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Reasons for donation among oocyte donors in 11 European countries

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Study question

Which reasons do oocyte donors have to donate and how are these reasons related to their personal characteristics and to national regulation?

Summary answer

The three main reasons for donation are altruism, financial and a combination of both. There are strong correlations between personal characteristics such as age, education and expected amount of reimbursement and the reasons for donation. Simultaneously, also national regulation such as the reimbursement policies for ART and compensation play a role.

What is known already

A systematic review performed by Purewal and van den Akker (2009) showed that there is a great diversity among oocyte donors and that motives for donation depend on the types of donors (known donation, commercial etc.). It is also well-established that the legal regulation of the gamete donation practice is highly different among European countries.

Study design, size, duration

Data were collected between October 2011 and June 2012 in 11 European countries from 60 ART centres practicing oocyte donation. An anonymous questionnaire was presented to all consecutive donors at the centres during a predetermined period.

Participants/materials, setting, methods

1423 oocyte donors filled out a questionnaire on socio-demographic characteristics, fertility history, reasons for donation, compensation, information and counselling received, and relationship with recipients and donor offspring.

Main results and the role of chance

The reasons for donation were grouped in 5 categories: pure altruism, pure financial, both altruism and financial, pure own treatment, and both altruism and own treatment. The reasons were significantly correlated with age (the younger the more financially motivated), educational level (the higher educated, the more altruistically motivated), country of residence, civil status (married or single) and expected fix amount offered to the donors as reimbursement (recalculated in purchasing power). The study also revealed a very high

variation in reimbursement systems and amounts of compensation within and between countries. Egg sharers (patients donors) for instance are highly represented in the United Kingdom and Poland, countries in which the costs of ART treatment have to be carried mainly by the patients themselves.

Limitations, reason for caution

Although this is the largest international sample ever presented, there is no guarantee that the data are representative of every country. The findings should be interpreted with caution as social desirability may have influenced some answers.

Wider implications of the findings

The data contribute to the whole debate on commercialisation and payment/compensation of donors as they clarify the interaction between compensation, motives and personal characteristics. Spain, that by far has most oocyte donors, does not offer the highest amount of reimbursement and does not have the highest percentage of financially motivated donors. The complexity of the findings reveals that oocyte donation cannot be considered as a single practice and that the ethical evaluation should take into account the specific context.

Study funding/competing interest(s)

The study was funded by ESHRE. In countries where this was required, approval by the appropriate ethics committee was obtained.

Trial registration number

Not applicable