### Eggonomics: The Ethical Implications of Providing Private Party Egg Donor Compensation

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#### Background

#### The Egg Extraction Process: Procedure and Risks

Becoming an egg donor is a lengthy and toilsome process. During the initial eligibility screening, potential donors must undergo a body of physical, gynecological, blood, hormone, urine, and psychological fitness tests, along with an assessment of family medical history to verify that they are not likely to pass on any serious heritable illnesses. Once the screening process is over, the donor must undergo even more tests to monitor her health after she begins injecting a series of fertility drugs to stimulate her ovaries to produce enough eggs for a successful in vitro fertilization (IVF). During the process, which usually takes several months, the donor must abstain from alcohol, sexual intercourse, cigarettes, and drugs, both prescription and non-prescription. (New York Department of Health, 2009).

In addition to the difficulty of the process itself, egg donors place themselves at risk for developing a number of complications: from the relatively minor side-effects of fertility drugs (i.e., bloating, weight gain, and irritability), to potentially serious conditions, including ovarian hyperstimulation syndrome, future infertility, blood clots, and kidney failure. This list does not mention the risks of the surgical egg extraction itself, which requires a needle to be inserted into the vagina, and which carries a risk of infection, bleeding, adverse reaction to anesthesia, and the accidental puncture of an organ (Rabin, 2007, sec. F6).

#### Current United States Compensation Policy

It is easy to see why monetary incentives could be considered reasonable for attracting potential donors – many women would need a highly compelling motive to willingly undergo such a procedure and subject themselves to its associated risks. Although some industrialized nations have chosen to ban donor compensation, the United States currently allows donors to be compensated for the burdens associated with the egg extraction process as well as any additional compensation a potential recipient wishes to provide, often for any desirable traits a donor may possess (e.g., a certain hair color, eye color, type of complexion, or body type), as well as any athletic, musical, or intellectual gifts.

Furthermore, the United States does not limit the amount of compensation offered by those seeking egg donors. Though the American Society for Reproductive Medicine (the leading professional organization for those who specialize in reproduction and infertility procedures) states that compensation exceeding \$5,000 "requires justification," and compensation exceeding \$10,000 is "beyond what is appropriate," they are simply compensation guidelines; the actual figures are negotiated privately between those directly involved in the donation process (Rabin, 2007, sec. F6).

*Compensation vs. Commodification: An Important Ethical Distinction* Before evaluating the arguments for and against providing donor compensation, one must make an important ethical distinction between two types of compensation: burden-based compensation and desired-trait compensation. The first type refers to compensation to the donor for undergoing a lengthy screening process and invasive medical procedure, including any risks the procedures may pose. The second type includes compensation based on the perceived "fitness" of the donor, as evaluated by any desirable genetic traits she possesses, whether or not she has donated successfully before for another infertile women (and is thus more likely to be a successful donor the second time around), along with any other reasons the recipient believes her to be a more desirable donor than other candidates. The distinction is important, because, as is explained in later sections, the two forms of compensation raise widely different ethical considerations.

# PRO: Arguments Defending Compensation for the Burdens of the Donation Process

#### Utilitarian Argument

The primary argument defending compensation for egg donors is one that assumes that the greater the number of infertile women who are able to fulfill their desire to have children, the better. In addition to any altruistic or non-compensatory motives a potential donor might have, financial compensation provides yet another incentive to donate, narrowing the supply-demand gap between eligible donors and recipients, and allowing more infertile women to bear children. From a utilitarian perspective, this argument is convincing; such a transaction benefits both donors and recipients, and benefits a greater overall number of individuals than a policy of no compensation, which, if adopted, would likely create an even larger deficit of willing donors.

### *Provides Incentive to Donors By Removing Barriers to Donation* Proponents of donor compensation argue that compensation should be viewed as the removal of a barrier for those who wish to donate, instead of

as a lure for donors who are in dire straits financially. They argue that compensation does not necessarily eliminate the altruistic motives for egg donation, but simply makes it easier for women who want to provide the infertile with the opportunity to bear a child to exercise their altruistic desires. As shown earlier, the donation process is both highly invasive and time-consuming. Even though a potential donor may be highly motivated to donate for altruistic reasons, these drawbacks may provide barriers to donation – barriers that can be assuaged with adequate compensation.

#### Promotes Fairness to Donors

Proponents may also analogize the circumstances surrounding the process of egg donation for IVF to those surrounding donation for use in stem cell research. The argument that proceeds from this analogy is as follows: since the two groups undergo similar burdens, if one condones compensation for those who donate their eggs for research, he or she should advocate compensation for those who donate their eggs for children – any distinction drawn between those whose eggs will be used to aid infertile couples in having children and those whose eggs will be used to advance stem cell research is arbitrary and unfair because the groups are being compensated for their burdens, not how their eggs will be used.

