Compensating egg donors

Book section

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Emily Jackson

Introduction

In recent years commentators with a wide range of different concerns have argued that it is unacceptable for money to change hands when women go through the process of egg retrieval in order to provide eggs which will be used in the fertility treatment of other women (or in stem cell research, but I shall concentrate here on donation for treatment purposes). In part, this has been a reaction to a line of feminist analysis which sought to reclaim and defend the principle of autonomy.[1] The claim that women could freely, and without having been coerced, choose to donate their eggs, in return for financial compensation, and not subsequently regret having done so, has provoked vigorous and vehement objections from a number of different quarters.

Some critics of paid egg provision are opposed to the commercialisation and commodification of the body and its parts, and in particular to the commercialisation of women's reproductive capacity.[2] Others are worried that paying women who provide their eggs for the use of others inevitably exploits or even coerces poor and vulnerable young women.[3] Many regard the idea that women choosing to donate their eggs in return for money are exercising agency, rather than being driven to it by their desperate background circumstances, as fanciful. Because egg donation services are part of the growing trend towards what is sometimes described as 'fertility tourism',[4] this latter concern is exacerbated by the fear that any trade in human eggs is likely to especially adversely affect women in Eastern Europe and developing countries.[5] It is also often possible to detect anxieties about the implications of egg donation itself, such as its emotional or psychological impact upon the children who are born as a result. There is even at times some implied criticism of egg recipients, who may be portrayed as 'powerful, rich, often white, vocal and influential women',[6] whose (ruthless) desire for a baby blinds them to the impact egg donation may have on the women who provide the means for them to become pregnant.[7]

Less explicitly stated, but undoubtedly also a factor for pro-life campaigners who have taken up enthusiastically the cause of opposing paid egg donation is the idea that infertility, or an inability to become a mother naturally, should be stoically accepted or remedied through adoption rather than IVF.[8] For some people, the would-be egg recipient deserves censure because she is not willing to accept, with good grace, her inability to conceive with her own eggs.

Finally, there are some illuminating parallels between recent criticism of paid egg donation and early feminist commentary on assisted reproductive technologies. When IVF was in its infancy, a broad coalition of feminists was concerned that invasive IVF processes were performed on women's bodies for the benefit of someone else, in that case their infertile partner.[9] This concern is now directed towards the vulnerable egg donor undergoing treatment in order to benefit a more powerful infertile woman. In the past, some commentators doubted whether informed consent to IVF was even possible, in part as a result of the pressure placed upon women to try anything in order to become a mother.[10] Now it seems to be the consent of the paid egg donor which is more commonly called into question. It is interesting that paid egg donation has reignited some of these concerns about women's vulnerability in relation to fertility treatment, and especially interesting that the object of concern has shifted from the

(older, stronger) woman undergoing fertility treatment to the (younger, weaker) egg donor.

With so many disparate concerns crystallising around the issue of compensated egg donation, it is sometimes hard to separate out the question of payments from a range of other concerns which are more accurately directed either towards the question of whether egg donation itself is acceptable, or towards some of the complex issues raised by cross-border fertility treatment.

In this chapter, I will attempt to stick narrowly to the question of whether, and in what circumstances, it might be acceptable for women who donate their eggs for the treatment of others to receive money in return. At the risk of drastic oversimplification, the law could adopt one of three possible attitudes to payments to egg donors. First, it could prohibit all payments. Secondly, it could allow regulated payments, and here there are a number of options. Regulated payments could simply reimburse the donor's expenses; or they could additionally compensate the woman for the inconvenience of donation; or they could further include some measure of 'profit' over and above compensation for inconvenience. Thirdly, the law could allow payments to egg providers to operate within a free market, in which market forces would determine whether and how much egg providers are paid. In this chapter, I will argue that the second option, including regulated payments which compensate women for the inconvenience of donation, is the model that should be preferred.

