparative analysis, the paper presents explanations of problematic issues related to the legal regulation of assisted reproduction, identifies and compares the problems of applying the legal regulation of assisted reproduction and the interpretations of courts in this area. The systematic analysis method was applied to systematize the legal framework for the regulation of assisted reproduction.

The main sources of the work include a review and analysis of national and international laws, legal norms and sub-statutory legal acts regulating the institute of assisted reproduction. National legal documents, such as the Constitution of the Republic of Lithuania (Constitution of the Republic of Lithuania,1992), articles of the third book of the Civil Code of the Republic of Lithuania (Civil Code of the Republic of Lithuania, 2000), the Law on Assisted Reproduction of the Republic of Lithuania (Law of the Republic of Lithuania on Assisted Reproduction, 2016) and orders of the Minister of Health of the Republic of Lithuania defining the procedure for artificial insemination, help to reveal the legal regulation of this mechanism. Meanwhile, international legal documents, such as the European Convention on Human Rights, the Convention on the Rights of the Child and the Universal Declaration of Human Rights, demonstrate the compatibility and limits of coexistence of the two legal systems. Court cases related to the topic under consideration are also analyzed.

1. **The concept of infertility and assisted reproduction**

Infertility is considered the primary condition for the need for assisted reproduction. Infertility is determined medically, confirming that the treatment methods and techniques applied to the patient have not been successful (Sharma, et. al, 2018). Before assisted reproduction procedures, it is necessary to present medical certificates confirming the infertility of the person, as well as mandatory doctor's conclusions that other treatment methods are ineffective, and assisted reproduction is the only way to have children. Medical institutions that perform assisted/artificial reproduction procedures strictly follow this primary principle, requiring the submission of the medical certificates (Geyken, 2022).

According to the World Health Organization, infertility is the fifth most serious global health problem, contributing to the decline in the number of newborns. Currently, 1 in 6 couples in the world face infertility challenges, and for about 15 percent of such couples', assisted reproduction is the only suitable treatment. In Europe, about 25 million people face various fertility disorders. Every year, more than 1.5 million assisted reproduction cycles are performed worldwide, after which more than 350 thousand babies are born. In the almost 40 years since the introduction of assisted reproduction, about 6.5 million children have been born in the world (World health organization WHO, 2025).

Reproduction is unique in many ways and plays a very important role in the process of immortality. The inability to have children is generally considered a personal failure and tragedy throughout the world. Infertility does not end a person's life, but it has a devastating effect on that person's life because it does not fully fulfill the biological role of parenthood (Bacytė, 2019).

The dictionary of sterility in medicine, nursing and health defines infertility as the inability of individuals to have offspring, i.e. the inability of a woman to become pregnant, or the inability of a man to fertilize an egg, or both. Unlike the concept of sterility, infertility is a reversible condition that can be defined as the complete inability of a person to have an offspring naturally or a reduced ability to have offspring. Infertile people are increasingly able to conceive and have offspring with medical assistance due to medical advances (Abdullahzadeh, et al, 2024).

Looking at the problem of infertility from a historical perspective, it can be stated that around 300-400 AD infertility was perceived as a women's problem. For example, in the Ancient East, infertility was considered a woman's problem, so an infertile wife was despised not only by her husband, family and society. One of the main reasons for divorce

at that time was female infertility; as mentioned in most Egyptian marriage contracts, polygamy was very common and the reason why a man chooses more than one wife (Parker, 2022).

Women's suffering from the inability to have children continued until the Middle Ages. Various religious views on infertility existed from the late Middle Ages to the Middle Ages, when the concept of gender equality emerged; the necessity of childbirth was understood as an important fact for the continuation of the family and the continuation of the lineage (Sušinskaitė, 2015). Although religious discourse on infertility at the time was largely directed at women, men were also held responsible for their inability to have children. Polygamous marriage was an ancient and long-standing solution to infertility in the Middle East. Sometimes a spouse would seek to enter a temporary union solely for the purpose of having children (Prasad, 2014).

