

## Children at the Expense of Our Health?

An analysis of Oocyte/Egg Donation on Women's Health

The use of assisted reproductive technologies (ART) has widely increased in recent years. More and more women who were unable to conceive using their own eggs are now turning to oocyte (egg) donors to help fulfill their dreams of one day having a family. Though the concept of egg donation appears to empower women and create an equal playing field with men, who have been donating sperm for decades for financial compensation, the truth is that many problems regarding egg donation and its effects on women's health have been ignored or avoided. Women are often unaware of the short and long term effects of egg donation because many fertility clinics provide only minimum information. In addition, research pertaining to egg donation and its effect on women's health is sparse. The lack of oversight in the egg donation process has allowed for certain traits to be selected for over others creating a system in which women's bodies are being commodified. Women's parts are gaining market value and leading to a distorted view of women's bodies. This has also led to discrimination in who is selected for being an egg donor as well as disparities in available donors for minority women. In many other countries national regulations dictate the terms of egg donation. In the US legislation thus far on egg donation has been limited. The current situation surrounding egg donation puts women's health at unnecessary and often uninformed risk and it is essential that government regulations be put in place to help ensure that women's health and rights are respected as new scientific discoveries are made in the field of ART. Regulation must consist of the elimination of racist practices in donor selection and price caps on eggs as well increased research on the risks associated with donation. These reforms will ensure that focus is put back on women's health in and not the profit which can be made from ART.

The process of egg donation is fairly invasive procedure and many women agree to the process without fully understanding the consequences. The procedure to donate eggs is divided

into two stages. The first is the ovarian hyper stimulation stage where women are given drugs used in IVF treatments to prevent ovulation and promote the maturation of several eggs instead of only one. The short-term effects of these drugs are often simply stated to be extreme PMS but often time donors experience symptoms which resemble early menopause. These symptoms often include vaginal dryness, hot flashes, and extreme nausea (Egg Donor Information Project 2002). Though this is temporary it can severely interfere with daily activities. In addition, these hormones must be injected daily to ensure the ova develop properly and can lead to soreness surrounding the injection site. Women often do not know that egg donation will have effects on how their bodies feel. For some women there is also risk of developing ovarian hyper stimulation syndrome (OHSS). The rates of OHSS vary from study to study but some have found OHSS rates to be as high as 5% for egg donors (Norsigian 2005). The syndrome results in the swelling of the ovaries and it is possible for the ovaries to burst and cause clotting and hemorrhaging in women. It can lead to removal of one or both ovaries and in extreme cases death. Some donors are not told about the full extent of risks associated with OHSS at the time of donation (Schneider 2007). Doctors argue that with careful monitoring they can prevent OHSS but it is still a woman's right to know what risk her body is being put at by being an egg donor. In the second stage of the donation process eggs are retrieved from within the ovaries of the donor. The process is invasive and can result in damage to ovaries, the bladder, uterus, and other pelvic structures (Egg Donor Information Project 2002). Some women also develop infections and have some scarring from the procedure. Few women are told the extent of the side effects they may experience from the procedure.

There are also many unknown risks associated with the egg donation process. Since many of the same drugs are used to over stimulate the ovaries as are in IVF cycles studies

pertaining to the adverse health effects of IVF treatment on infertile women may also indicate possible health risks for egg donors. In particular a study done by Althuis and colleagues found a significant increase in uterine cancer among IVF treated women who had used clomiphene citrate during IVF (2005). Clomiphene citrate is no longer used in IVF but it is important to realize the effects of the drugs were not seen until nearly 20 years after the drug was first administered in women. There is no way to judge what effect the current drugs will have on donors in the future (Pearson 2006). Women who agree to be egg donors are often unaware of these findings. Future risk is often ignored or minimized for compensation in the present. Many women also do not have accurate information about future risk to assess the cost of egg donation accurately. If they had accurate information at the time of the procedure it is possible that many women would not have agreed to the procedure.

These instances raise some red flags when dealing with egg donation. Currently there is little legislation which requires egg donation clinics to inform their donors about the side effects and risks associated with donation (Seaman 2004). The steps of the process are often told in brief and many women do not understand the full effect of the drugs on their bodies. Clinics also overemphasize the ease of the procedure and give quick replies when questioned about safety (Schneider 2007). Women are not given comprehensive information on the egg donation procedure by egg donation clinics. Much of this can be attributed to the fact that the demand for eggs is higher than the supply available. By allowing fertility clinics to continue to regulate egg donation themselves the government is putting the health of women at risk. Once the eggs are harvested most clinics have no future contact with the donor (Schneider 2007). There is a clear conflict of interest between what is best for the donor and what is best for the clinic leading to women's health being put at risks. As a business the goal of the fertility clinic is to maximize

profits regardless of the outcomes. For fertility clinics the more eggs they can extract the more IVF treatments they can charge infertile couples for. The current process by which eggs are harvested does not make donor/women's health its number one priority. This is a problem because in many cases egg donors are putting their lives at risk for a procedure which only has a 40% success rate. The cost/benefit analysis is skewed towards the recipients of the egg donation rather than focus on the woman who agree to donate their eggs.