Consent to egg donation

Let us first consider what egg donation entails. It is certainly not without its costs to the woman whose eggs are retrieved. Because regular injections and internal scans are necessary, the process of ovarian stimulation is both time-consuming and can be uncomfortable. It also carries the small but significant risk of ovarian hyperstimulation syndrome (OHSS), which occurs in approximately 5% of all cycles of ovarian stimulation. Careful monitoring should be able to reduce the risk of OHSS, but it cannot eliminate it. In very rare cases, OHSS can be extremely serious, and there have been a handful of fatalities worldwide. Egg retrieval takes place under sedation, using an needle attached to an internal ultrasound probe. Most women experience no more than mild discomfort afterwards, but as with any procedure carried out under anaesthesia, it is not entirely risk-free.

Women who donate their eggs are therefore consenting to invasive medical treatment, where the intention is not to improve their own health, but to benefit someone else. This is unusual but not unprecedented. An increasing proportion of kidney transplants take place using kidneys taken from living donors. Kidney retrieval is clearly a much more invasive and potentially risky operation than egg donation, but it is one to which it is generally believed that it is possible to give valid consent. It may be that extra care should be taken to ensure that a donor's consent is informed and voluntary,[11] but taking extra care is different from doubting whether the decision to be a donor could ever be truly autonomous and worthy of respect.

So in the context of egg donation, what does it mean in practice to say that consent must be informed and voluntary? The need to gain informed consent to medical treatment is well established, and while of course, informed consent can be a slippery concept – it is sometimes hard to pin down exactly how much information is necessary before a patient is adequately informed – egg donation is not so complex that it would be impossible to give informed consent to it. Obviously, women must be told about all of the risks associated with donation. In countries, like the UK, where

donors are no longer anonymous, care must be taken to ensure that the prospective donor understands that, in the future, she might be contacted by children conceived using her eggs. If the woman donating eggs is childless, it might be important for her to think about how she might feel about having donated eggs if she does not end up having any children of her own.

The donor's consent must also be voluntary, that is, she must have made a free and uncoerced decision to donate her eggs. And this is where critics of compensated egg donation seem most concerned about the woman's consent to donate, arguing that an offer of money to a potential egg donor essentially vitiates her consent through the coercion it exerts over her. We would normally say that consent is coerced is if the person was subject to a credible threat of disagreeable consequences if they refused to give their consent. An egg donor is clearly not *threatened* by an attractive offer of money. Of course, it may be true that – if the sum offered is high enough – a woman might agree to donate her eggs when would not otherwise choose to do so. She is not thereby *forced* to donate her eggs: in fact, she may find egg donation is not open to her if, for example, genetic screening results rule her out as a donor.

Nevertheless, it might be argued that a woman's background circumstances may be such that the offer of money influences her to the extent that she decides to do something that she might not have agreed to otherwise. Of course, those background circumstances are not the fault of the clinic which wishes to offer money in return for donated eggs. But it could be argued that payments to egg donors are attractive only because some young women have debts or other financial commitments that make being paid to donate their eggs an attractive option. Might the lure of money persuade young women to donate their eggs against their better judgement, or more frequently than would be advisable?

Of course, this risk exists whenever you pay someone to do something that might involve some threat to their health and wellbeing. Firemen, police officers, soldiers, deep-sea fishermen, professional boxers, rugby players, cycle couriers and many more people in society are paid to do things which are not necessarily always comfortable and risk-free. Indeed it could be argued that those of us who experience *no* risk to our health in return for our wages are a relatively privileged minority, and for most people, employment often carries some risks which are assumed (a) to be not so grave that it would be wrong to ask someone to expose themselves to them, and (b) to be worth taking in return for the benefits, financial and otherwise, of employment.

Taking something out of someone's body is different from working as a solider or cycle courier, however. It is true that eggs are not in short supply and egg donation – while not completely risk-free – is safe enough for over forty thousand cycles to be performed each year in the UK during routine IVF. So women who undergo egg donation are doing something that is judged to be safe enough to amount to routine medical treatment, and they will have plenty of eggs left for their own use. Nevertheless, egg donation is not a career choice. It is something that, for health reasons, should be an occasional rather than a continuous activity.

