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## Position Paper: The Practice of 'Egg Sharing'

### 1. Introduction.

Since oocyte donation as a reproductive option has become increasingly more common over the past decade, fertility clinics have sought to manage the demand for donors. Currently, the main sources of oocyte donors in Australia & New Zealand are (a) 'anonymous' donors recruited by IVF clinics, (b) 'known-personal' donors whom are a friend or family member of the recipient; & (c) 'known-altruistic' donors whom are recruited by recipients via a process of public advertising.

Some IVF programs in the United Kingdom are also currently utilising donor oocytes from other sources, such as programs which provide free tubal ligation in exchange for donated ova (Schenker, 1995), or through 'egg sharing' arrangements (Blyth, 2001; Kendrew, 2001). This paper seeks to articulate the position of the ANZICA membership on the practice of egg sharing as a potential source of donated ova in Australian & New Zealand IVF clinics.

### 2. The Practice of Egg Sharing.

The principle aim of egg sharing is to increase the supply of donor oocytes. This involves a woman or couple receiving free or subsidised treatment in exchange for the donation of some of their eggs to another consumer. As such, the donating person or persons simultaneously assume the roles of 'patient' & 'donor' during the course of IVF treatment.

### 3. Theoretical & Practice Outcomes.

To date there has been no apparent theoretical framework developed regarding the practice of egg sharing. Theoretical approaches utilised to study other sources of donated ova include '*altruism*' & '*exchange & reinforcement theory*' (Applegarth & Kingsberg, 1999). Underpinning both of these approaches is the capability of the individual to make major sacrifices to assist another. However, while theoretical & empirical evidence is documented in the literature regarding gamete donation, it should be recognised that the context in which egg sharing occurs differs markedly from that of other sources of donated ova. Therefore any generalisations that might be drawn from the literature of other donor programs should be treated cautiously.

A small body of research has been conducted in the United Kingdom to investigate the social & emotional attitudes surrounding egg donation & egg sharing. (Ahuja, Mostyn, & Simons, 1997). The study invited 750 women who had personal knowledge or experience of egg donation to complete a survey; 217 participants returned the survey (28.9% response rate), of whom 107 respondents (49.3%) had experience of egg donation,

& 110 respondents (50.7%) had made inquiries about egg donation (Ahuja et al., 1997). The main findings of the study are summarised below:

- Donating or sharing eggs was considered a social issue, with 94% of respondents indicating that they had discussed the topic with a partner, family member or friend.
- Altruistic motives were not the prerogative of non-patient volunteers; 86% of egg donors & 79% of egg inquirers felt that giving hope to the childless was an important motive.
- Issues of concern for egg donors related to the IVF procedure & side effects (81%), failure to conceive (32%), how eggs were shared (32%), concern for the child (26%), & not knowing the recipients outcome (18%).
- Experienced egg donors & recipients were significantly more likely to be concerned about failure to conceive than egg donation inquirers ( $p < .001$ ).
- Concerns about the donor were also expressed by 67% of egg recipients, particularly details of donor screening & matching.
- Respondents overwhelmingly indicated that counselling was an important part of the egg donation/egg sharing process.

While an interesting profile of egg donation & egg sharing emerges from this survey, several methodological & cultural issues may limit the extent to which findings may be generalised to Australian & New Zealand practices. For example;

- The study investigated social & emotional attitudes to both egg donation & egg sharing. The reported findings do not distinguish attitudes about egg donation, which may involve non-patient donors, from those of egg sharing involving patient as donor & recipient.
- The study did not investigate the reasons why women, who had personal knowledge & experience of egg donation & egg sharing, declined to participate in the survey (71.1%). There is therefore the possibility that an alternate view of egg sharing exists, which is not reflected in this study due to the small sample size.
- While altruistic motives for egg sharing were apparent, 83% of egg share recipients also indicated that egg sharing was “the only chance for a child”. Attitudes suggest respondent’s motives include altruism, however, the survey did not establish respondent’s attitudes to egg sharing in the face of affordable treatment alternatives.
- The study did not indicate how many of the respondents had achieved their parenting goal at the time of the survey. The authors therefore do not address the extent to which attitudes about egg donation/sharing may have been influenced by a successful treatment outcome.
- Consideration should also be given to whether the practice of egg sharing takes place in a climate of anonymity between donor patient & recipient patient, & whether there might be any intention of sharing identifiable information with offspring in the future. Anonymity continues to be the dominate focus of all types of donor program in the United

