

Why do women donate eggs?

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ESHRE - Council of Europe meeting,
Access and diversity of medically assisted reproduction in
Europe, Strasbourg, 22-23 February 2018

Announcement

I have no conflict of interests.

Egg donation in Europe

Number of egg donation cycles in Europe: 11,475 in 2005; 22,323 in 2009; 40,244 in 2013

Fact: discrepancy between offer and demand

Urgent need for new donor recruitment strategies in accordance with ethical standards.

We have moved from a prohibition on commercialization of body material to a prohibition on any kind of benefit.

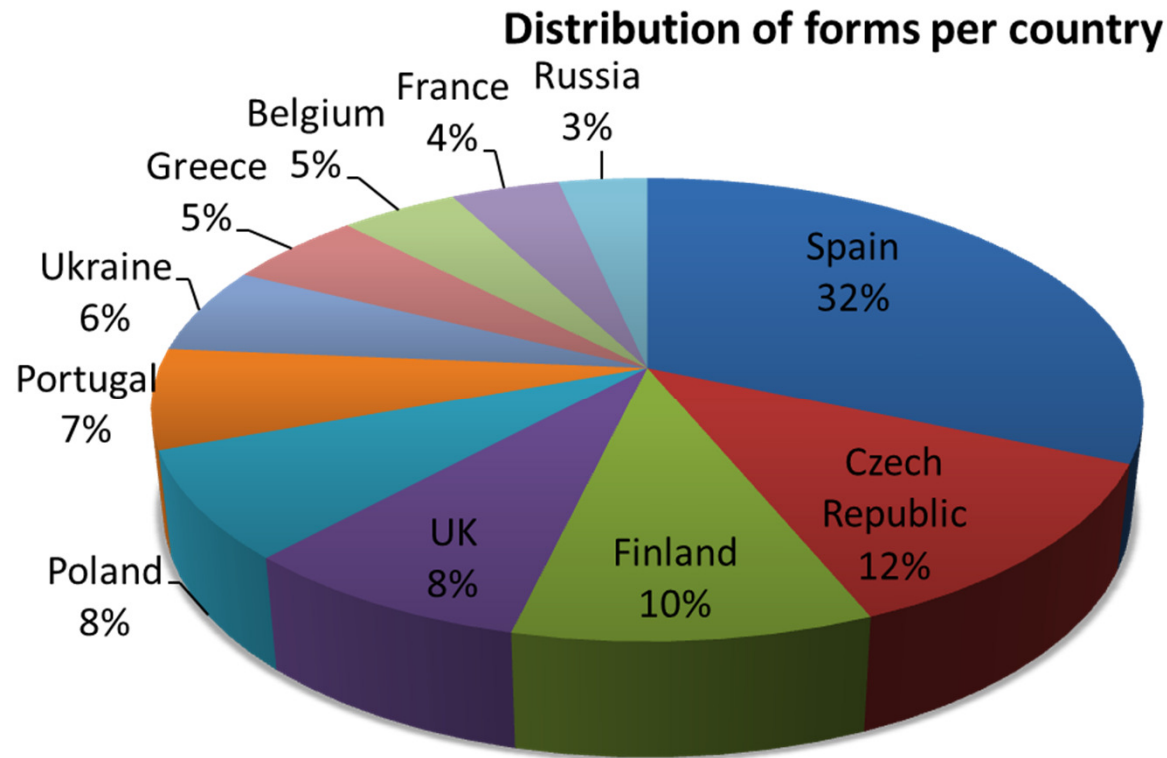
As a consequence, alternative routes of recruitment are closed without justification.

Egg donation is a prime example of 'incomplete commodification': it is partly gift, partly market.

PENNINGS, G., DE MOUZON, J., SHENFIELD, F., FERRARETTI, A-P., MARDESIC, T., RUIZ, A. and GOOSSENS, V. (2014) Socio-demographic and fertility related characteristics and motivations of oocyte donors in eleven European countries. *Human Reproduction* 29 (5): 1076-1089.