Given that egg retrieval is a medical procedure which should be carried out in strictly regulated and controlled circumstances, the goal should be to ensure that women only donate their eggs when their consent is voluntary, and that they do so a limited number of times. This is best achieved, I will argue below, through a regulated regime, rather than through a free or a black market in eggs. There is no reason why an act that should only be carried out infrequently should not also be compensated. In a free market, women might be tempted to donate their eggs as often as possible, but

being committed to limits on egg donation does not necessarily commit us to a no-payment rule.

A free market?

There is an important difference between a free market in reproduction and reproductive services and a regulated system, within which there might be some scope for compensating donors. Most commentators who object to payment for eggs are objecting to the consequences of a free market, in which the powerful exploit the neediness of the vulnerable to their own ends. But this is also the consequence of an absence of regulation, or indeed of a prohibition of payments, which in practice may push a practice underground, or overseas, where regulatory oversight may be weak or even non-existent. In countries where women are not compensated for donating their eggs, it is understandable that they might decide to travel to countries where compensation is allowed. We know, for example, that IVF clinics in Cyprus have tried attract British egg donors:

> We are looking to offer young ladies aged between 19 - 30, with blue or green eyes, minimum height 160cm of slim build, with good physical health, a holiday in Cyprus for one week. You will be accommodated in a hotel next to a golden beach, with breakfast and evening meal provided. We offer donors cash compensation for the donation of their eggs.[12]

A prohibition on payment in one country may then encourage women to travel to other countries where regulation may be weak or even non-existent. In contrast, if the practice of egg donation is regulated, it will be easier to ensure that both donors' and recipients' interests are protected, and this – I will argue – could include some measure of compensation for the inconvenience of donation.

There are multiple ways in which markets are constrained. In the UK, workers must be paid the minimum wage and have certain non-negotiable rights in the workplace, which would undoubtedly be absent if employment relationships were carved out in an entirely free market. There are many reasons for believing that an entirely free market in the supply of human tissues might have a range of undesirable consequences. It would, for example, exacerbate and reinforce existing health inequalities by ensuring that healthy tissues move from poor donors to rich recipients.

In relation to eggs, a free market would have the further consequence that the market would value some women's eggs more highly than others. In the US, the American Society for Reproductive Medicine has issued guidelines that payments to egg donors of more than $5000 'require justification', and that payments of $10,000 or more 'go beyond what is appropriate'. The ASRM's guidelines on maximum payments to egg donors are not always adhered to, however, and much higher payments have been offered to tall, blonde, blue-eyed, intelligent, beautiful and sporty young women. The eggs of women who are deemed to be short, dark, overweight and sedentary are less valuable, despite the fact that there is no guarantee that children will inherit characteristics like 'sportiness' from the egg donor.

If the rules are clear that what is being compensated for is the inconveniences associated with donation, then sedentary, short and dark women undergo exactly the same inconvenience as active, tall, blonde women. A regulated system of compensation would value the time and inconvenience of all egg donors equally. It would not pay them according to how many eggs they produce, or how desirable their physical attributes.

In a regulated system, it would also be possible to ensure that the sums of money available to compensate for inconvenience are sufficiently modest that they do just that, rather than also offering a powerful incentive to women to misrepresent their health status in order to qualify for donation, or to find a way to donate more times than is advisable. It might be argued that it is patronising not to allow women to negotiate high sums of money for their eggs within a free market, but tissue donation should be an occasional act, rather than a career option, and this is best achieved by regulation and not by an unconstrained free or black market in human tissues.

It is, of course, important to acknowledge the challenge globalisation poses to the territorial limits of regulation. Within one country, or even within a union of countries like the EU, a regulated system may be feasible, and I would argue desirable. Globally, it is virtually impossible to constrain the movement of people from richer countries to poorer countries, to access medical services that include the provision of donated organs and gametes. In theory, it would be possible for there to be international coordination and collaboration, so that India and Romania were not attractive destinations for rich Westerners in search of organ transplants and donated eggs. In practice, however, it is impossible to prevent people from travelling abroad and returning home with a new organ or an established pregnancy. It is hard to see how any country can prevent its citizens from exploiting the lack of effective regulation, or the existence of a free market, in other parts of the world.