Kingdom, which is not consistent with the Australian & New Zealand emphasis on the rights of offspring to know of their genetic origins.

#### 4. Arguments Favouring Egg Sharing.

Several arguments have been postulated regarding the potential benefits of egg sharing. Some of these arguments are briefly outlined below.

##### 4.1 Clinic Position.

- Offering egg sharing would potentially increase the number of treatment cycles that could be completed annually due to an increased supply of donor oocytes. This in turn has potential benefits in terms of pregnancy outcomes, & financial returns to clinics.
- Egg sharing may also assist to reduce the number of excess embryos that are stored by clinics;
- Potential reduction in the level of liability that is presently experienced by clinics due to women undertaking the risks of IVF for the sole purpose of donating eggs.
- Reduced administration costs associated with managing donor programs involving non-IVF patients.
- Provides a way of meeting requests for donor eggs not met in other ways.
- Permits an element of altruism such that clinics can assist the maximum number of people possible.
- Potential increase in the rate of successful outcomes among those client groups, which are medically harder to treat such as women who respond poorly to stimulation.

##### 4.2 Egg Donor Position.

- Egg sharing may increase accessibility to IVF treatment through reductions in treatment costs;
- Reduced waiting time for access to treatment for donors because of reduced costs.

##### 4.3 Egg Recipient Position.

- Quicker access to treatment & chance of pregnancy as a result of increased availability of donor oocytes
- Increased access to treatment due to cost reductions;

- Avoid possible risks associated with ovarian stimulation for non-IVF egg donors.

#### 4.4 Offspring Position

- The person exists.

### 5. Arguments Opposing Egg Sharing.

Several arguments have also been proposed opposing the concept & practice of egg sharing, because of potentially serious & unintended consequences. These arguments are outlined below:

#### 5.1 Clinic Position.

- There are numerous practice issues for clinics, with various degrees of resolvability. Such issues include the following:
  - How will egg sharing be explained within the context of existing legislation regarding prohibition on any commercial activity relating to gamete donation?
  - How will the dollar value of an egg be determined in order to calculate the proportion of treatment that will be subsidized?
  - What criteria will be used in respect to the number of eggs to be donated, which eggs to donate, & the point at which donation occurs in the treatment cycle of a donor?
  - How will issues of confidentiality, privacy & anonymity be managed if egg sharing is to occur within a clinic?
  - How will egg sharing occur so that it is consistent with proposed legislative changes regarding access to information for offspring (e.g. central registers)?
  - What might be the medical & ethical implications of using donated eggs from women in cases where it has yet to be established whether a genetic component contributes to infertility (e.g. endometriosis, unexplained infertility)?
  - How will issues of equity between gamete programs be addressed? For example, will cost reductions also apply to an IVF cycle if men agree to donate sperm to other consumers? Would men be offered free storage for their sperm if they agree to become a donor?
  - How will clinics manage the right of a donor to withdraw their consent once treatment has commenced under a contracted fee structure?
  - Is infertility being fully treated if a pregnancy is not being attempted using all suitable oocytes?

- Subsidised fertility treatment for egg donors could be seen as contrary to a cultural preference for voluntary unpaid donation, such as blood & tissue donation.
- While egg sharing is presented as a reproductive option, it is a practice that places a commercial value on the exchange of oocytes. The 'commodification' of gametes dehumanises reproduction & may act as a precedent for the commercialization of other Reproductive Technologies.

