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Evidence and models of best practice should guide recruitment of gamete donors

17 October 2011

By Professor Eric Blyth, Jennie Hunt and Professor Olga van den Akker

Written on behalf of PROGAR

Appeared in BioNews [629](#)

We welcome much of what Dr Kamal Ahuja wrote in his recent BioNews commentary '[If it ain't broke, don't fix it...](#)'. Like him, we believe there is no good evidence to demonstrate that paying 'donors' would increase the supply of donated [sperm](#) or [oocytes](#). On the contrary, there is evidence to suggest that properly constructed donor recruitment programmes – such as [the one pioneered at the London Women's Clinic](#) – are capable of recruiting a good supply of altruistic donors.

Programmes such as this, and the repeated message from the [National Gamete Donation Trust](#) emphasise the importance of treating potential donors with the respect and positive affirmation they deserve. The Nuffield Council on Bioethics' report 'Human bodies: donation for medicine and research' has also firmly endorsed altruistic [gamete](#) donation for family-building, whilst ensuring that artificial limits on legitimate out-of-pocket expenses and loss of earnings do not financially penalise donors (1). Neither does available research evidence suggest payment is necessary: donors who report altruistic motives for donating are more likely to report post-donation satisfaction (2, 3). Altruism in donations by known donors would also be challenged if payment was suggested to donors (4). The clear message that attitude, rather than policy, needs to change appears to go unheeded by those who continually emphasise the need for payment in the guise of compensation for 'inconvenience'.

At the recent British Fertility Society (BFS) meeting for persons responsible and senior staff, responses to the recent Donation Review were presented by the Human Fertilisation and Embryology Authority (HFEA). Of the 700 responses to the question on dealing with supply of donor gametes, the HFEA reported that 72 percent favoured increasing awareness, 60 percent a recruitment campaign, and 49 percent - the majority of whom were clinicians – supported the provision of financial incentives to donors. It should be noted that donor-conceived people and their parents are the key stakeholders who would be personally affected by any change towards payment and would have to manage the psychological implications of such a change of policy.

Clinicians are also stakeholders, and their interests are not devoid of personal gain in the form of the revenue to be earned for themselves and/or their clinics by access to greater numbers of donors that could translate into additional treatment fees. Other HFEA data presented at this meeting confirmed what was already known: that very few donors are being used to create children in the maximum ten families, and that the average is considerably lower. It has previously been argued that the HFEA should have investigated the reasons for this before [launching the donation review](#), but we welcome the fact that the HFEA now intends to look at how current sperm resources can be optimised. However, until this is thoroughly investigated, it is difficult to make the case that there is a donor shortage and that payment or compensation is needed to recruit more, or if it can be justified on ethical grounds. Neither should we ignore the views expressed in the public consultation which clearly show that the majority of respondents favour a change in approach to recruitment rather than payment.

In one area raised in Dr Ahuja's commentary, however, we urge caution – and perhaps rather more than has been raised by the Nuffield Council on Bioethics (1). The London Women's Clinic has pioneered [egg](#) (oocyte) sharing and is, of course, keen to promote this as an effective source of donor oocytes. Our caution centres primarily on the fact that – to date – there is no empirical evidence regarding the experiences of children conceived as a result of egg sharing, whether brought up in the family of the donor or of the recipient. Clearly there are also longer-term psychosocial implications for the adult parties involved, not least the potential adverse impact on a donor whose own treatment is unsuccessful. Assuming that a potential egg share donor has received full information prior to giving her consent to proceed, we do not subscribe to the view that the possibility of a donor's later regret is itself a sufficient reason for opposing egg sharing in principle.

The Nuffield Council on Bioethics states (1): 'good quality empirical research evidence is urgently needed as to what, if any, effects financially incentivised gamete donation has on children conceived as a result of such donation and, indeed, on the wider context of how responsibilities towards children are understood'.

It is imperative that these outcomes are fully investigated so as to establish as soon as possible whether egg sharing is as beneficial as claimed by its advocates.

*The meeting at which the HFEA will decide how much and what sort of compensation (financial and otherwise) sperm and egg donors should be permitted to receive for their donation will take place in **London on Wednesday 19 October 2011**, and is open to the public. If you are interested in attending, contact the HFEA at openmeeting@hfea.gov.uk or on **+44 (0)20 7291 8221**.*

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