



University of HUDDERSFIELD

University of Huddersfield Repository

Golding, Berenice

Can women consent to share their eggs?

Original Citation

Golding, Berenice (2011) Can women consent to share their eggs? In: Understanding the Social World Conference 2011, 13th - 15th July 2011, University of Huddersfield. (Unpublished)

This version is available at <https://eprints.hud.ac.uk/id/eprint/11130/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

Can women consent to share their eggs?

Dr. Berenice Golding
University of Huddersfield



Aims of this paper

- To provide a brief overview of research into egg sharing.
- Briefly describe the approaches used for data collection.
- Discuss the findings that emerged, in particular, those associated with ‘informed consent’.
- Provide final conclusions and recommendations for future work.



Research background

- Pioneered in the early 1990s by Simons and Ahuja, ‘egg sharing’ was promoted and developed as a self-help scheme that enables women, who are themselves undergoing assisted conception procedures, the opportunity to ‘share’ their eggs with up to two recipients (Simons and Ahuja, 2005).
- In exchange the donor is able to access lower-cost treatment; the cost of her treatment is subsidised by the recipient.
- It is reported that the scheme was developed when patients at a clinic suggested that “if someone else would pay for our treatment, we could give up some of our eggs in return. We might be lucky” (Simons, 2008, p.11).



Cont'd...

- By 2005 it was estimated that over 2,000 children had been born to both donors and recipients in the UK as a direct result of egg sharing (Simons and Ahuja, 2005).
- Furthermore, egg sharing provides the biggest source of donor eggs in the UK – approximately two thirds of the UK totals (Human Fertilisation and Embryology Authority (HFEA), 2005).



Research context

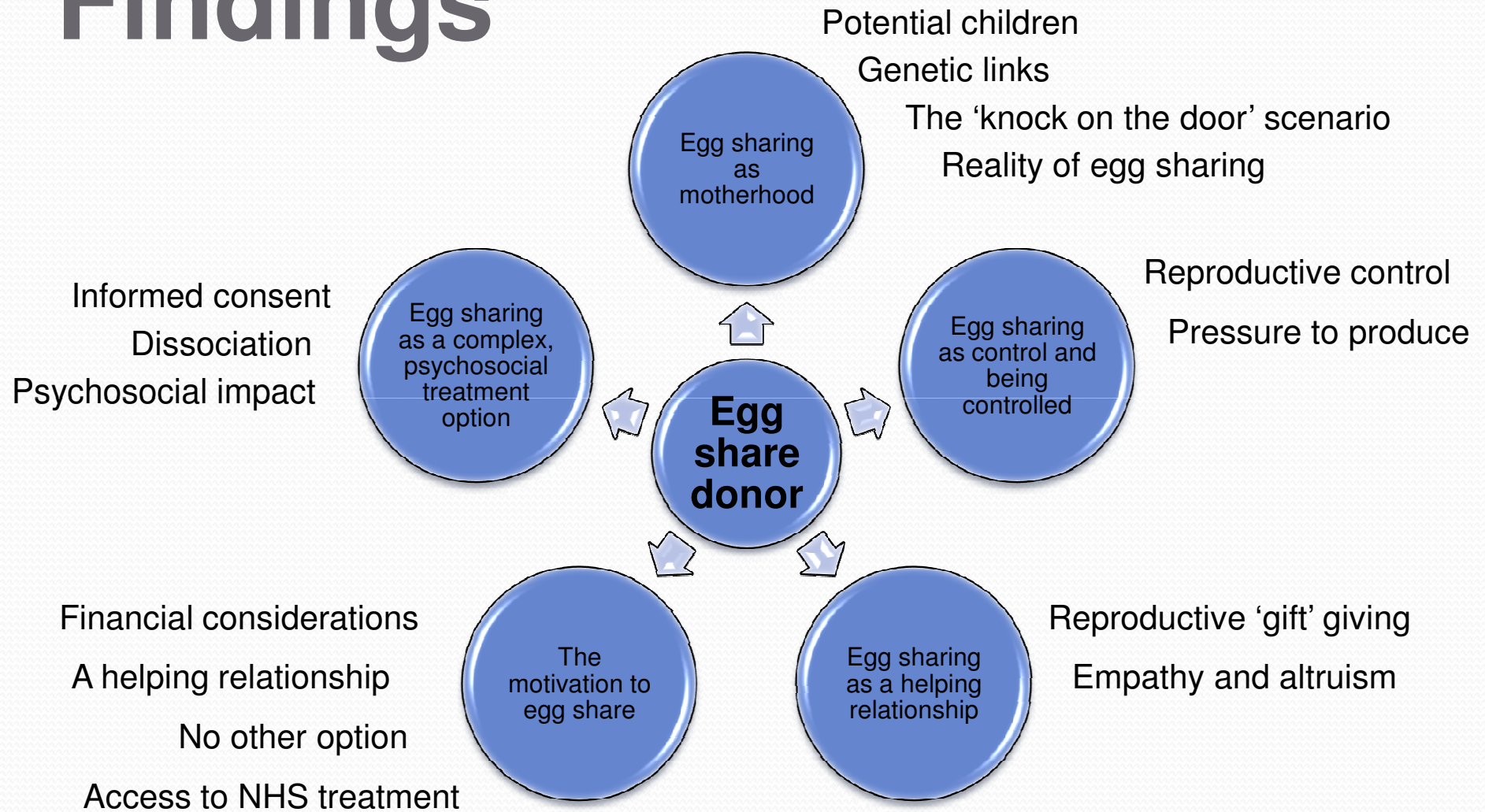
- The study explored the views and experiences of women who had been egg sharing donors. In particular: decision-making processes, motivating factors, their understandings of informed consent and their ability to provide informed consent.
- Asynchronous e-mail interviews were conducted with four egg share donors; a further 13 responded to an online survey.
- Sample population accounted for less than 1% of egg share donor population. However, the findings were in accord with studies by Rapport (2003) and Blyth (2004).