## 5.2 Egg Donor Position.

- A significant issue for donors in an egg sharing arrangement is the psychological & emotional sequelae of donating, if a recipient conceives & a donor does not. This overwhelming concern is borne out in the statements of consumers (Attachment A). Such an outcome poses a very real & significant psychological risk to donors, which may markedly compromise their ability to adapt to reproductive losses & a life without children.
- The emotional & psychological stress of IVF has been thoroughly documented in the literature. It should be considered that clinics might be asking consumers to make a decision about donating their oocytes during a time of marked emotional stress & anxiety about their own treatment outcome.
- The extent to which the practice of egg sharing enables people to make a fully informed decision in an environment that is free of financial incentive is also quite relevant. Consumers may feel '*pressured*' or '*coerced*' to donate because of the financial benefits, or may see donation as their '*only option*' for affording treatment. Therefore, there is a danger that people are encouraged to donate for non-altruistic reasons.
- Donation is thought to involve a psychological adjustment process, of which '*relinquishment*' is a significant component. Of relevance is the question "how can people fully comprehend that act of relinquishing potential, if they themselves have not yet realized or achieved this potential?" There is therefore the possibility that the structure of egg sharing may not facilitate the process of psychological adjustment, or enable donors to consider the full range of factors beyond those which are financial.
- The implications of asking a donor to be 'available' to offspring in the future is also very different under an egg sharing arrangement, especially if a donor has not had children.

## 5.3 Egg Recipient Position.

- Intentions regarding telling offspring about genetic origins may also be influenced if a recipient is aware that a donor did not go onto conceive.
- In the event that a donor conceives & a recipient does not, recipients may have questions about how eggs were allocated to them & the quality of the service they received under the agreed fee structure. This

outcome may also raise the dilemma of how much information clinics can make available about the distribution of eggs.

- As the recipient would be receiving donated ova under circumstances that differ from other donor egg programs, there is a risk that attachment to a pregnancy & child may be compromised.
- An egg recipient who cannot afford the full price of an IVF cycle may consider it better not to have the chance of treatment at all.

#### 5.4 Offspring Position.

- Egg sharing in the UK occurs as an anonymous donation. This is not consistent with the current consensus in Australia & New Zealand about the rights of people to know of their genetic origins.
- Of primary concern is how offspring will adapt emotionally. Growing up with the knowledge that your biological parents could have given birth to you if they had not needed to give the woman's oocytes away in order to receive cheaper treatment or if the scientist had chosen a different oocytes to give to the recipient, has unknown emotional consequence.
- Practitioners may also face issues of accountability relating to the allocation of eggs & interference with the composition & constellation of families.
- This practice encourages oocytes to be viewed as a commodity required for the resolution of a fertility problem. It fails to take into consideration that an oocyte, once fertilized, has the potential to go on to become a person with a genetic history, conception, & birth story.

#### 6. Summary Position.

In summary:

- The position of the ANZICA membership is that egg sharing is a concept & practice that should not be endorsed in Australian & New Zealand fertility clinics.
- It is a practice that promotes the commercialization of gametes, & is dehumanising for all parties concerned.
- The membership is of the opinion that the potential risks associated with this practice do not justify the potential benefits.
- While the ANZICA membership acknowledges the many advantages of gamete donation as a reproductive option, the shortage of donor oocytes from altruistic donors in & of it self highlights the highly complex & emotive issues that people contend with when making a decision to donate.

- More attention should therefore be directed toward the recruitment of suitable altruistic donors, rather than introduce a source of donor oocytes that potentially carries far greater risks for all parties involved.
- Where access to public funded IVF treatment is limited then the emphasis should be on lobbying government rather than to use egg sharing as a means to reducing the cost of treatment.

References

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Appendix A: Sample of Statements on Egg Sharing as a Reproductive  
Option by New Zealand Consumers.

