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Can women consent to share their eggs?

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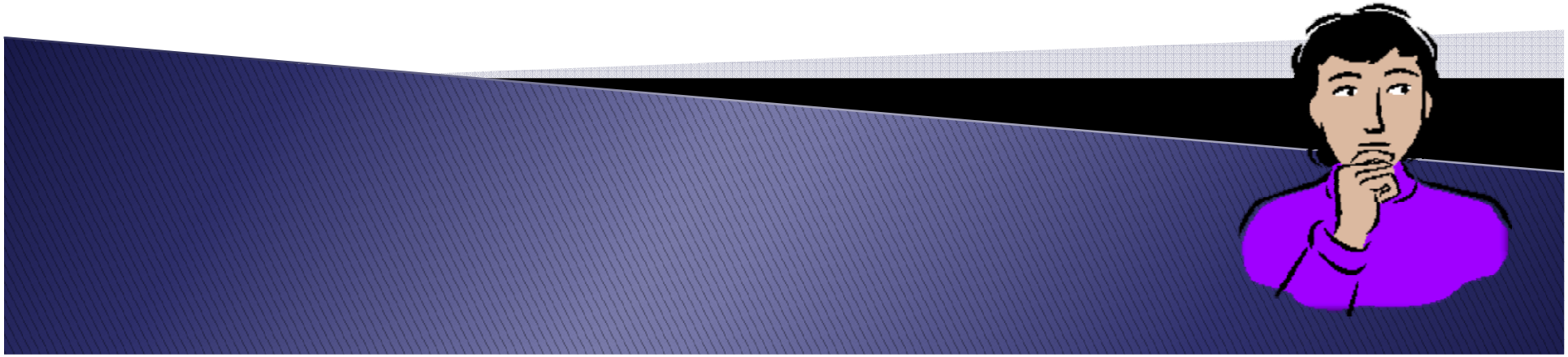

Aims and objectives

- This paper will provide a brief overview of an aspect of doctoral research into egg sharing.
- Using the findings that emerged from the study, it will discuss how conclusions regarding the informed consent process were reached.
- This will include the rationale underpinning the proposal for the reconceptualisation of informed consent.
- This study was funded by a 1 +3 studentship provided by the Economic and Social Research Council (ESRC).

Background

- Egg sharing was developed in the United Kingdom (UK) in the early 1990s by Simons & Ahuja (2005). Developed as a self-help scheme, an egg share donor can get discounted *in vitro* fertilisation (IVF) treatment if she agrees to share “her eggs with up to two recipients. Her treatment is subsidised by the recipient(s) of her eggs” (Blyth & Golding, 2008, p. 466).
- However, egg sharing schemes have been subject to debate on moral, psychosocial and ethical grounds, since their inception.
- Specifically, it has been suggested that women cannot consent to share their eggs, the financial incentive attributed to accessing cheaper treatment, acts as an inducement to donate. Thus, consent is fettered (Johnson, 1999; Rapport, 2003; Blyth, 2004; English, 2005; Lieberman, 2005).

Study context

- An investigation of egg share donors' understanding of informed consent within the context of their decision to participate in an egg sharing arrangement. This also explored their:
  - 1) Views and experiences regarding involuntary childlessness;
  - 2) Consideration of alternative treatments prior to deciding to become an egg share donor;
  - 3) Understanding of egg sharing and the implications it may have for them;
  - 4) Decision to egg share and whether this had any impact on other members of their family;
  - 5) Motivation for becoming an egg share donor; and their
  - 6) Perceptions and understanding of informed consent within the context of the decision to egg share.

The study

- Data from four asynchronous e-mail interviews and 13 responses from an online survey were combined and analysed.
- This led to the overall conclusion that: women can consent to share their eggs, at that given point in time.
- However, the findings revealed that following treatment, the reality of involvement in egg sharing become more evident.
- This is evidenced in the accounts provided by informants.

Post-treatment realities

- For example, Respondent 6 stated that:
  - *"It is a easy decision to make at the time, however in retrospect had any woman got pregnant it would have haunted me... In theory egg donation is a good idea, the reality however is very different, especially considering potentially another family could have the baby you want..."* (cited in Golding, 2011, p.162).
- Similarly, Charlotte said:
  - *"I guess the main disadvantage is that I have to give some of me eggs away, which means its possible that the other couple may end up with a child and we don't."* (cited in Golding, 2011, p.217).
- Significantly, Florence stated that:
  - *"...you can't fully prepare yourself until it happens."* (cited in Golding, 2011, p.245)

Reconceptualising informed consent

- The proposal ‘in essence’ would potentially extend/amend existing guidelines to incorporate some of the more negative aspects that may be associated with egg sharing.
- These include, but are not limited to informing them that:
  - a) We do not currently know the long-term implications of egg sharing for anyone involved and that it will be some time before we do;
  - b) Concerns have been raised by critics of egg sharing about women‘s ability to give informed consent due to the influence that access to cheaper, quicker treatment has on decision-making processes;
  - c) It is possible they might wish to change their mind at a point when there is no opportunity to do so. They may regret their decision later, especially if own treatment is unsuccessful and they learn that their recipient’s was;

Cont'd...

- d) It is important that information they provide to the HFEA is kept up-to-date, even if they are unsuccessful in conceiving. This is especially important if their recipient was successful;
- e) We do not know how genetic offspring will regard the arrangement or their conception as a result of the donor's involvement; or whether they will ever seek to make contact with their donor, so we cannot yet provide much guidance as to what to do if this happens;
- g) We do not know how donor's own child/children will feel about the arrangement, or learning that they may have half-siblings who are about the same age as them and who are being raised in a different family;
- h) We are not fully aware of how donors will feel about egg sharing after the treatment. It is important that if a donor experiences adverse psychological effects that she seeks appropriate support, advice, and guidance (Golding, 2011, pp:247-248).

Conclusion

- The proposal to reconceptualise informed consent within the context of egg sharing is based on the findings that emerged from the study. That is, informant's perceptions about egg sharing changed following treatment .
- Thus, the suggestion that the potential future ramifications of being an egg share donor need to be discussed in greater detail.
- Donors should then be asked, on the basis of this additional information, whether they are still willing to consent to being an egg share donor.
- The suggestion being, that it is only then, following the integration of this model for obtaining consent, that consent may be validated.

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