

## Egg donation

1. Egg donation is a fertility treatment for women unable to produce their own eggs or at high risk of transmitting a genetic disease. The donated eggs are fertilised with partner sperm as in a conventional IVF treatment cycle, and one (or two) transferred as an embryo for pregnancy. The main reason why women fail to produce eggs is related to age; as women grow older their stock of eggs declines in number and quality up to the menopause, by which time natural reproduction is no longer possible. Some women experience a premature menopause (known as 'primary ovarian insufficiency'), while others may have ovarian problems which preclude egg development and ovulation. In such cases (even in women beyond a natural menopause), egg donation is the only treatment for pregnancy.

2. Egg donation, like sperm donation, is a 'third party' treatment and sensitive to local culture and regulation. In Germany, for example, egg donation is not allowed, while elsewhere in Europe it is allowed with either donor anonymity (as in France, Greece, Hungary, Italy, Poland, Portugal, Slovenia, and Spain), or non-anonymity (as in Austria, Finland, Netherlands, Sweden and UK). Both anonymous and non-anonymous egg donation are allowed in Belgium.

3. There are also variations in the amounts of compensation payable to egg donors. An ESHRE survey of 63 centres performing egg donation in 11 European countries found substantial differences: in France only reimbursement of proven expenses was provided; in Portugal a specific sum of €627 was paid; in the UK a fixed amount of £750 was given to cover any financial losses incurred in connection with the donation; in Spain the fixed amount was generally €900 (with some variability).<sup>(1)</sup> As motives for the donation almost half (47.8%) were defined as 'pure altruism', 33.9% altruism and financial, and 10.8% purely financial. High levels of pure altruism could be found in Belgium (86.2%), Finland (88.7%) and France (100%). There were high proportions of donors giving a purely financial reason in Greece (39.5%), Russia (52.3%) and the Ukraine (28.3%).

4. In a 2007 statement on the ethics of egg donation, the American Society for Reproductive Medicine (ASRM) said that financial compensation to women donating oocytes is justified as acknowledgement of the time, inconvenience and discomfort associated with screening, ovarian stimulation, and egg retrieval. In the face of anecdotal offers of \$50,000 for donor eggs (to women with specific characteristics), the ASRM urged donor programmes to establish a level of compensation 'that minimizes the possibility of undue inducement of donors'.<sup>(2)</sup> A sum of \$5000 would be justified, the ASRM had said, but more than \$10,000 would be 'beyond what is appropriate'. This guidance was later challenged by a group of egg donors claiming that the guidance was tantamount to price fixing and unfair competitive business practice. In settling the claim, the ASRM agreed to remove the specified limits of compensation.

5. The compensation discussion raises two ethical concerns associated with egg donation: first that healthy donors become patients in the course of helping others; and that financial compensation reduces the value of oocytes to that of commodity.

6. Data collected by ESHRE for 2013 show that 39,000 egg donation treatments were performed in Europe from a total of almost 500,000 IVF cycles. Pregnancy rates were very high at around 50% per treatment, with delivery rates somewhat lower (fresh eggs 33%, frozen embryo transfers 25%, and embryo transfers from frozen eggs 21%). ESHRE data studies have also found that around 50% of all European egg donation treatments are performed in Spain, most in overseas patients. Data from the Spanish national registry for IVF (for 2014) show that 8.5% of all fertility treatments in Spain were in foreign residents, the majority (66%) for egg donation.

7. Egg donation features as a common treatment in cross-border reproductive care. This may be because of the poor supply of donor oocytes at home (and thus long waiting-lists), or legal restrictions (such as anonymous or non-anonymous donation). Spain appears to have the most plentiful supply of donor eggs. In ESHRE's survey Spain had the highest proportion of student donors (25%) and the lowest rate of donors in full employment (28%).

1. Pennings G, de Mouzon J, Shenfield F, et al. Socio-demographic and fertility-related characteristics and motivations of oocyte donors in eleven European countries. *Hum Reprod* 2014; 29: 1076-1089.

2. Ethics Committee of the ASRM. Financial compensation of oocyte donors. *Fertil Steril* 2007; 88: 305-309d 2013; 28: 666-675