The idea of assisted reproduction was already known in Vedic culture, where women who could not conceive naturally were manually injected with a man's sperm. During this period, advice from sages and sorcerers was also used, as were spells ("magic potions") to help women conceive. People were already aware of the possibilities of assisted reproduction and the manipulation of gametes (Kooli, 2020). The Renaissance saw scientific advances in modern medicine, including the treatment of infertility. The practice of modern medicine originated in Greece around the 7th century BC. The ancient Greeks believed in traditional healing methods that were based on religion, magic, and superstition; over time, with the advent of medical science, physicians and surgeons abandoned the old superstitions and magical elements and advocated more for factual medicine. Later, the famous physician Hippocrates developed a system of scientific reasoning based on completely rational thinking. Infertility was recognized as a medical problem that needed to be diagnosed and treated. At that time, Hippocrates had formulated various methods of treating infertile couples. In modern medicine, more attention is paid to pharmacological and surgical procedures, while Hippocratic therapy was primarily based on lifestyle changes (Bacytė, 2019).

Infertility (a medical term) is a disease of the human reproductive system, characterized by the inability to conceive naturally within 12 or more months without protection and having regular sexual intercourse. Assisted insemination, which includes various treatment methods, is used as one of the alternatives to solve infertility problems. The essence is the need for assisted insemination, the negative and positive consequences of this procedure, and the constantly raised question of whether assisted insemination used for the treatment of infertility can be considered an adequate measure. By becoming parents, spouses can thus make sense of their personality and realize the role of the family as a social unit. Thus, the opportunity to have children is important both for individuals who see this as the purpose of their life, and for society or the state, for example, in order to solve the problem of declining birth rates in this way. The right to have children can be understood as a moral right, which is given a moral-philosophical justification.

Assisted reproduction, or IVF, became a reality on 25 July 1978, with the birth of the first baby in Great Britain through assisted reproduction. Reproductive rights in a broad sense include broad rights in the area of reproductive health, such as family planning and sexual health. These rights can be defined as the freedom to make fundamental decisions that affect one’s reproductive life. Both women and men have the right to decide whether or not to exercise this reproductive right, which means decisions about who, when and under what circumstances to have children. Reproductive rights should therefore include both the right to reproduce and the right not to have children (Will, 2025). Early discussions about reproductive rights focused on women’s rights not to reproduce, such as the rights to safe abortion and contraception. Recent medical advances and advances in genomic research have opened the door to a wide range of new reproductive options that enable both fertile and infertile couples to reproduce without consent, thus raising debates about ethical issues and the rights of individuals to receive these treatments. As the possibilities and complexity of assisted reproduction increase, it is important that couples are offered adequate explanation and counselling so that they can make an informed decision in exercising their reproductive rights.

Assisted reproductive technology encompasses all treatments and procedures that aim to induce pregnancy using human sperm, eggs or embryos in vitro (Adamson, et. al. 2025). These mainly include in vitro fertilization and embryo transfer, gamete transfer, zygote transfer, embryo transfer, gamete and embryo cryopreservation, oocyte and embryo donation and gestational surrogacy. However, assisted reproduction (artificial insemination) using the sperm of the woman's partner or a sperm donor

is not included in assisted reproductive technology (Maxwell-Stuart, 2024). In summary, assisted reproduction is only used when there is sufficient evidence that other treatments have failed. This method is used as a last resort after all other options have been tried. It is important that individuals meet the requirements and responsibly assess the procedures and their impact on both physical and psychological health (Laraib, et al, 2024), especially considering that the procedure may fail.

2. Ethical and social aspects of assisted reproduction and social significance

The wide application of fertility preservation (FP) in both medical and non-medical settings raise questions about the ethical, legal, and social aspects and implications of fertility preservation. These implications may be driven by cultural differences and value-based perspectives that influence the development of clinical practice and regulation. When addressing the ethical, legal, and social implications of assisted reproduction, it is important to ensure that the methods are implemented in a patient-centered, responsible, and impartial manner. It is also important to consider the historical developments in these methods, such as the use of embryo freezing as the primary method of fertility preservation from 1999 to 2012, and the declassification of oocyte freezing as non-experimental by the American Society for Reproductive Medicine (Alon, et. al. 2023).

Over the past decades, the development and refinement of cryopreservation methods for human embryos, gametes, and reproductive tissues has proven to be significant, moving these methods from innovative concepts to standard procedures in the field of assisted reproductive technologies (ART). While sperm and embryo freezing has been common practice for several decades, egg freezing was only approved by the American Society for Reproductive Medicine in 2012. Since then, its reliability has improved and its use in the medical setting is constantly growing.

