

Donor Sibling Registry's Letter to Knesset in Regards to Proposed Israeli Regulation of Egg Donation.

2 August, 2009

Re: Knesset Bill regarding Ova Donations

Dear Knesset Member:

By way of introduction we are the Donor Sibling Registry (DSR), a non-profit web-based organization of more than 25,000 members, all of whom are gamete donors, offspring or recipients.

We have in excess of one hundred Israeli members.

We are the largest organization in the world advocating for the rights and needs of gamete donors, gamete offspring and gamete recipients.

We are writing to you because we are aware that you are currently formulating regulations regarding egg donation in Israel.

We understand that you are truly concerned to create a system that is moral and ethical and that prevents exploitation and harm to prospective egg donors and recipients and creates the best prospects for healthy well-adjusted children to be born from the procedure.

We would like to help you in this endeavor by sharing with you the information that we have gathered through extensive research and eight years of listening to the issues raised by donors, the donor conceived and gamete recipients

Research regarding the experiences of Egg Donors

We recently carried out research drawing upon the experience of 155 egg donor members of the DSR, this unearthed some troubling findings. (Article on research done in collaboration with Dr Jennifer Schneider and Dr Natalie Schultz to be published in the Autumn of 2009 by the Medical Journal Human Reproduction .)

Chief amongst the issues that emanated were that as a result of the donations:

30.3% of egg donors had suffered Ovarian Hypersensitivity Syndrome (OHSS)

26.4% of egg donors had suffered new infertility or menstrual cycle changes

9.6% of egg donors had suffered new infertility (15 women) and only four of them had subsequently been able to go on to have children of their own.

36.8% of the egg donors said they wished they had received more information on medical issues prior to donating as well as information on psychosocial issues.

Our proposal to overcome these issues would be:

To prevent the exploitation of young women there should be no financial incentive provided for donating eggs and only genuine expenses should be recompensed.

All women who volunteer to donate should be warned through independent mandatory counseling sessions of the risks of hyper-stimulation, of potential loss of ovarian reserve, of the potential for early menopause, the potential for suffering medium to long term depression and the potential for stimulating cancers. They should also be counseled about the fact that their offspring are likely to be curious.

Women should be required to go through a thirty day cooling-off consideration period after the counseling before being allowed to proceed to donate eggs.

Only women who have already had at least two children should be allowed to donate because of the risk of a woman losing her fertility through donation and the consequent devastation it would bring her in becoming childless through donating.

No woman should be allowed to donate more than twice to reduce the exposure to hormones that can stimulate cancers.

In vitro maturation (IVM) of eggs should always be considered as a first option when using young women as donors to prevent hyper-stimulation of the ovaries and the risks associated with hormone exposure.

Women who suffer physical or mental harm as a consequence of donating should be properly financially compensated and any waiver by them prior to or immediately following a procedure should be disregarded as against public interest.

Egg donors should be entitled to find out whether their donation resulted in a live birth and should be told the sex of the child/ren.

Women should be entitled to at least three counseling sessions after donating and should also be entitled to more free sessions if they suffer depression or mental anguish as a consequence of donating.

For Recipients

All egg donors should undergo thorough medical, genetic and mental health screening prior to donating.

All prospective egg donors should be registered on a central national registry including those donors who have been rejected for whatever cause. There is substantial evidence that certain narcissistic personalities will keep trying to donate (often successfully) after rejection for valid cause elsewhere. This is especially significant with a sperm donor on the DSR having donated to at least seventeen sperm banks over a dozen years and an egg donor having donated at least twelve times through three agencies.

The egg donor must agree to be contactable by the central national registry if any health issues crop up and must agree to file health updates on an ongoing basis.

For the Offspring

The child's need to know his/her genetic mother must be considered and so all egg donors must agree to disclosure of their identity to adult offspring or sufficiently mature offspring.

The child should be able to cross-check with the registrar that s/he is not dating or considering marriage to a potential half-sibling. This should be of serious concern in a small country like Israel because incest and marriage of donor and adopted offspring have already been reported in much larger countries such as the United States, Russia and Britain.

We sincerely hope that this letter will give you a better insight into the experiences of egg donors and help you consider proposals to safeguard the health and interests of egg donors, recipients and future offspring.

The Donor Sibling Registry