Egg donation: Medical, psychological and ethical considerations.

Eshre Workshop Barcelona Jan 2018

Executive Summary: Dr Chris Venter
The Need for Donor Eggs:

• The Issue is demand and supply.
• In the past 10 years the demand in egg donation has tripled.
• In 2005 – 11475 to 2012 - 33605 egg donation cycles in Europe.
• This is mainly due to an advance in maternal age.
• **FACT:** there is a discrepancy between offer and demand
Survey results

- 1423 questionnaires in 11 European countries (60 centres) between late 2011 and mid 2012
- Consecutive egg donors, including egg sharers
Compensation

• The evolution of Oocyte donation has gone from prohibition to allow compensation.
• The idea is not to see oocytes as a trading commodity.
• But with the compensation of donors, it seems as what we would call an “incomplete commodification”- partly gift partly market.
Different Ethical views on compensation to donors

EU Tissues and Cells Directive (EUTCD)

Article 12 instructs member states:

. . . to ensure voluntary and unpaid donations of tissues and cells. Donors may receive compensation, which is strictly limited to making good the expenses and inconveniences related to the donation. In that case, Member States define the conditions under which compensation may be granted.

Because compensation for ‘inconveniences’ is permitted, something beyond mere reimbursement of expenses is allowable under European Law.
Compensation

ESHRE Guidance

ESHRE Task force on ethics and law 3 – Gamete and embryo donation (2002)
ESHRE Task force on ethics and law 12 – Oocyte donation for non-reproductive purposes (2007)
There is a fairly wide consensus that payment of gamete donors is morally unacceptable.

In principle there should be no payment for the donation of biological material. The intrinsic value of a gift, a way of showing solidarity, is higher than the positive utilitarian consequences of paying and obtaining more material.

ESHRE (2002)

ASRM

Financial compensation of women donating oocytes for infertility therapy or for research is justified on ethical grounds.

In 2000, ASRM said compensation should only be - “reasonable” amounts for human oocytes - “payment to oocyte donors should be fair and not so substantial that they become undue inducements that will lead donors to discount risks,”

In 2007, they specified that compensation over $5000 required justification and that amounts of over $10,000 were inappropriate.
How much should egg donors be compensated?

There is a wide variation between countries with regards to financial compensation for donor eggs.

<table>
<thead>
<tr>
<th>Country</th>
<th>Fixed or variable</th>
<th>sum</th>
<th>PPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>Fixed</td>
<td>500 – 2000€</td>
<td>415 – 1680€</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>Variable</td>
<td>500€ (high estimation of expenses)</td>
<td>605€</td>
</tr>
<tr>
<td>Finland</td>
<td>Fixed + proven expenses</td>
<td>250€ (up to 600€)</td>
<td>220 (up to 528€)</td>
</tr>
<tr>
<td>France</td>
<td>Variable: only proven expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greece</td>
<td>Fixed</td>
<td>900 – 1400€</td>
<td>1080 – 1580€</td>
</tr>
<tr>
<td>Poland</td>
<td>Unclear</td>
<td>935 – 1400€</td>
<td>1458 – 2212€</td>
</tr>
<tr>
<td>Portugal</td>
<td>Fixed</td>
<td>827€</td>
<td>850€</td>
</tr>
<tr>
<td>Russia</td>
<td>Fixed</td>
<td>600€</td>
<td>1130€</td>
</tr>
<tr>
<td>Spain</td>
<td>Fixed</td>
<td>900€</td>
<td>930€</td>
</tr>
<tr>
<td>UK</td>
<td>Fixed</td>
<td>870€</td>
<td>750€</td>
</tr>
<tr>
<td>Ukraine</td>
<td>Fixed</td>
<td>400 – 650€ (but up to 960€)</td>
<td>1750 – 2850 (but up to 4200€)</td>
</tr>
</tbody>
</table>
How much should egg donors be compensated?

- The PPP reflects the actual reimbursement. For example the costs of living in a specific country.
- Calculating the PPP of South Africa works out; R7000 (Euros= 462) with a PPP equivalent of R 3390.
- In France, all donations are known donations and compensation is only for proven expenses. France has a large donation deficit and a lot of recipients travel to Spain as a result.
- In the USA, donor compensation varies from $ 5000-10000
- A specific donor successfully challenged this ruling of a maximum of $10000 per donation. The US courts found it was price fixing. So, there is no maximum set amount for egg donation in the USA.
How much should egg donors be compensated?

However,

In 2011 Kamakahi, a former egg donor sued the ASRM in a class action lawsuit asserting illegal price-fixing in violation of US antitrust laws, specifically the Sherman Act.

This was settled in August 2016. ASRM and SART agreed to withdraw their recommended limit on donor compensation and amended the Ethics Report.