Ethical debates surrounding assisted reproduction have focused mainly on Western bioethical systems. The prevalence of different ethical approaches can be explained by the presence of different religious and cultural norms. Therefore, cross-cultural studies focusing on ethical perspectives from different religious and cultural backgrounds and research on how assisted reproduction is perceived and managed in different cultural and religious contexts are worthwhile.

The main ethical aspect of assisted reproductive technology policy is the welfare of children born as a result of assisted reproduction. Many countries have legislation that addresses the welfare of the unborn, but the level of emphasis varies. In some jurisdictions, the interests of a child who may be born because of an assisted reproduction procedure are paramount (for example, the Government of South Australia, 1988; the Government of Victoria, 2008) or given priority (Parliament of Canada, 2004). However, in other jurisdictions, it is stated that the best interests of the child must be considered (Government of Western Australia, 1991) or that infertility treatment should not be provided unless the welfare of the child is considered, United Kingdom, 2008.

Assisted reproductive technology (ART) for the treatment of infertile couples (or individuals) is considered an important biomedical intervention worldwide. However, there are significant disparities in the availability, quality and delivery of infertility care between high-income countries and low- and middle-income countries. Although ART has been available for over four decades, it remains inaccessible or unaffordable for most people living in resource-poor settings. In addition to being expensive, ART is also often time-consuming, physically and emotionally demanding, and uncertain about its outcome (Bacytė, 2019).

Furthermore, in many resource-limited settings, such as sub-Saharan Africa, infertility is often neglected due to multiple competing health needs, as well as relatively high birth rates and large families, which may not only mask infertility in the population but may even discourage public funding for infertility treatment. As a result, in many LMICs, government-funded infertility treatment is limited or absent and is not covered by health insurance, despite the high costs to patients. The lack of capacity or commitment of governments to respond to infertility means that many couples pay out-of-pocket (OOP) for treatment, making cost a significant barrier to access, which can lead to treatment inequities. Moreover, even in HICs, the level of ART treatment is reportedly dependent on patient-paying costs. In addition to ethical considerations, assisted reproduction also raises issues of equity and regulatory compliance regarding access to the methods. Although resources are limited, governments should provide funding for treatment for infertile couples. For long-term de facto "married" couples seeking to conceive a child through IVF, they should be prepared to marry legally if they wish to pursue the associated IVF procedures and raise children. The US constitutional tradition includes the right to bear and raise children in

accordance with individual provisions. There are two levels of application of the principle of justice: one is payment for services from the government, which is arguably a matter of public consensus and policy. The other level is when a person pays out of their own money.

3. Main legal provisions regulating assisted reproduction

The main legal principles of assisted reproduction are defined in Article 3 of the Law on Assisted Reproduction of the Republic of Lithuania (Law of the Republic of Lithuania on Assisted Reproduction, 2016), which establishes the following principles of assisted reproduction:

1. All issues related to assisted reproduction must be resolved considering the interests of the child who will be born after assisted reproduction.

2. Decisions must be made in accordance with the principle of the priority of the woman's health and the equality of the infertile couple.

3. Decisions must be made after assessing the potential benefits and harms to the mother and (or) the child (children) who will be born after assisted reproduction, and in compliance with precautionary measures.

4. Assisted reproduction cannot be used as a means of modifying the identity of the genetic line of germ cells.

5. Assisted reproduction may not be used to give a child conceived by assisted reproduction certain characteristics, including the desired sex, except in cases where the aim is to prevent or treat a serious disabling disease, the criteria for which are established by the Minister of Health.

6. Gametes and embryos may not be the subject of commercial transactions (Law of the Republic of Lithuania on Assisted Reproduction, 2016).

Assisted reproduction is generally only permitted for heterosexual couples or single women who have medical indications for infertility. This is regulated by law to protect the well-being of children and ensure the ethical principles of the procedure. In some countries, additional age or health restrictions apply. In Lithuania, according to Article 3(7) of the Assisted Reproduction Law (Law of the Republic of Lithuania on Assisted Reproduction, 2016), assisted reproduction may be performed only using the gametes of the woman to be inseminated and the gamete donor, the spouse or partner living with her in accordance with the procedure established by law, except in cases where the gametes of one of the spouses or partner are damaged or insufficient and therefore cannot be used for assisted reproduction, as well as in cases where there is a high risk of transmitting a disease causing severe disability, the criteria for which are established by the Minister of Health (Sušinskaitė, 2015).

