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Shortage? What shortage? How the sperm donor debate missed its mark

Experts agree that lifting donor anonymity led to a decline in the number willing to donate. In fact, donor numbers are up



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In [The Kids are All Right](#), an American film that opens in the UK next month, the teenage son of a lesbian couple sets out to find his sperm donor. The donor, Paul, turns out to be amenable to contact, and in an unguarded moment, the boy, Laser, asks why he donated. When Paul replies, offhandedly, that the money he got meant a lot to him at the time, there is a stricken moment until Paul softens the blow by adding that he's glad, now, he did.

Just such an existential crisis – donor offspring inquires into his origins, learns he is the product of market forces – is what unnerves many people about the possibility that the [Human Fertilisation and Embryology Authority \(HFEA\)](#), which regulates British fertility clinics, may increase compensation to sperm and egg donors. The country could be inching, in the eyes of some, a tiny bit closer to the gross commercialisation of the US market, where tall blonde university-educated egg donors command tens of thousands of dollars, and sperm donors are sorted according to test scores, looks and whether they play rugby or tennis.

The HFEA is also considering expanding the number of families one donor can enable, raising the limit from 10 to perhaps 20, and introducing the startling possibility that an offspring could have 40, even 50 half-siblings.

These drastic measures are being contemplated with the hope of easing what is widely described as a shortage of donors, particularly male ones. "An acute shortage of donor sperm is diminishing the capacity of the UK's public and private health sectors to treat infertility," the online news service BioNews noted last year. While experts do not agree on the best ethical solution, they are united in pinpointing the cause: the five-year-old rule that guarantees UK offspring the right, at 18, to learn the identity of their donor. "The shortage is widely attributed to the removal ... of entitlement to donor anonymity," BioNews said, expressing the common view that many donors, unlike Paul, are put off by the prospect of offspring showing up at their doorstep.

There is only one flaw in this explanation: there has not been a decline in registered sperm donors following the 2005 change, and it's arguable that there is not a shortage of donor sperm now. The number of sperm donors has risen in the UK since the identity-disclosure rule took effect. More than that, there are indications quite a bit of sperm is available, if only clinics would stop hoarding it.

At an HFEA meeting this month, figures buried in a staff paper revealed the real reason why would-be parents in the UK are languishing on waiting lists, and, sometimes, ordering sperm from Denmark, Spain, or even the US. The inventory of existing UK sperm is being deployed with incredible inefficiency. It would seem that clinics have difficulty keeping track of how many families are created by a single donor, and hold

back sperm for fear of exceeding the 10-family limit. "It's a massive leak," concludes an appalled Laura Witjens, chair of the [National Gamete Donation Trust](#).

What's needed may not be a prolonged ethical debate and loosened regulations but something more prosaic: better record-keeping and communication among clinics.

The numbers are easy to find on HFEA's website, so it's puzzling why many speak of a decline in UK donors since anonymity was abolished. In 2004, [HFEA figures](#) show, the number of first-time registered sperm donors stood at 224. The following year – when identity disclosure went into effect – the number rose, to 251. It rose more the next year, and the next, until in 2008, there were 396 first-time donors. That year, the total number of new and existing donors from both the UK and abroad (foreign donors being a minority) was 442, a number that could potentially create more than 4,000 families. (The number of new egg donors also rose, from 1,032 in 2004 to 1,150 in 2008.)

There are those who argue that disclosure still had a dampening effect, pointing to a drop in sperm donors that did occur earlier, in the late 1990s. Dr Allan Pacey, senior lecturer in andrology at the University of Sheffield, points out that around that time, the idea of abolishing anonymity was first raised by groups advocating for offspring, and that donors were put off.

"It began to be the most common question that donors were asking," says Pacey. He theorises that the personality profile of a donor began to change, however, and there was an influx of donors – more Paul-like – who were OK with being identified. "You can have a decline in one sort of guy and a rise [in another]."

The fact remains that now, the number of donors is close to the 500 estimated to be enough to satisfy the child-bearing needs of the British public. "At this point in time, we have enough donors," says Witjens, a statement she knows will be controversial to clinics, who have a vested interest in any change that makes their job easier.

But the stunning truth emerged at an HFEA meeting on 8 September, in which a paper reviewing the 10-family limit revealed that the average sperm donation made between 2006 and 2008 founded only 1.5 families, a far cry from the 10-family maximum. "This waste amounts to 85%," said Witjens, who says that others were dumbfounded to learn this.

And it's not that donors are putting their own, stricter limits on the number of families created, though they can. More than 80% of donors agree to the 10-family limit. Yet, of the 975 such donors registered between 2006 and 2008, only six founded 10 families. This means less than 1% of donors willing to found 10 families did so.

The report goes on to lay out why. The way the system works now, a clinic will recruit a donor, who may receive reimbursement of expenses, and up to £250 toward lost wages for a several-month "course" of donations. The clinic may sell some of this frozen sperm to a second clinic, in which case the first clinic is responsible for keeping track of births.

But secondary clinics can be terrible about reporting back. "It was a nightmare and we are still chasing some centres for follow-up," said one clinic, quoted in the paper. Sometimes clinics will sell a "pregnancy slot" – several vials – and assume that a pregnancy resulted, to avoid checking back. Frozen embryos from donor sperm are another accounting headache: must they be counted as a pregnancy? The report noted that "problems recruiting centres experience with monitoring the limit ... may be causing barriers to donor supply. This needs to be addressed before a change to the limit itself could have an impact."

Indeed. The HFEA should not waste any breath debating a 20-family limit. Thirty, 40 –

it wouldn't matter. It may well be that donors should be compensated slightly more – particularly egg donors, who must submit to an invasive retrieval process – not for recruiting purposes but as a way of acknowledging their commitment. First though, clinics must sort out inventories. Until the HFEA addresses why sperm donations fall so far short of their potential, high-minded debate about offspring wellbeing is, as Witjens puts it, barking up the wrong tree. The pressing question is about the sperm clinics do have, not what to do to get even more.



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