PRO: Arguments Defending Additional Compensation for Donors with Desired Traits

# *Mother Has Reasonable Stake in Having a Child with Similar Genetic Traits*

This form of compensation enables infertile women to entice donors with certain desirable traits to participate in the donation process. At cursory glance, soliciting egg donors with specific traits (e.g., blond hair, blue eyes, fair complexion, etc.) seems no different from positive eugenics, a practice that raises a number of ethical concerns. However, proponents of desired-trait compensation argue that an infertile mother has a reasonable stake in raising a child who resembles her physically, or who is predisposed to having similar artistic, intellectual, or athletic capabilities – the next best option for an infertile mother who is unable to pass on her own genetic traits.

#### Donor Selection is Comparable to Mate Selection

From an ethical standpoint, the case of an infertile woman who solicits donors with similar genetic traits differs from the case of an infertile woman who solicits donors with traits that she herself does not possess, with the ultimate goal of producing a child with traits she deems socially desirable. One could argue that compensation in the latter case is not ethically problematic for the following reason: many men and women choose a partner because he or she has certain socially desirable traits, with the hope that their partner will pass these traits on to their offspring. This argument asserts that if choosing a reproductive partner because he or she has "good genes" is ethically permissible, offering compensation to secure an egg donor with desirable traits should also be permissible.

# CON: Arguments Against Compensation for the Burdens of the Donation Process

Financial gain serves as a strong motive for potential egg donors. *The Wall Street Journal* reports that, although demand for donor eggs has remained steady, the economic downturn has helped to promote a "surge in the number of women applying to donate eggs or serve as surrogate mothers for infertile couples." (Beck, 2008, sec. D1) The strength of this financial motive raises a number of ethical concerns related to burdenbased compensation.

### Provides Incentive to Discount Risk

One such concern is that compensation could lead donors to discount the risks associated with the procedure. Since there is currently no regulation that requires records tracking the number of egg extractions a donor has undergone, many donors have chosen to disregard the ASRM recommendation that they participate in no more than six extractions during their lifetimes. Exceeding this recommended limit greatly raises the likelihood that a donor will develop complications from the procedure, including a significantly increased risk of renal failure, infertility, and ovarian cancer later on during her lifetime (Stone, 2008). It seems unlikely that donors who choose to undergo a seventh cycle of egg extraction are risking their health for a purely altruistic desire to provide an infertile woman with a child. Instead, this behavior suggests that compensation can have a coercive effect on donors, and that those in desperate situations can be swayed by financial incentives to discount the health risks of such a procedure.

### Undermines Informed Consent

A study conducted by the University of Washington suggests that altruistic motives are far more desirable than financial motives, as altruistic donors have fewer regrets downstream: women who became donors for primarily altruistic reasons were significantly more pleased with their experiences than women who became donors for primarily financial reasons (84 percent vs. 61 percent) (Kenney, 2008). These findings suggest that the offer of financial compensation has the potential to interfere with a donor's ability to seriously evaluate risk – that those motivated by financial incentives are less happy with their decision to donate because they were less likely to fully consider the downstream consequences of the procedure than those with primarily altruistic motives. Offering financial incentives can potentially impair the donor's ability to give informed consent to the procedure. When considering the importance of adequately assessing risk

before subjecting oneself to a physically and psychologically trying surgical procedure, this impairment is highly troubling.

#### Establishes Wealth-Based Disparities

Others assert that burden-based compensation establishes an unfair wealth-based disparity: not only does it unfairly limit the child-rearing options of less wealthy individuals, they argue, it also implies that those who can afford to pay high donor fees are more deserving of children (Comen, 2002). The basis for these assertions is that wealth is not a morally relevant criterion for raising children, and should not supplant the importance of personal qualities such as responsibility, patience and caretaking ability.

The argument from wealth-based disparity raises another ethically relevant issue that is addressed in the next section: that providing donor compensation encourages the treatment of children as commodities. An offer of financial compensation seems to suggest that children are another consumable good – that they go to those who are can afford the high fees of compensating a donor. Any society that adopts a policy of donor compensation must be prepared to address any potential loss of human dignity that might accompany that policy.

# CON: Arguments Against Additional Compensation for Donors with Desired Traits

#### Promotes the Commodification of Children

Further contributing to the commodification of children are egg donation solicitations that offer high compensation to those with socially desirable traits. These solicitations reduce the child to a set of socially desirable traits: one couple's advertisement in a college newspaper classified section offers \$80,000 for a donor who is 5'6" or taller, Caucasian, and has an SAT score of 1250 or higher, with an offer of extra compensation for one who is gifted in the arts, sciences, or athletics ("Special Egg Donor Needed"). Advertisements like this one imply that people who possess these socially desirable traits have higher value than those without them, a message that forces policymakers to consider the social-psychological consequences of assigning a higher monetary value to the eggs of those with traits deemed socially desirable along with the consequences of promoting the promulgation of these traits.