These legal principles not only help ensure the safety and effectiveness of assisted reproduction but also contribute to maintaining the ethics of the procedure and public trust. One of the most important legal principles in the process of assisted reproduction is the voluntary consent of the patient. It should be noted that all assisted reproduction procedures must be performed only with the clear and informed consent of the patient or couple. Patients must be fully informed about the risks of the procedure, possible side effects, success rates and alternatives. Consent also includes agreement on the fate of the embryos created during the procedure (Bacytė, 2019).

When signing an informed consent for assisted reproduction, individuals must not be influenced by any environmental factors, must not feel pressure, whether it comes from others, a family member, a significant other, and even more so from a physician. This is a complete expression of free will, but the law in this case protects the patient from hasty actions, because many may plunge into ecstasy, thinking that they will finally have a child, but rushing headlong into the world of fatherhood and motherhood, do not assess all the circumstances. Therefore, the law provides that at least seven calendar days must pass from the day the informed consent is signed to the very beginning of the assisted reproduction procedure, and after this period, the consent can still be revoked before the fertilization of the gamete has occurred, in other words, before the primary life has begun (Bacytė, 2019).

Gametes are collected by healthcare institutions providing assisted reproduction services, by specialists who must ensure that the procedure is justified and ensure confidentiality and data security for the benefit of both the donor, the recipient and the future child. After the cells are collected, the relevant records are included in the patient's medical records. However, gametes cannot always be collected, even if there is consent from both the donor and the patient. The Order of the Minister of Health on gamete donation sets out strict contraindication criteria when donation and collection of gametes are not permitted, for example, when donation poses a risk to the donor's life or when the cells are damaged due to improper collection or processing. Damaged gametes may cause diseases or disabilities in the future child if fertilization is carried out with such cells (Sušinskaitė, 2015). It is also prohibited

to use gametes from genetically related individuals, such as grandfather and granddaughter, father and daughter, brother and sister, etc.

If five children are born using cells from the same donor, these cells are no longer used for further reproduction. Gametes are stored in a gamete bank, which must meet licensing requirements and ensure compliance with quality and safety standards. The bank's activities must have a clear organizational structure, established reporting and subordination relationships, as well as the operating procedures that the bank applies to the provision of services. The bank must provide an opportunity to consult with a doctor who holds a license and specializes in gamete bank activities, advising on medical activities, donor selection, clinical results of gametes, embryos and tissues and, if necessary, communication with patients (Corea, et. al, 2024).

Assisted insemination and gamete bank services may be provided only by legal entities registered in Lithuania or branches of foreign legal entities or organizations operating in the territory of Lithuania, which, in accordance with the procedure established by the Law on Healthcare Institutions of the Republic of Lithuania, have received a license for healthcare activities, allowing them to provide licensed assisted insemination and gamete bank services. Assisted insemination services are actions performed by personal healthcare specialists intended to prepare for the start of a treatment cycle and actions performed during the treatment cycle (Sušinskaitė, 2015). Assisted fertilization raises many legal and ethical issues related to the freezing, selection and subsequent fate of embryos. In many countries, embryo creation and assisted fertilization are regulated by law to protect both patients and potential children (Corea, et. al, 2024).

Institutions performing assisted fertilization procedures must comply with strict data protection and information registration requirements. This includes not only the confidentiality of patients' medical data, but also the registration of information about assisted fertilization procedures and monitoring their success. The law also obliges medical institutions to ensure that patients have access to psychological support, especially in cases where assisted fertilization procedures are unsuccessful, or difficulties arise during pregnancy. The availability of such support helps to avoid emotional stress and allows patients to make responsible decisions. Information about the Gamete donor may be provided to a child if this information is necessary for the health of the child, the gamete donor (third party) or embryo donors, or for other important reasons. With the donor’s consent, information may also be provided to a child born after assisted fertilization, after reaching the age of majority or full capacity (Bacytė, 2019).