Data analysis

- E-mail interview data were analysed using the voice-centred relational method (VCRM) (Brown & Gilligan, 1992; Mauthner and Doucet, 1998; Gilligan et al., 2003; Martin, 2008).
- Survey analysis was undertaken using the in built functionalities of the Bristol Online Survey (BOS) software utilised to design, pilot and distribute the survey.
- Data were then combined for final analysis. This approach enabled a comparison of the emergent findings to be undertaken.

Findings





On informed consent

- “I believe I did fully understand what I was giving consent to and was quite surprised how much the consent forms covered and how many there were.” (Emmeline)
- “I have to give some of my eggs away, which means its possible that the other couple may end up having a child and we don't.” (Charlotte)
- “It is a easy decision to make at the time, however in retrospect had any woman got pregnant it would have haunted me...” (Respondent 6)



Post-treatment realities

- Egg sharing leads to a range of treatment outcomes and six donor typologies emerge, these are:
 - (1) donor successful – recipient successful;
 - (2) donor successful – recipient unsuccessful;
 - (3) donor unsuccessful – recipient successful;
 - (4) donor unsuccessful – recipient unsuccessful;
 - (5) donor successful – recipient outcome not known; and
 - (6) donor unsuccessful – recipient outcome not known.
- Consequently, egg sharing leads to the emergence of ‘invisible’ interrelationships and interdependencies.
- Furthermore, some donors then have to contend with the knowledge that genetically related offspring are being raised in other families. They may also have to inform their own offspring about the existence of genetically related half-siblings.



Conclusions

- Complex ‘invisible’ relationships emerge following involvement in egg sharing.
- Egg share donors can consent to share their eggs, at that point in time. However, the post-treatment realities of egg sharing indicated the need to reconceptualise informed consent.
- I would also suggest that “there are gaps that must be filled in the provision of counselling for people involved in egg sharing, and that there are policy implications for the health and social care professions.” (Golding, 2010).
- Hence, there is a need for further research to be undertaken into egg sharing.
- One area of examination should be the long-term psychosocial implications for egg share donors and their families. Specifically, how do egg share donors feel about their involvement in egg sharing, and what impact has it had on their families since their treatment? For example, have relationships been affected by egg sharing? (Golding, 2011, p.267).



References

- Blyth, E (2004) 'Patient experiences of an 'egg sharing' programme' *Human Fertility*, 7, (3) pp.157-162
- Brown, L.M. and Gilligan, C (1992) *Meeting at the Crossroads: Women's Psychology and Girl's Development*, Massachusetts: Harvard University Press
- Gilligan, C., Spencer, R., Weinberg, M.K. and Bertsch, T (2003) On the *Listening Guide: A Voice-Centered Relational Method*. In: Camic, P., Rhodes, J. and Yardley, L., eds. *Qualitative Research in Psychology: Expanding Perspectives in Methodology and Design*. Washington: American Psychological Association pp.157-172
- Golding, B.J (2011) Exploring the lived experiences of egg share donors: can women consent to share their eggs? PhD Thesis, University of Huddersfield
- Golding, B.J (2010) *The anguish of infertility. The uncertainty of IVF. The problems with egg sharing!* University of Huddersfield: Research in Action [online] Available at: http://www2.hud.ac.uk/news/research_profiles/hhs/berenice_golding.php [Accessed 28 June 2011]
- Human Fertilisation and Embryology Authority (2005) '*Sperm, Egg and Embryo Donation (SEED) policy review. Findings of the clinic survey*' London: HFEA [online] Available at: <http://www.hfea.gov.uk/docs/SEEDReport05.pdf> [Accessed 6 June 2007]
- Martin, N.M (2008) *Negotiating Relationships: Exploring the Psychosocial Experience of Egg Donation Using a Known Donor*. PhD Thesis, University of Huddersfield
- Mauthner, N. and Doucet, A (1998) Reflections on a Voice-centred Relational Method: Analysing Maternal and Domestic Voices In: Ribbens, J. and Edwards, R., eds. *Feminist Dilemmas in Qualitative Research: Public Knowledge and Private Lives*. London: Sage pp.119-46
- Rapport, F (2003) 'Exploring the beliefs and experiences of potential egg share donors' *Journal of Advanced Nursing*, 43, pp.28-42
- Simons, E.G (2008) 'Egg-sharing: how the story began' *Ova*, London: London Women's Clinic
- Simons, E.G. and Ahuja, K.K (2005) 'Egg-sharing: an evidence based solution to donor egg shortages' *The Obstetrician and Gynaecologist*, 7, pp. 112-116



Thank you for Listening

Any Questions??