Survey results

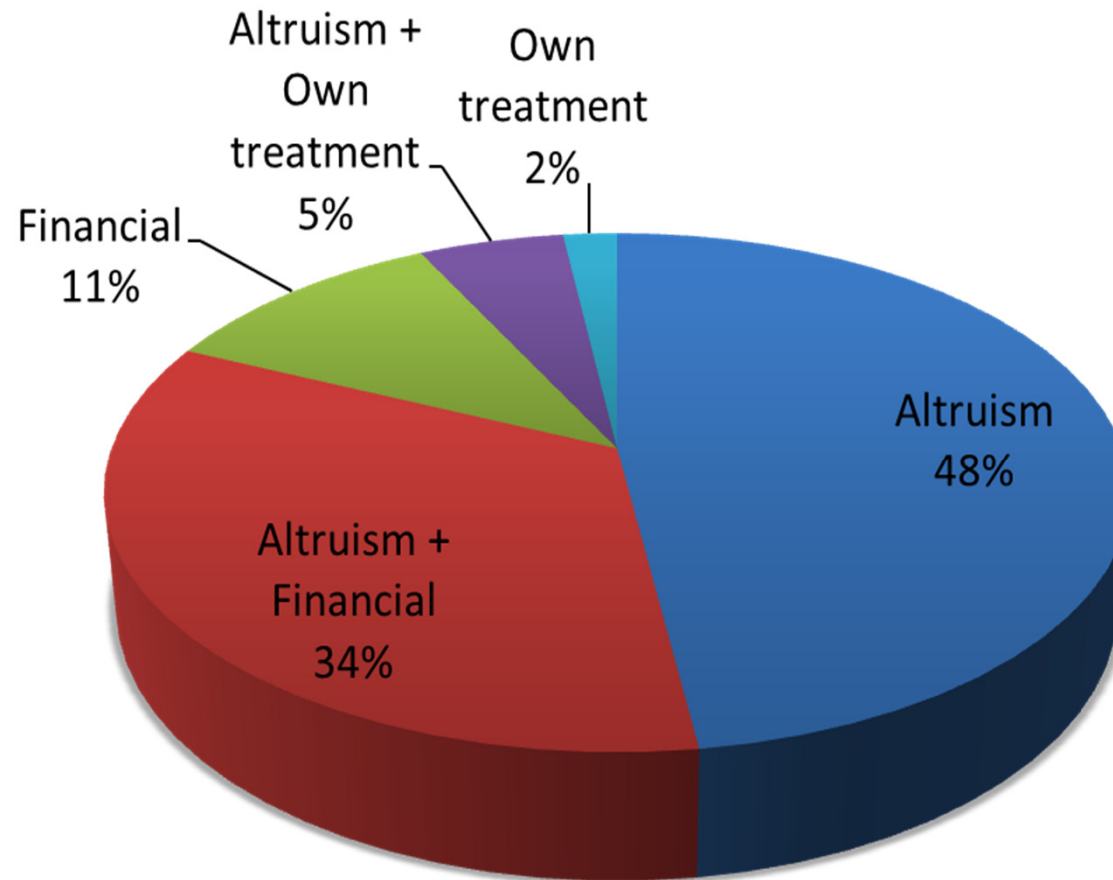
- 1423 questionnaires in 11 European countries (60 centres) between late 2011 and mid 2012
- Consecutive egg donors, including egg sharers



Systems of reimbursement

	Fixed or variable	sum	PPP
Belgium	Fixed	500 – 2000€	415 – 1660€
Czech Republic	Variable	560€ (high estimation of expenses)	655€
Finland	Fixed + proven expenses	250€ (up to 600€)	220 (up to 528€)
France	Variable: only proven expenses		
Greece	Fixed	900 – 1400€	1080 – 1680€
Poland	Unclear	935 - 1400€	1458 – 2212€
Portugal	Fixed	627€	850€
Russia	Fixed	600€	1130€
Spain	Fixed	900€	930€
UK	Fixed	870€	750€
Ukraine	Fixed	400 – 650€ (but up to 960€)	1750 – 2850 (but up to 4200€)

Donor motivation



Donor motivation

	motives for donation				
	Altruism	Own	Financial	Altruism + own treatment	Altruism + financial
Belgium	86,2	0,0	1,5	0,0	12,3
Czech Republic	48,8	0,0	5,3	0,0	45,9
Finland	88,7	0,0	0,7	0,7	9,9
France	100	0,0	0,0	0,0	0,0
Greece	28.9	4.0	39.5	0.0	27.6
Poland	58.9	3.2	0.0	23.2	14.7
Portugal	76.3	0.0	4.1	0.0	19.6
Russia	18.2	0.0	52.3	0.0	29.5
Spain	30.4	0.0	19.1	0.0	56.5
UK	30.0	20.0	0.0	47.3	2.7
Ukraine	12.9	0.0	28.3	0.0	58.8
All	47.8	2.0	10.8	5.4	33.9
P	0.001				