There is also some concern that accurate informed consent for the procedure may not be given by donors because the risks associated with egg donation are not fully understood. The Institutional Review Board (IRB) requires that to gain informed consent a donor must understand the nature and risks of the procedure (American Society for Reproductive Medicine 2004). At this time there is limited research present which examines the risks associated with egg donation using IVF hormones making true informed consent highly unlikely. There are, however, some significant studies which show a correlation between IVF drugs and an increased risk of ovarian cancer and other reproductive difficulties for donors in the future (Seaman 2004). Women should be told of these findings before they give consent to ensure IRB standards are being met. In addition it has been found that consent can be swayed by financial compensation. In a study done by Lindheim and colleagues they found that financial motivation went from 39% to 68% when donors were compensated \$2,500 to \$5,000 (2001). The study shows that even when the risks are kept constant money can alter people's perception of risk and make them more likely to give consent to egg donation. In addition, in the US some donors are being compensated over \$10,000 for their eggs. Such large sums of money could clearly impair an informed decision about egg donation for many young women. Age is also an important factor in consent. Many IVF clinics are targeting recent college graduates who are burdened by student loans and credit

card bills (Rabin 2007). The financial situation of these young women makes them especially vulnerable to ignore the risks associated with egg donation. The standards of informed consent are bent and occasionally broken when egg donation is examined. Women are ill informed of the risk and are often coerced by financial coercion.

Another issue many women fail to address when becoming egg donors is what occurs with to the eggs which have been fertilized but not used in IVF. These frozen embryos may be used for scientific research. The IRB does require separate consent for allowing the use of embryos for research but often times the forms are coupled and women sign both believing they are only giving consent to participate in the egg donation process (American Society for Reproductive Medicine 2004). Women often fail to realize their consent may be broadly applied. It is important to realize that many women would donate their eggs to a couple trying to have a child and not for scientific research. The rights of these women are being violated if they give consent without fully understanding what they are agreeing to.

The current lack of regulations concerning egg donation has meant that the free market has been determining the price of eggs. Though generally compensation ranges from \$2,500 to \$5,000 there are instances when women are being paid over \$10,000 for their eggs. These women are being advertised as having the most desirable genes you would want for your child. Online egg donation sites like “Rons’s Angels” auction off model’s eggs to the highest bidder (White 2006). Auction prices are based on physical beauty and intellect. Scores from high school aptitude tests, college GPAs, and full body shots are common on these internet vendors’ sites. Information on the internet is not always accurate but the continued presence of sites like “Ron’s Angels” implies there is a market for such activities. Women are being ranked and discriminated based upon their physical features and education levels. These women are no

longer being compensated for the pains of the process of egg donation. Instead their genetic material is being bought and sold at a price. Allowing independent agencies to be involved in the egg donation process has meant that women's bodies are being commodified and sold like goods on the market. Many of these egg donors are objectifying themselves for financial compensation with no regard for current or future risk. The four factors which have become important in determining how much a woman's eggs should be priced at bears odd resemblance to the method used to determine the price of diamonds in the free market (Heng 2007). In egg donation there are four Es which determine the market value of donor eggs; ethnicity, education, employment, and esthetics. In the diamond industry there are four Cs which are used to judge the price of the good; color, cut, clarity, and cut (Heng 2007). These examples shine light on women are being reduced to goods in the current system of egg donation.

While sperm donation is common it is unlikely that men's bodies would be commodified in the same way women's bodies are being priced in the egg donation debate. The experience of gamete donation is very gendered and men and women are treated differently in the process. Women's bodies have always been viewed in parts and dismembered to a degree. Examples include media advertisements which feature only women's breasts or compare women's bodies to goods such as an alcohol bottle (L. Kane-Low, public presentation, Feb 13, 2008). Male donors are not reduced to their sperm and retain their wholeness in the gamete donation process. By allowing women to be compensated in excess for egg donation we are creating a system of disempowerment where a woman's eggs are more valuable than she is as a whole. Gender inequalities are clear in current system of egg donation and puts women in a lower position.

Egg donation is highly divided based on race. The majority of couples looking for an egg donor are middle class whites. Donors are often looking to match physical characteristics so

they may be able to pass off the child as their own. This means that minority women are often disregarded from the donation pool. In addition, the current system of egg donation favors white couples. Ethnic couples looking to use donor eggs are often restricted by the limited number of ethnic donors available (Graham 2008). Often times these couples pay over inflated rates to donors who match their ethnic criteria. The stigmatization of infertility is still very high in minority populations and often times there are negative religious and cultural connotations associated with using IVF (Heitman and Schlachtenhaufen 1996). Therefore the need for an ethnic egg donor is great to ensure the child born using a donor egg is accepted into the ethnic community. For these reasons, ethnic couples often wait years for donors because donor's eggs are associated with only a single fertility clinic. A larger national database of egg donor would make the search for ethnic egg donors much easier for minority women who are unable to conceive. The assumption of egg donation is that white women's eggs are the most in demand but once the larger picture is examined it becomes apparent that minority women's eggs are also in high demand in certain regions but the current design of egg donation does not address the needs of minority couples.