*These quotes are printed with the permission of the  
Person's concerned & have not been edited in any way*

"My personal view is that if I was trying for a baby and I shared my eggs and the other lady got pregnant and I didn't it would be the end of the world for me. And I can't see past that I'm afraid, having had 6 failed IVF's I know what I'm talking about."

*Hayley*

"Isn't this the same as purchasing eggs? You would feel absolutely gutted if the person you donated to fell pregnant and you didn't, I don't know if people could ever forgive themselves. If the other person fell pregnant you would feel as if you had given away your child. I do not think money should come into it and I do not think it would be better to have a cheaper IVF cycle whatever the emotional risks than not to be able to afford a cycle at all. At the end of the day people are trying to get pregnant themselves and should not be placed in a situation where they might have to think of someone else. There is enough emotional stuff to go through as it is."

*Nicky*

"Hi there. I have "unexplained infertility", trying for 2.5 years. They were initially wondering if I was in early menopause (36yrs) and had run out of eggs. If this had been the case, I would definitely have considered using other eggs, with my husband's sperm. Not only do I want our own genetic baby, but I really want to experience pregnancy too. So I would have loved to "share eggs" if I needed to.

On the flip side, I would be happy to share my eggs, but ON THE CONDITION that I got pregnant first, before my eggs were gifted to someone else. I'm not sure if that is at all possible, but I would HATE HATE HATE HATE to know that someone else had our half-baby when we had none. This risk would be so great that I would be unable to offer my eggs without this guarantee. I would also want to meet the parents, and have some say in who my eggs went to, as I feel protective towards the little person that my egg would become.

All that said, I have been so affected by Infertility, that if I had the opportunity, I would want to help other people achieve their dreams of having a baby."

*Sussan*

"I tend to agree with these comments...we need to give people a choice., that is my main issue...however I would question how they can reduce the cost, when someone is doing IVF, who is making up the difference in price...the clinic or the couple receiving the embryo?"

“Interesting! I think the option should be available for each person to decide for themselves. I agree we shouldn't be making the rules or taking this option away - each to their own!”

“Don't know how I would feel personally but the option of a reduced or no cost IVF treatment is very tempting and let's face it money plays a huge part. Only down side is that I guess you miss out on some frozen embryos and what happens if you have to pay for another IVF treatment when you may have had to option of uses some frozen embryos. I guess they would only take excess eggs and still allow for some frozens. What number is excess though?”

“How great to be able to give someone else the opportunity of the gift of life. Don't know how I'd feel if the other person fell pregnant & I didn't but at the end of the day my feelings/thoughts on this may be very different to others and that would be my/their choice. It would just be great just to have the choice, especially for couples who would feel completely comfortable with it.”

*Debbie*

“ As a consumer currently completing my second cycle of IVF, I think the prospect of Egg Sharing is something that I would not consider, and I feel that it is a terrible concept for anyone to have to consider, before undergoing an IVF treatment. The stresses and strains on oneself and partners is enough without having to add this into the equation. I also feel that the negatives far outweigh any monetary benefits that may be achieved. One of the risks I see is that the "egg donor" risks being overstimulated just to produce more eggs. What if they don't produce a large number of eggs? Do they then receive an account or the remainder of their IVF cycle? Are the eggs going to be of a better or poorer quality? One always hears story's of a large number of eggs being collected, but only a small number fertilising for whatever reason, be it egg quality or sperm etc. What would the share be 50/50? Is this a 1st, 2nd or 3rd cycle... given that in NZ most are entitled to just one free IVF? It would be devastating for the Donor if the recipient got pregnant and they did not. I feel that this would have a long term effect on the donor and perhaps if the recipient knew this they would also feel a sense of guilt along with their joy. NO I DO NOT THINK THAT THE OPPORTUNITY TO HAVE A CHEAPER IVF CYCLE OUTWEIGHS THE EMOTIONAL RISKS ATTACHED TO THIS CONCEPT. Perhaps the concept is a little premature and maybe one day if technology allows for eggs to be frozen unfertilised, then this could be considered”

*Helene*