Donor motivation

	Foreign origin		Age				Married or cohabiting	
	No	Yes	<25	25-29	30-34	≥ 35	Yes	No
N	1159	175	387	520	403	70	837	536
Altruism	49.5	41.7	45.7	41.0	53.4	78.6	49.2	45.7
Own treatment	2.0	1.7	1.0	1.5	3.7	1.4	3.3	0.0
Financial only	9.1	19.4	11.9	15.0	6.2	1.4	9.0	18.4
Altruism+own	5.4	4.0	1.3	3.8	10.4	11.4	8.6	0.4
Altruism+financial	34.0	33.1	40.1	38.7	26.3	7.1	29.9	40.5
Total	100	100	100	100	100	100	100	100
P	0.01		0.001				0.01	

- Higher chance of being financially motivated when born in another country
- The older, the more altruistically motivated
- Higher chance of being financially motivated when single

Donor motivation

	Educational level			
	Primary	Secondary	Technical	Universitary
N	76	560	293	449
Altruism	46.1	40.5	48.8	55.9
Own treatment	1.3	1.4	2.1	2.9
Financial only	15.8	12.3	10.2	8.5
Altruism+own	1.3	4.5	3.4	8.7
Altruism+financial	35.5	41.3	34.5	24.0
Total	100	100	100	100
P	0,001			

- The higher educated, the more altruistically motivated

Donor motivation

	Number of previous donations					Euros	PPP
	0	1	2	3	≥ 4	M ± DS	M ± DS
Altruism	54.3	43.3	36.2	38.3	47.4	706 ± 380	821 ± 542
Own treatment	3.1	1.1	1.1	0.0	0.0	---	---
Financial only	9.3	8.7	16.1	14.8	7.9	867 ± 253	1357 ± 706
Altruism+own	7.8	2.9	3.5	0.0	2.6	564 ± 342	621 ± 348
Altruism+financial	25.4	44.0	43.1	46.9	42.1	912 ± 305	1188 ± 594
Total	100 (740)	100 (275)	100 (174)	100 (81)	100 (76)	820 ± 330	1065 ± 593
p	0.001					0.001	0.001

- Donors who are financially motivated, tend to do more cycles,
- The lower the expected amount in PPP, the more altruistically motivated

Donor motivation

There is a relationship between height of sum and motivation but this relationship is not straightforward.

Reimbursement, even when high, does not preclude an altruistic motive. Example: doctors are being paid (well) when they treat a patient. Do we then conclude that they only treat patients for the money?

At the moment, only purely altruistically motivated donors are considered acceptable.

However, this ignores other values such as beneficence and reciprocity. For some activities (eg. clinical trials) we have to go beyond pure altruism if we want to obtain the benefits.

Donor motivation

What do we conclude from these data for guideline development?

