

## [Paying gamete and embryo donors: what are the right principles?](#)

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We regard it as morally wrong to buy or sell babies. We do not allow a trade in human body parts - kidneys, organs or blood. Commercial arrangements to pay fees to [surrogate](#) mothers are banned. The UK's Human Fertilisation and Embryology Authority (HFEA) says there is a 'shortage' of donated [gametes](#) and [embryos](#) - in the sense that there are fewer gametes and embryos that have been donated than the number of people who would like to receive them. There are also 'shortages' of babies available for adoption, of kidney donors, and surrogate mothers. But it is regarded as unthinkable that deliberate steps should be taken to reduce these shortages, for instance by paying women to bear babies to be given up for adoption, or by offering prisoners early release in exchange for organ donation.

In these situations it is accepted that the imbalance between demand and supply has to remain. The number of infants available for adoption should be no more than the number of babies born to women who decide to give up their child for adoption or the number of parents unable to care for their children any longer. If that is a smaller number than those who would dearly, even desperately, like to adopt, so be it. If some of them seek to adopt children from abroad, that is no reason to change the law.

In the European Union (EU) an open commercial trade in gametes or embryos is apparently not permitted. Member states are enjoined by the EU Tissues and Cells Directive (1) to see that these are donated voluntarily, and money cannot change hands unless payments are 'strictly limited to making good the expenses and inconveniences of donation'. I was a member of the HFEA when it last sought to define what was permissible. We decided that out-of-pocket expenses could be paid, but nothing above that. Anything else, we believed, would violate the principle of altruism and voluntariness.

We saw this as important for the wellbeing and self-worth of donors, recipients and donor conceived individuals; all of them should be able to feel that they had participated in, or been conceived under, arrangements underpinned by appropriate ethical principles. As Rachel Pepa, herself a donor conceived person, wrote in the Guardian: 'To think that my donor might have been motivated by money and have no concern for my welfare makes me feel awful'(2).

In other EU countries (particularly Spain, Cyprus and the Czech Republic) the 'inconveniences' provision is interpreted as allowing for payments somewhere in the region of €300 to €1,000. There is little pretence about what these sums are for - they are not only to compensate after the event, but also to incentivise future recruits with the prospect of money. Such countries seem to have no problem in recruiting donors. Faced with the 'shortage' of donors in the UK, and the fact that many UK patients now travel to such countries to undergo donation procedures, the HFEA is now reconsidering its policies.

It is a generally desirable objective that UK women should be able to have treatment in their home country with the aid of UK donors under UK rules. This means that for donor conceived adults, the identity of their donor is not a secret, and they have the possibility of contact with half-siblings. But paying donors in order to reduce the shortage means characterising the situation as a market where imbalances are to be corrected. One can test this by envisaging a situation where donor payments are set at say £1,000, and this induces more donors to come forward than are needed. In those circumstances should the figure then be reduced? If the aim is to get supply to equal demand, why not let a competitive market do the job?

The reasons why UK clinics are failing to recruit [sperm](#) and [egg](#) donors to meet the demand are many and various. Most clinics are in the competitive commercial sector, and the main reason seems to be that it is unprofitable. Most are set up to provide [IVF](#) treatment, and they employ the clinicians and embryologists needed for that. Running a donor recruitment programme is seen as an expensive side-line that may not pay for itself. Efforts to get clinics to cooperate have singularly failed.

The sad truth at present is that patients are travelling abroad for donor treatment not only because of the availability of donors, but also because many foreign clinics offer better customer service at cheaper prices. Two cycles of egg donation treatment in Cyprus with no delay (including travel and accommodation) can be obtained for the price of a single cycle here in the UK. Potential parents recognising the benefits for their child of having an identifiable altruistic donor but with a slim budget and time running out, find

themselves in an excruciating dilemma. Much of the moral force of the UK's principled stance on unpaid donors is being eroded by the exodus abroad, and now by the HFEA itself. When awareness of the problem is raised in the media, donors do come forward and very many of them do not want their donations tainted by money. To maintain the supply of donated blood, the NHS Blood and Transplant Authority spent £4.43 million last year, not on paying blood donors, but on publicity campaigns. Sadly there seems little likelihood of similar sums being available for promoting the need for gamete donors. Maybe the best that can come from the HFEA consultation (3) is that the media attention it attracts will itself act as a recruiting tool. Or could we hope for better? There is nothing more that I would like to see than a situation where all those longing for a child and needing donor treatment are able to do so in the UK. But not at any price. As in the baby adoption field, this is no place for introducing commercial incentives to 'rectify a shortage'. That means that the number of people able to receive donor treatment must be limited by the number of altruistic donors prepared to come forward.

## **SOURCES & REFERENCES**

### [1\) EC Directive 2004/23/EC](#)

| 31 March 2004

### 2) Letter published in the Guardian

The Guardian (Money) | 08 January 2011

### [3\) Donating sperm and eggs: have your say](#)

HFEA | 2011

29 November 2010 - by [Nishat Hyder](#)

A UK fertility clinic, the Centre for Reproductive and Genetic Health (CRGH), has received permission to import eggs from Russia, in order to meet the demand for donated eggs. Using the Russian eggs, the CRGH, which already imports sperm from Denmark, will create an egg bank for infertile women looking to undergo fertility treatment....[\[Read More\]](#)

### [Egg donation: Why we need a culture of altruism](#)

12 April 2010 - by National Gamete Donation

Trust [http://www.bionews.org.uk/page\\_86196.asp](http://www.bionews.org.uk/page_86196.asp)

The Trustees of the National Gamete Donation Trust were interested to read Dr John Parsons' article on introducing payment for altruistic egg donors. In principle we support egg sharing, but are concerned about the discrepancy between what is effectively payment in kind, and the reimbursement given to altruistic donors....[\[Read More\]](#)