ASRM published revised their guidance in 2016.
Motivation for donation: Altruism, financial or both.

- The study shows that almost 50% of donors donate for purely altruistic reasons.
- We should accept that a large proportion of the altruistic group was someone who donated to a friend or a family member.
- 34% of donations were for both altruistic and financial reasons.
- Financial remuneration did help to motivate the donors, and cited that if there is financial compensation that a donor is more inclined to donate more than once.
- Single women, women of a younger age, foreigners, and women from a poorer financial status are more motivated by financial compensation and will donate more frequently. Countries such as Portugal, Spain, Russia and the Ukraine has a larger group of financially only motivated donors.
Conclusion

Donors that do donate for purely financial reasons should be avoided. Donors that donate multiple times, agree that financial compensation do contribute to their motivation. Nevertheless, there is too much emphasis on pure altruistic motives. The presence of an element of self-interest does not preclude altruistic intention. Egg donation should be seen as a “Compensated Altruism”. It seems logical that a good balance between financial compensation and altruistic values is paramount. If the financial remuneration is excessive it might overshadow the altruistic character of a donation.
Minimal Standards for Egg banks –
Rita Vassena, Spain

This lecture was focused on quality and standardization of egg banks. Although no standardized protocol was given she gave stats on Egg banks in Spain.

• **Good donor selection**; They report a donor dropout rate after screening between 65-80%

• She referred to the study of Cobo et al, which found that **survival rate** of vitrified eggs was 85-95%

• With a **Fertilization rate** of 75%

• And, a **comparable Fresh vs frozen** eggs ongoing pregnancy rate.

• Also, there is a need for clinics to look at what **number of eggs** to give within their own units, to achieve a livebirth.
Conclusion

There is a need for standardization and quality control of egg banks. Clinics should have robust data collection to evaluate their own KPI and clinical outcomes. Taking into account the clinic’s KPI, to then calculate the number of eggs to offer a recipient to achieve a livebirth.
Intra Familial Egg Donation - V Jadva, United Kingdom

- Shortage of egg donors in U.K. since abolishment of anonymity.
- Interfamilial request for donations in more than 40% of UK clinics monthly.
- The longitudinal study was only 9 patients over a period of 14 years.
- The psychological outcomes of the children conceived from intrafamilial donations vs the identity released donations did not differ.
- The study concludes, that intrafamilial donations do raise challenges, especially in the way the child views the known family donor.

“She’s very, um, I don’t know what the word is really, not detached, but just very much, you know, stepped back… If she sends a card she always sends it “to my nephew”, you know, that kind of thing…”.
How to explain the abundance of egg donors in Spain? - Vincenzo Pavone, Spain

Egg provision in Spain: some figures

SEF 2015. Contributing Centres: 198 (93.7%)
- Total IVF + ICSI Cycles: 127,809
  - Of which, involving egg donation: 37,995 (29.8%)
    - Fresh egg donation cycles: 14,655 (11.5%)
    - Vitrified egg donation cycles: 7,190 (5.6%)
    - Frozen embryos fresh egg donor cycles: 13,114 (10.3%)
    - Frozen embryos vitrified: egg donor cycles: 3,036 (2.4%)
- Donated sperm cycles: 3,750
- Main reason: Advanced Maternal Age

1000 euro: compensation or incentive?

It depends on the context
- The minimum monthly wage: € 707
- Unemployment rate 18.73%
- 39.31 per cent among women between 20 and 24
- 24.99 per cent between 25 y 29.
- Temporary jobs are 10 times more than permanent jobs.
- 49.03 per cent of the workers signed more than one contract.

For women between 18 and 25, egg donation is as attractive as the average kind of job/contract available.
Recruitment/selection strategies

Donors are recruited mostly through word of mouth. Bigger clinics have constructed a donors’ pool. Yet when supply is seasonally low or demand is unusually high...

“So, at the end of June, when there are exams at the university, we need to avoid advertising in and around universities and try out other things” B3

...alternative strategies are set to work, such as: Internet (Clinics’ website and University Blogs) local recruitment (Bus Stops, Gyms and Consulates), Radio ads...and bring-your-friend promotional campaign:

“For instance, I usually offer them some compensation if they come back with a donor friend whom makes it to the egg retrieval” B3

Candidates are submitted to a variety of selection tests

“When they come to the clinic, we will set up an interview where they answer psychological questions about their habits, their social milieu, their family and then we retrieve their medical history. After that, they usually go through a gynecological check up, with cytology and echography, as well as through a general blood test, and a serological study to avoid infectious diseases, and finally a genetic test. Currently is just a karyotype, but in the future we may need to introduce a genetic screening on monogenic diseases in the Caucasian population” M2

Only about 10 to 20 per cent of candidate donors are selected to donate.