Regarding the conditions and methods of assisted fertilization, it should be noted that many US states restrict research on aborted fetuses and embryos, and research is only allowed with the patient’s consent. Some states require consent for the destruction of embryos before in vitro fertilization begins, which may affect the ability to donate for research. Almost half of the states also prohibit the sale of fetuses or embryos (Inhorn, 2021). For example, South Dakota completely prohibits research on embryos, regardless of their origin, and Louisiana prohibits research on in vitro fertilized embryos. The states of Illinois and Michigan prohibit research on live embryos. Meanwhile, Connecticut, California, Maryland, Iowa, Massachusetts, New Jersey, and New York support stem cell research on embryos (Corea, et. al, 2024).

Posthumous reproduction is permitted in some countries, such as Austria, Belgium, the United Kingdom, Israel, India, Spain and some Australian states. Some require written consent (United Kingdom, Australia), consultation and consideration of the best interests of the child (United Kingdom), permission only from the spouse or partner (Israel), or a mandatory period of six months (Spain) or one year (Belgium) after death. In many other countries, such as France, Germany, Sweden, Norway, Italy, Denmark, etc., the procedure is prohibited. In fertility clinics, assisted reproduction procedures usually begin with ovulation induction drugs, followed by oocyte retrieval for in vitro fertilization. In cases of male infertility, the ICSI method, where one or more sperm are injected into the egg, is used to obtain viable embryos. After fertilization, the embryos are grown for 3–5 days and then one or more are transferred into the uterus. The remaining pre-implantation embryos may be cryopreserved for later use or destroyed. In the event of a successful pregnancy, the remaining cryopreserved embryos may be destroyed, transferred to other couples, or donated for research. Research with surplus embryos must meet the requirements of an institutional review board (IRB) and must obtain prior informed consent from the donor parents. Ethically, many people and governments support the use of only embryos that have been created for reproductive purposes and are no longer intended for human life.

Embryo and donor rights are issues that raise debate about whether reproductive rights fall within the right to private life and family. The ECtHR, in the case of Parrillo v. Italy, found that a wom-

an's decision to donate her surplus embryos for research was not contrary to Article 8 of the ECHR. Both the donor and the recipient are involved in the conflict of rights, but so far, the focus has been on the rights of the donor. Some countries prohibit the freezing (cryopreservation) of embryos, arguing that human life must be protected from the moment of fertilization. In those countries where it is permitted, women's reproductive rights are more likely to be prioritized. For example, Chile and other Latin American countries do not have clear laws regulating assisted reproduction. The moral status of an embryo is assessed differently: some consider it a potential person, others only a group of cells, but all sides agree that the embryo must be accorded with a certain amount of respect and protection. There is a lack of data on the number of frozen embryos and their ultimate use (Arditti, et. al, 2024).

In Lithuania, assisted reproduction procedures using donor gametes are strictly regulated by law to ensure the anonymity of both donors and recipients. According to the Lithuanian Law on Assisted Reproduction (Law of the Republic of Lithuania on Assisted Reproduction, 2016), the identity of donors remains completely confidential. Anonymity is ensured by several principles: 1. the donor's personal information (name, surname, contact information) is considered a secret and is not available to either the parents who use the assisted reproduction service or the child born after the assisted reproduction procedure; 2. when performing assisted reproduction procedures, a coding system is usually used, which allows the donor to be identified only within the medical institution. Such information is not available to external parties; 3. Lithuanian legislation prohibits the disclosure of the donor's identity, and such data may be accessed only in special cases, if it is determined that this is necessary for medical or legal reasons; 4. Medical institutions adhere to international ethical standards that promote the protection of the donor and his privacy, and the entire procedure is carried out in strict compliance with confidentiality requirements (Arditti, et. al, 2024).

In some countries, legislation allows children born using donor gametes to learn about their biological origin when they reach a certain age. The right to know about their biological origin when they reach a certain age, usually 18 years. Such practices are observed, for example, in the United Kingdom, Sweden, Norway, Australia and some states in the United States. The legislation of these countries allows a child who has reached the age of majority to contact the relevant institutions that hold donor information and obtain basic data about the donor, such as name, surname, medical data and sometimes even contact information. This practice arose as a response to the importance of biological origin and genetic identity for human identity (Arditti, et. al, 2024). Research shows that many people born through assisted reproduction with donor cells have a strong desire to know their genetic origin, as this can be important not only for their emotional well-being, but also for health problems related to heredity. Such countries also often establish national registries that collect information about donors and children born. These registries help ensure the availability of information and ensure that children can learn about their biological origin when they wish to do so. Such a legal model helps to maintain a balance between the privacy of the donor and the child's right to know their biological origin. However, it can also have negative consequences for donation programmes – in some cases, potential donors may not agree to participate in the programme if complete anonymity is not guaranteed. This can affect the availability of donations, as the number of people who agree to be donors may decrease if they know that their identity could be revealed in the future.

