



Sharing the Gift of Life



Gamete donors are in great demand, but the screening process is long and complex

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Ever thought about getting another woman pregnant? That is, in this era of deferred child-bearing and widespread infertility, would you consider donating your eggs to a relative, friend or stranger?

Kerry MacKenzie (a pseudonym) is. The Toronto resident had trouble conceiving in her mid-20s owing to immunological fertility, but by the time she was 32, she had given birth to a son via artificial insemination and had had a second son the good old-fashioned way. "I felt so depressed and helpless when I couldn't conceive. I want to help another woman who's facing the same obstacle," says Kerry.

Like Kerry, some women are selflessly moved by the plight of their fertility-challenged peers to consider donating their oocytes. And altruistic the motive must be, for in 2004, Canada's Assisted Human Reproduction Act (AHRA) prohibited any monetary remuneration or other benefits for egg (or sperm) providers.

Although compensation is still legal in the U.S., gone are the days when young Canadian women could put themselves through university with cash for eggs. Leafing through a campus newspaper back in the 1990s, you might have come across an advertisement that read something like this...

Income Opportunity. \$25,000 for viable eggs from a healthy donor up to age 24. Must be fair-skinned and at least five feet six inches tall and have above-average grades, light-coloured hair and blue, green or grey eyes. (Adolf avatars, take note!)

Such ads still run openly on huge billboards in the U.S., "but in Canada, the thinking was that selling genetic material undermines the dignity of human life," says Samantha Yee, a social worker in the Reproductive Biology Unit at Mount Sinai Hospital in Toronto. "You couldn't sell your blood or a kidney, so why should you be able to sell your ova or sperm?" (The AHRA does not prohibit the purchase of eggs from donors in other countries.)

Yee coordinates the hospital's counselling program for prospective egg donors, a process that involves a thorough discussion of all medical, legal, ethical and social issues. From that first altruistic impulse to egg harvesting, the process is a long and complex one.

First, a prospective donor will be fully informed of the medical aspects and will ultimately have a thorough health checkup and an ultrasound assessment of her ovarian reserve. As in vitro fertilization, she'll receive powerful hormonal drugs to prompt her ovaries to mature several eggs at a time. These stimulants can

cause nausea, headaches, abdominal discomfort and depression. In some cases, they can lead to a condition known as ovarian hyperstimulation.

“The potential donor is informed that there is a 1% risk that her ovaries may be hyperstimulated,” says Dr. Jason Hitkari, co-director of the Genesis Fertility Centre in Vancouver. “In hyperstimulation, a donor has so much ovarian activity that she ends up with water in the abdomen and potentially in the lungs.” Other risks relate to harvesting. “Oocyte retrieval involves anaesthesia and a vaginal ultrasound probe and a needle to puncture into the ovaries to get the eggs out,” he says.

Donors often ask if their future ability to bear children will be compromised. Properly done, says Hitkari, “harvesting does not reduce the donor’s chances of conception in the future.” Still, notes Yee, the ideal donor will already have had children and be in her late 20s to early 30s. “We prefer not to deal with young childless women in their early 20s who cannot fully conceptualize what parenthood is,” she says.

Between 2004 and 2007, the annual number of IVF cycles completed using donated eggs at Canadian fertility clinics ranged between about 300 and 400 cycles

— Canadian Fertility and Andrology Society

Adds Donna Jacobs, a Toronto psychological associate who has counselled infertile men and women for the past 15 years, “The obvious advantage of a woman who has a child is proof of pregnancy and live birth. Also, if there should be any compromising of her reproductive organs later, she already has offspring.” Many anonymous donors are midwives or doulas. “As a group, they tend to be supportive people.” Like Kerry, some have faced infertility in the past — or watched a dear friend or relative face it.

A donor will often need a consultation with a lawyer to make sure she understands the contract to be signed with the fertility clinic and any issues of disclosure and ownership of leftover eggs and embryos, says Yee.

But perhaps the most important aspect of the pre-donation process is the psychological sessions. “We have to be sure that a woman is donating for the right reasons and not to make up for some loss in her own life,” says Jacobs. It’s also essential that the donor’s partner, if she has one, be on board. “The woman may say, ‘Look. These are my eggs. This is my thing.’ But he’s affected, too — the children born of her eggs will be half-siblings to his own children,” she says.

Other ponderables include the eventual fate of any leftover eggs and extra embryos. (Embryos become the property of the ova recipient.) Who will end up getting them? Will they be used for research or destroyed? And what about the children? Just as with women who give up babies for adoption, an egg donor may worry that

the children born of her DNA could suffer abuse down the road. Might they become pawns in an ugly divorce and custody battle? Will she always wonder about the kids she’ll never meet? And if disclosure of donor identity becomes mandatory and retroactive, they could walk through her front door someday, saying, “Hi, Mom. Hi, Stepdad. Hi, Half-sis.”

Another key consideration is disclosure to relatives apart from her partner. How would her existing or future children react to knowing they have biological half-siblings somewhere? “The plan for disclosure to the offspring must be very carefully considered and decided on together with the recipient couple,” says Hitkari.

Jacobs points to current efforts to establish registries of the offspring of donated gametes. The aim is to avoid unintentional consanguineous relationships in which half-siblings born to different families from donated eggs, sperm and embryos could meet as adults and unwittingly have children of their own together. The U.K. wants to make all donorship conditional upon all-party open

disclosure of identity in a donor-offspring-sibling registry, and Canada is considering establishing such a registry.

If a donor is giving to a sister or a close friend with ongoing social contact, how will the donation affect that relationship? She’ll have to adhere to boundaries when parenting disagreements arise even though the child is biologically hers. And how does she relate to the father, with whom she’ll have an undeniable biological bond?

Consider this case. Two young women, fraternal twins in their early 30s, one of whom has lost her tubes and ovaries to disease but desperately wants children and the other of whom wishes to remain childless. The latter is proceeding to donate eggs to her twin. “But what if, when the donor reaches her late 30s, the sight of her offspring being raised by her sister and brother-in-law triggers something she hasn’t anticipated?” says Jacobs. “Will she have the inner resources to handle it?”

So with all these perplexing issues, do many donors fall by the wayside? “In the past two years, we have had only one egg donor drop out after counselling,” says Hitkari. In the days when payment was allowed and anonymous donors were more plentiful, the dropout rate was 2% in Jacobs’s practice. “Now, with most donations being friend to friend or sister to sister, it’s virtually zero,” she says.

Even when compensation was legal, the demand for gametes far outstripped the supply. Now fertility clinics face an even greater shortage, and the need for compassionate donors is more urgent than ever. 