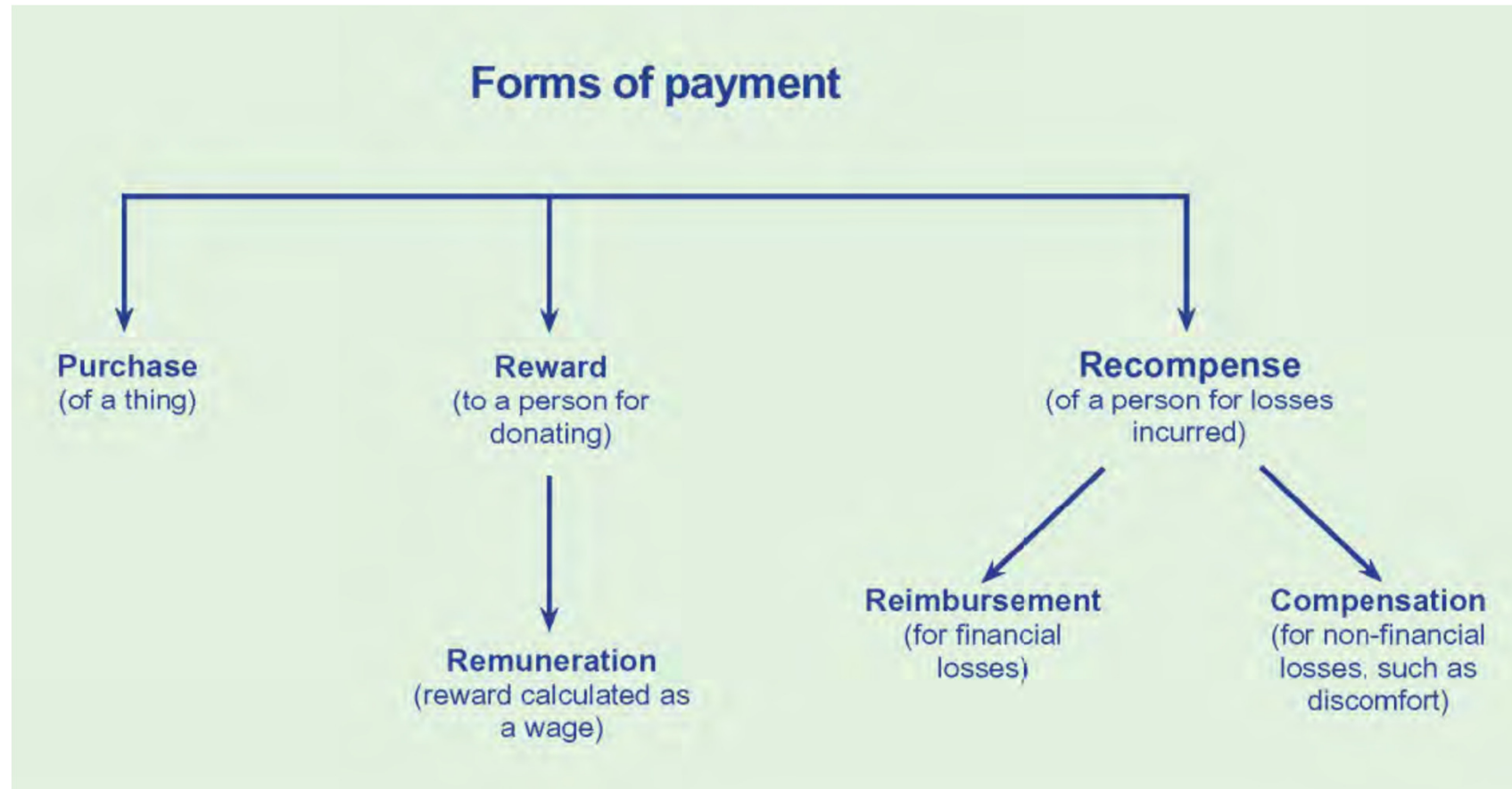
- France: 100% purely altruistic donors: only reimbursement of proven expenses.

Should we drop the provision of reimbursement for inconvenience, pain, loss of time etc?

Problem: few donors in France and candidate recipients go to Spain

- Belgium: 86% purely altruistic donors but reimbursement between 500 and 2000€. Still: 94% altruistic donors in 500€ clinics against 53% in 2000€ clinic. But 73% gave to or for a family member or friend.

Donor motivation



Nuffield Council on Bioethics, 2012

Forms of payment

Important difficulty: difference between reward and compensation.