Conclusion. A baby born through assisted reproduction, just like a child born naturally, has a mother and a father, but the legal system is debatable about whether a gamete donor is considered a biological father. Although in fact the person is biologically related, the person who applied for the assisted reproduction procedure with the patient is considered the father. Although the law protects the anonymity of donors, it is necessary to note that the right of a person to obtain information about their origin should allow them to know the gamete donor who helped the child to be born, thus ensuring the implementation of the child's right to know their origin and biological parents. In Lithuania, the Law on Assisted Fertilization provides for the possibility of obtaining information about the donor by court decision, but only in the event that it is necessary to obtain information about the health status of the donor or the child conceived from his or her gametes (this concerns the heredity of diseases, the likelihood of developing various diseases), while in some foreign countries an age limit has been established (usually 18 years), from which a child can demand and receive complete information about the donor. The age limit may be reduced if there is danger to the child's life or health. Lithuania establishes that the donor remains anonymous, and his or her identity may be disclosed only in exceptional cases provided for by law.

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ПРАВОВІ ПРОБЛЕМИ ПРАВОВОГО РЕГУЛЮВАННЯ ДОПОМІЖНИХ РЕПРОДУКТИВНИХ ТЕХНОЛОГІЙ НА ПРИКЛАДІ ЛИТВИ

Анотація

Актуальність теми. Правове регулювання допоміжної репродукції створює значні виклики та проблеми як у Литві, так і за кордоном. Ця тема стає все більш актуальною, оскільки розвиток передових репродуктивних технологій відкриває можливості мати дітей самотнім жінкам і гомосексуальним парам. Зміна структури та концепції сім'ї спонукає до дискусій про правові, етичні та соціальні норми, які потребують перегляду

та оновлення. У деяких суспільствах допоміжна репродукція стикається з запереченнями через традиційну концепцію сім'ї, що ускладнює створення законів, прийнятних для суспільства. Висновки показують, що підхід до допоміжного запліднення в Литві під час розробки Закону про допоміжне запліднення був спрямований на гармонізацію національного законодавства з директивами Європейського Союзу та міжнародними конвенціями. **Постановка задачі**. Проблеми дослідження аналізованої теми включають наступні взаємопов'язані питання: по-перше, перед проведенням процедури допоміжного запліднення всі питання мають бути вирішені в найкращих інтересах дитини, яка буде народжена шляхом допоміжного запліднення; забезпечення анонімності донора, оскільки виникають питання і щодо права дитини знати своє походження; процедури допоміжного запліднення викликають багато юридичних та етичних питань. **Задачі дослідження**. Для досягнення мети даної роботи поставлені наступні завдання: визначити поняття, умови та методи допоміжної репродукції та безпліддя; 2. Проаналізувати аспекти правового захисту пацієнта, ембріона та гамет; 3. Після оцінки правового регулювання допоміжної репродукції визначити аспекти правового регулювання допоміжної репродукції в Литві, які потребують удосконалення. **Методологія.** Метод аналізу документів обрано тому, що цей метод корисний для збору даних, необхідних для проведення дослідження, за допомогою цього методу відбираються джерела правової доктрини, національні та міжнародні правові акти, що аналізуються в роботі. Метод аналізу документів також буде застосовано для оцінки литовської та міжнародної судової практики та інших джерел, необхідних для наукового аналізу. Між тим міжнародно-правові документи, такі як Європейська конвенція з прав людини, Конвенція про права дитини та Загальна декларація прав людини, демонструють сумісність і межі співіснування двох правових систем. Також аналізуються судові справи, пов'язані з темою, що розглядається.

Ключові слова: допоміжна репродукція, анонімність донорів, безпліддя, захист ембріона, правове регулювання.

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