The Spanish regulatory landscape

Donors between 18 and 35.
Compensation (1000 euros approx.) is meant to cover expenses, efforts, pain and gain losses of the providers.
Public centers offer no compensation (cross over donor scheme).
It is given to egg providers, regardless of how many eggs have been harvested. On average 16-17 eggs per provider (SEF 2015).
A maximum of six children can be born out of a single provider.
In Spain, providers always remain anonymous. Exceptions can be made when medical professionals need information about a donor in cases of life-threatening disease of patients born thanks to IVF with third party gametes.
Advertisement is allowed but no mention of the economic compensation can be made. National campaigns subject to authorization of ONT.
Comments

• According to the speaker there is a culture of donation in Spain.
• Noticeable is that there is almost 200 fertility clinics in Spain.
• The speaker makes the statement that “the demand drives the supply and not vice versa”
• The legislation is similar to South Africa, but you do get the impression that there is more active marketing for donors.
• The donor remuneration seems to be a significant motivational factor for donors if we consider the socio-economic status of Spain.
• They do have regulations on number of donations, but the alarming factor is that up until now there has not been a central register for gamete donations.
• The European Union have addressed this issue with Spain. The Spanish government plan to implement their Gamete central register from 2018.
Respecting parental choice regarding anonymity - Guido Pennings, Belgium

Professor Guido Pennings is a Professor in bio-ethics at the University of Ghent, Belgium. He is a leading expert in the field of ethics and reproduction, with special reference to gamete donation.

The following lecture is based on the argument that 20 years ago when gamete donation allowed, it was restricted to be only anonymous. He would argue that this was a mistake and that we should not make another mistake by enforcing the total opposite, imposing mandatory donor identifiability.
Argument Principles: NEED VS DESIRE

Need:
Generates a strong claim(right) and a duty on others. Needs refer to those things that are indispensable to mind or body.

Example: A child needs a mother and a farther in order to be psychologically healthy/ to develop well socially...

Empirical Finding: children in lesbian families develop as well as children in heterosexual families.

Conclusion: children do not need a mother and a father figure to ensure healthy psychological development.

A person needs to know the identity of the donor in order to be psychological healthy/develop well/ build an identity.

Empirical Findings:
1. Persons who are not aware of their donor conception develop normally.

2. The overwhelming majority of the persons who know about their donor conception develop normally, including those who do not know the name of the donor.

Conclusion
Children do not need to know the name of the donor in order to be psychological healthy, develop well and build an identity.
NEED VS DESIRE

- **Desire/want:**

Generates a much weaker reason. Some people who are informed about their donor conception want to know more about their donor, and feel frustrated if they cannot obtain this. The main motivation for wanting the information on the donor is curiosity (Jadva et al, 2010). Satisfying these desires/wishes may improve the well-being of people. But this is a much weaker reason for others to act upon, and needs to be balanced the desire of others.

**Diagram:**

- WISH/DESIRE → NEED
- UNFULFILLED NEED → HARM

At present, every wish of donor offspring is transformed into a need, and every unfulfilled need into a harm.

Every wish, even if expressed by only a minor fraction of the donor conceived, must be satisfied through changes in the regulation. Where does it stop?

Why only take the desires of this specific group of donor offspring into account? Some donor offspring state that they are harmed by being conceived by gamete donation. Why not respect their wish to stop all gamete donation?
In **summary**: we should not confuse **need** with **desire**. There is no compelling evidence that shows that knowing one’s biological origin will improve a donor conceived child’s psychological well-being. There needs to be a good balance in respecting the rights of all parties. Should the rights of one party take preference, it can lead to a slippery slope of events. (Victoria State, Australia)
Argument
A person would go for cosmetic surgery, stating that the surgery will improve her self-esteem, identity and general well-being. Again, there is a desire but is there a real need. We as a society can judge them by saying they put too much emphasis on physical appearance. We might also question the real need for this without and physical proof that it will improve their self-identity.

Donor Anonymity
The donor conceive child says they suffer, without any physical proof thereof. They feel the cause of their suffering is a lack of information about their donor. Wrong, it is not the lack of information but the belief of lack of information is crucial for their identity.

The solution for their suffering is donor information.
Wrong, the solution would be counselling to explain to the person that the lack of information should be put into perspective and is not needed for their identity.

As a society, we should be critical of the fact that people want to know their genetic origin at all costs.
Geneticization of relationships and the importance thereof seems to put us on a slippery evolutionary slope, without considering the potential harmful effects thereof.
Conclusion

The debate on donor anonymity has little to do with the welfare of the donor offspring but is an ideological debate about the importance of genetic relationships in family building.

The speaker concludes that he prefers to live in a world where genetics is not determining our social relationships and does not determine who we are.