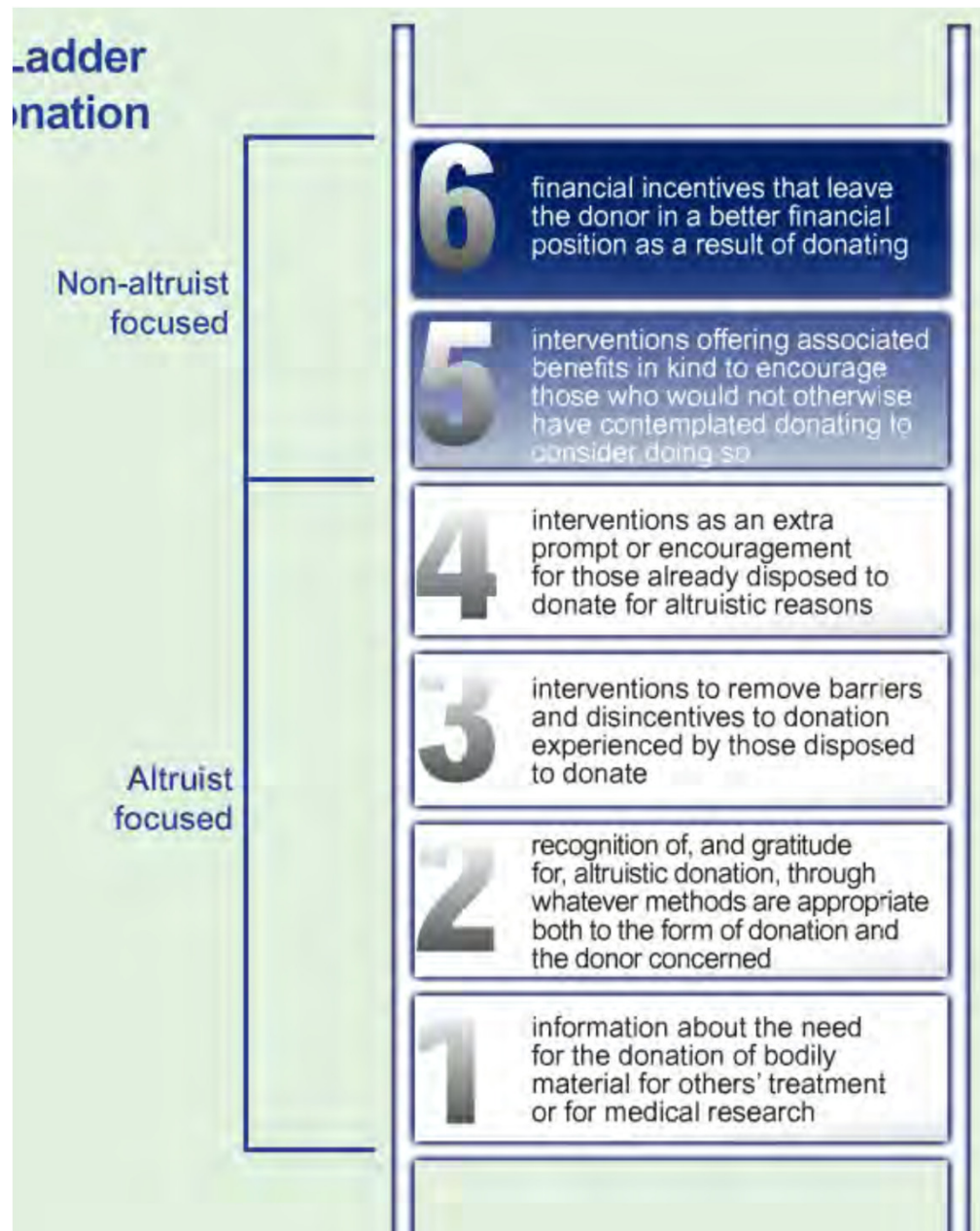
“Donors may receive compensation, which is strictly limited to making good the expenses and inconveniences related to the donation.” (European Tissues and Cells directive, 2004)

The problem is created by the part ‘inconveniences’.

Why should there only be reimbursement for proven expenses and not compensation?

Why do we allow compensation for healthy volunteers in clinical trials and not in other activities?

Intervention ladder



Nuffield Council on Bioethics, 2012

Forms of payment

Important distinction: between offering incentives and taking away barriers.
Who decides this: the donor or society?

Two meanings of altruism:

- the donor receives no money for her donation,
- the donor is not motivated by money.

Altruism + beneficence: encouraged altruism.

- mixed motives are acceptable
- absence (or low %) of purely financially motivated donors

Reverse the goal: we should not strive to get purely altruistically motivated donors but strive to exclude purely non-altruistically motivated donors.

Forms of payment

Egg sharing remains a tricky practice: 65% in Poland and 78% in UK.

Patients are not in 'a better financial position' than they were before the donation but they are compared to when they would have had to pay for the treatment.

Most patients would not share if they could get their treatment without sharing (drop with 70% in Belgium after reimbursement law, Pennings & Devroey, 2006)

Does it make sense to convert non-financial benefits (like IVF cycles) to money?

To avoid the problem of commodification, preferable non-financial incentives (gift vouchers, presents ...) should be offered.

Conclusions

Donors may have several reasons for donating and some of these reasons may be a personal benefit.

The presence of an element of self-interest does not preclude an altruistic motive.

There is too much emphasis on pure altruistic motives. Compensation should be allowed as long as this does not destroy a primary altruistic motivation.

New recruitment methods need to be developed to reduce the shortage and to decrease the pressure on paying donors.