The financial cost of IVF and egg donation is also very racialized. Though infertility affects all women nearly equally minority women have less resources to pursue different ART methods. The total cost of donor compensation and IVF can cost up to \$18,000 per cycle and success is not guaranteed (Heitman and Schlachtenhaufen 1996). In addition, many insurance companies do not cover all of the cost of treatment and women who are uninsured have no method by which they can pay for the IVF. This creates a system where poor and nonwhite women are disproportionately left childless. Past experiences also play a part in minority women becoming both egg donors and seeking out ART (Heitman and Schlachtenhaufen 1996). Past



abuses influence the level of trust given to health care professionals and whether minority women truly believe what they are being told is true. This fear associated with the medical system has meant that white women are disproportionately represented as the norm in egg donor and IVF treatments. There is also little outreach to ethnic couples to expand the egg donor field. The ability to receive IVF and use an egg donor is divided by race and social class.

To put an end to these conflicts of interests between what is best for women and what is best for society; the process of egg donation needs to be regulated. Many other countries around the world have already established regulations and agencies which handle egg donation ethics and health concerns. In the UK the Human Fertilisation and Embryology Authority (HFEA) handles the regulation of egg donation and recipients in accordance with the 1990 Human Fertilisation and Embryology Act. The independent third party regulates both donors as well as clinics which are licensed to provide IVF treatments (Human Fertilisation and Embryology Authority). HFEA also provides unbiased information on egg donation, ART, and infertility. Clinics have no direct contact with the donors allowing decisions to be based upon facts rather than outside influences. Compensation for egg donation is also handled through the HFEA. In UK the price of eggs is capped at approximately £750. This ensures donors are not swayed into donating their eggs solely for financial compensation and are rather donating their eggs to help a couple. The HFEA also keeps track of donors on a database which is inaccessible to anyone outside the donating process. There is a high level of anonymity and privacy in the functioning of the HFEA. A database also allows couples to easier match traits, like ethnicity, when compared to the US method of egg donation. Finally, the HFEA plays an integral part in ensuring the safety of egg donor. Though the agency does not participate in research related to IVF drugs itself it does regulate the practices of different clinics and ensures that the health of

the donors is a top priority. In many other countries around the world ART is regulated by independent third party agencies.

The US has fallen behind in egg donation regulation and has allowed for a market price for eggs to be established. This commodification of women's eggs has many negative impacts on both women's health and their lives in general. The US needs to pass legislation establishing a committee which regulates the many different aspects of ART and ensures that women's health and rights are being respected. Such reform would have to include a price cap of a maximum of \$5,000 for egg donation, an independent third party which separates the egg donor from the fertility clinic, a national database allowing parents to search for donors who resemble them, opening up the process of egg donation and IVF to lower class and nonwhite women. These reforms are integral in making sure that all women at all parts of the assisted reproduction process feel informed about the decisions they are making.

Many argue that by regulating egg donation and putting caps on the price of eggs will deter many women from donating. This may occur but if prices are capped women are more likely to make the decision based on their personal feelings on the situation, rather than money. In addition, countries like Canada and the UK have banned the selling of eggs stating that it resembles the organ black market. Capping the price at which women can be compensated for eggs ensures that women are being compensated for the process and not for their eggs. In a recent publication by the ethics board of the American Society for Reproductive Medicine (ASRM) the group stated that by capping the amount donors can receive for egg donation we would be guaranteeing that donors are being paid for the discomfort, stress, and pain of the process and not for the genetic material in the eggs (Larkin 2000). They also stated the US remains one of the few industrial nations which has not implemented such reform in assisted

reproduction. Capping the amount donors could receive for their eggs would prevent the commodification of women's bodies and ensure that women who donate their eggs are better informed about the decision.

ART has given millions of women who would not have had the opportunity before to have children who they can call genetically their own to an even greater degree than ever before. Unfortunately the arena of ART is one in which women's health and rights have not been a priority putting women in a lower position in society. Many women give consent for egg donation without having full knowledge of immediate and future risk. Young women are being targeted by many egg donor agencies because of their financial situation. Money also plays a large role in consent for egg donation. The current system of egg donation also commodifies women's bodies and allows women to be viewed in parts. More value is given to women's eggs than their overall health because the donation process is not separated from the clinics that carry out IVF cycles. Gender inequalities also exist in the gamete donation process which has meant that the current system of egg donation disempowers women. The divisions between race and class also make egg donation a highly racialized issue. White women are deemed the norm and differences between white and nonwhite women are often ignored creating another system of oppression. Egg donation needs to be regulated and the government needs to make sure the science behind ART does not outweigh the health risks women face by becoming egg donors. Egg donation is a new frontier in science and women need to work hard to ensure their health and rights are respected as reproductive technologies move forward.

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