#### Provides Incentive for Misrepresentation

Promises of high desired-trait compensation made by advertisements such as the one described above can induce potential donors to misrepresent their personal traits and genetic histories. For example, a potential donor who is afflicted with chronic depression has great incentive to hide her affliction if she would otherwise qualify for an \$80,000 compensation. As demonstrated earlier, the promise of high compensation can challenge a donor's ability to exercise good judgment. Many such afflictions are easy to hide, and when faced with the option to obscure any unfavorable conditions a donor may pass on to her offspring, she would have great financial incentive to do so.

Conclusion: Burden-Based or Desired-Trait Compensation The utilitarian argument in favor of compensation is compelling: allowing for such a transaction provides incentive for eligible women to become donors, which enables a higher number women to bear children – an outcome that is desirable for both the donor and the recipient, and benefits for a greater number of individuals overall than a system that prohibits compensation. So the question then becomes, should policymakers adopt a system of monetarily limited, burden-based compensation or higher value, desired-trait compensation? After reviewing the arguments for and against both compensation systems, two considerations stand out as particularly relevant: the unpredictable social consequences of these policies and their effect on donor-recipient satisfaction.

As demonstrated earlier, many of the most troubling ethical problems arise from the practice of offering higher compensation to donors with more desirable traits. The current system promotes the practice of soliciting and placing greater monetary value on certain socially desirable traits, which may establish a genetic hierarchy in which those who do not possess these traits fall to the bottom. Furthermore, once such a hierarchy is established, citizens may feel more pressure to bear children who have a genetic advantage, raising more issues for consideration: the outcome of having a higher promulgation of certain traits in the gene pool, the influence of desired-trait compensation on societal acceptance of related practices such as positive eugenics and genetic engineering, and the potential effects on the female gender of a system in which desirable egg donors stand to gain high levels of compensation. In an account from an infertility clinic, after the recent economic recession, the clinic received multiple inquiries from men "offering up their wives" for monetary gain (Beck, 2008). These issues have a common link: not only are their outcomes difficult to predict, but they also have the potential to greatly affect groups that are not directly involved. A system of burden-based compensation allows policymakers to avoid introducing a host of potentially negative consequences affecting persons who have no direct part in the decision to produce or receive eggs for IVF.

A burden-based system raises fewer ethical issues not only for society at large, but also for the parties directly involved. The University of Washington study cited earlier found that those with primarily altruistic motives report happier attitudes about their donation experiences than those with primarily financial motives. Reasonable compensation (i.e., compensation within the guidelines recommended by the ASRM), provides just enough compensation to give extra encouragement to a donor who is already motivated to donate by non-financial reasons, which is likely to result in her feeling positively about the experience afterwards. That is not to say that under a burden-based compensation system there will be no donors with primarily financial motivations. However, one can reasonably predict that the number of financially-motivated donors would be small compared to the number of donors under a system of desired-trait compensation, a system under which they would have far more to gain financially.

Still, some argue that this policy has the potential to exploit impoverished donors, as they have fewer options to secure a sustainable livelihood, and are therefore more wiling to risk their physical and psychological health for financial gain. I would compare this situation to the phenomenon of poorer citizens being more likely to work risky jobs (e.g., military work, police work, firefighting, etc.). If one supports the freedom to choose such a risky profession for a financial gain, he can reasonably support the choice to accept the potential risks of egg donation for financial gain without characterizing it as exploitative. Additionally, the rigorous screening process helps greatly to prevent potential donors from undergoing a risky extraction, and policymakers can also help desperate donors make healthy decisions by establishing a central tracking mechanism to prevent them from exceeding the maximum recommended number of egg extractions.

In addition to concerns about the satisfaction of the donor raised above, one must also consider the satisfaction of the recipient. Does a burden-based compensation policy leave unsatisfied an infertile mother who has a reasonable desire to raise a child with similar genetic traits? In the case of an infertile women who wishes to have a child who is likely to bear a genetic resemblance to her, policymakers can avoid introducing the ethical problems of offering desired-trait compensation while still allowing infertile mothers to bear genetically similar children. These goals can be achieved by employing a sophisticated genetic matching program for donors and recipients that does not place a monetary premium on those traits deemed most desirable.

The goal of providing compensation to egg donors is to provide incentive for them to help provide infertile women with the opportunity to bear a child. However, desired-trait compensation interferes with this goal; it places a monetary premium on socially desirable traits, an action that may have unpredictable and potentially powerful societal consequences for the reasons stated above. To avoid introducing such ethically problematic consequences while still giving infertile mothers the opportunity to have children, policymakers should consider reforming the current system in favor of a burden-based compensation scheme.

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