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Can women *consent* to share their eggs?

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Aims and objectives

- This paper will present an aspect of the findings that arose from my doctoral research into egg sharing.
- It defines egg sharing and explains the rationale underpinning the study.
- It locates the context of the research in relation to the provision of informed consent by egg share donors.
- Special attention is given to reproductive decision-making and egg share donor motivations.



Egg sharing

- Egg sharing schemes emerged in the United Kingdom (UK) early 1990s. Developed and promoted by Simons and Ahuja (2005) in an attempt to alleviate the paucity of donor eggs.
- In the schemes, 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 and Golding, 2008, p.466).
- Donors might also access treatment more expeditiously, thus alleviating the need to wait for publicly-funded National Health Service (NHS) treatment (Ahuja and Simons, 1996; 1998; Ahuja et al, 2006).



The debates...

- Advocates of egg sharing view it as an altruistic act. Specifically, that donors wish to help someone in a similar situation to themselves. It is this reason that motivates them to enter the schemes (Ahuja et al, 1996; 1997; 1998; Simons and Ahuja, 2005).
- Conversely, critics claim egg sharing is unethical because women's consent is fettered by the excessive inducement of access to cheaper and quicker treatment. The opinion is that this factor motivates women to enter into an egg sharing arrangement (Johnson, 1997; 1999; Blyth, 2002; 2004; Rapport, 2003; 2005; English, 2005; Lieberman, 2005).



The study

- The study used hermeneutical phenomenology to explore the 'lived experiences' of egg share donors.
- It focused on egg share donor motivations, and their giving of informed consent.
- Asynchronous e-mail interviews were conducted with four informants. A further 13 informants responded to an online survey. The survey also captured qualitative data.
- Data was analysed using the voice-centred relational method (VCRM) (Gilligan, 1982, Brown & Gilligan, 1990; Mauthner & Doucet, 1998; Gilligan et al, 2003).
- The study found that there were a number of factors that influenced the decision to egg share.



Main findings

- Five major themes arose from the research:
 - (1) The motivation to egg share;
 - (2) A helping relationship
 - (3) Egg sharing as a complex, psychosocial treatment option;
 - (4) Egg sharing as control and being controlled;
 - (5) Egg sharing as motherhood.



The consent process

- *“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)*
- *“Was fully aware that her treatment was hers, once I had signed over half the eggs, I had no jurisdiction over the eggs donated to her”. (Florence)*
- *“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)*



Giving informed consent

- There were a number of factors that were influential in the decision to pursue egg sharing. These link to the provision of informed consent by donors. They are:
 - Financial consideration: access to cheaper treatment (11 out of 17 informants).
 - The ability to circumvent lengthy waiting lists for access to publicly funded NHS treatment (13 out of 17 informants).
 - The ability to help someone (whom they perceived to be in a similar or worse situation than themselves (16 out of 17 informants)).

The reality post-treatment

- *“Mixed feelings to be honest. I am happy for whoever my eggs went to and can imagine how hard it is for somebody waiting for eggs and then finally getting them and it working out for them. I think I would have been happier if I had conceived”*. (Respondent 10)
- *“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)
- *“I also look forward to the day that (if it happens) I get a knock on the door and get the opportunity to meet the child born and hopefully the mother”* (Emmeline)

Findings

- The research found that women can consent to egg sharing and did so willingly in the study. Thus the ability to consent is not necessarily coerced.
- However, the decision to donate is motivated by financial considerations and the ability to help someone in a similar position.
- Significantly, the research found that the wider implications of the decision to donate were not fully evident until after the arrangement had taken place.



Conclusion

- The study has highlighted the need for a new model of informed consent that enables ethical decisions to be made on the basis of incomplete information.
- The proposal is that more comprehensive information is required that should include, but is not limited to:
 - a) The long-term implications of egg sharing, for anyone, are not yet known,
 - b) Critics of egg sharing have raised their concerns that egg share donors may regret the decision if they are unsuccessful,
 - c) You might actually change your mind and regret your decision later, but there will be nothing that can be done about it because it will be too late.
- The study will also highlight the need for additional specialised psychosocial support and implications counselling. This should be given prior to, during, and after the egg sharing arrangement has taken place.

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