The crucial point, however, is that the existence of inadequately or unregulated systems in other parts of the world does not provide a justification for banning compensation where effective regulation is feasible. Where regulation is ineffective or non-existent, the default position will generally be a free or a black market. But the fact that there are places where a black or a free market in gametes exists is not, in itself, a reason to ban compensation in other countries where robust regulation is in place, especially since the practical consequences of such a ban are likely to be a shortage of gametes, which will in turn lead to increased demand for treatment in countries where regulation is inadeqaute. We do not protect the interests of women in Romania or India by making it extremely difficult for women in high-income countries to access treatment with donated eggs at home. On the contrary, shortages of eggs in high-income countries make it more likely that their citizens will become consumers of cross-border reproductive treatment.

Of course, this just begs the question of how we *should* protect the interests of women who live in countries where regulation is weak or lacking. There is no simple solution, and helping and encouraging countries to invest in systems which empower and protect their own citizens is clearly a complex and long-term task. My point is that we are deluding ourselves if we believe that we can protect effectively the interests of women in low and middle-income countries by preventing women within the EU from receiving a few hundred pounds to compensate them for the not inconsiderable inconvenience of egg donation.

Regulated compensation

In order to flesh out what I mean by regulated compensation, I am going to take as an example the UK's regulatory body's recent consultation on whether it should change its rules on payments to egg (and sperm) donors. Since 2005, the Human Fertilisation and Embryology Authority (HFEA) has allowed reimbursement of 'all reasonable expenses incurred in the UK in connection with donating gametes or embryos', such as 'a standard-class rail ticket by the most direct route'. [13] Donors may also receive

compensation for loss of earnings, but this is set at the same rate as jury service (currently £61.28 per day), up to a maximum per course or cycle of donation of £250.[14]

The EU Tissues and Cells Directive (EUTCD) does not give the HFEA much room for maneouvre in changing these rules. It specifies that:

> Member States shall endeavour to ensure voluntary and unpaid donations of tissues and cells. Donors may receive compensation, which is strictly limited to making good the expenses and inconveniences related to the donation.[15]

Within the EU there is little consistency of interpretation of these words. In Spain, egg donors are routinely compensated around 900 Euros, which is a flat fee to cover all expenses, loss of earnings and inconvenience. In contrast, in France, donors receive no compensation, besides the reimbursement of their travel expenses.

Aside from retaining the status quo, or abolishing payments altogether, the EUTCD essentially leaves only two options for the HFEA. First it could set a flat rate to compensate for expenses and/or inconvenience. This would have the advantage of administrative efficiency. There are costs associated with making good actual, receipted expenses, and so payment of a flat rate would save clinics both time and money. It might also be argued that it is insulting to ask a woman who has undergone the considerable sacrifice involved in egg donation for receipts for small sums like bus fares or local train tickets. To expect someone to act altruistically by donating their eggs to another woman, and then to refuse to pay her travel expenses unless she is able to produce her bus ticket seems both petty and offensive. The downside to a flat rate is, of course, that some people will inevitably be either over or under compensated. It will cost more for a donor who lives in a rural area to reach a clinic than it would in a town or a city, where the donor may have a very short and cheap journey to the clinic. Adequate compensation for a woman who must travel one hundred kilometres to her nearest IVF clinic will overcompensate a woman who lives a short bus journey away from her local clinic. On the other hand, a would-be rural egg donor would be out of pocket if the flat rate was based upon the cost of travel within a large city.

The second option would be to permit donors to be compensated for all of the actual expenses and/or inconvenience that they incurred. While this removes the risk of over or under compensation, it might also be argued that, in addition to the bureaucracy involved in checking receipts, it would be virtually impossible to tailor 'compensation for inconvenience' to the level of inconvenience that the donor actually experienced. For women who live alone, daily injections may be more inconvenient than for women who have a partner who can help. Women who suffer from needle phobia may find daily injections more inconvenient than others. Mothers with young children may find the need to rest the day after egg retrieval more inconvenient than childless women. A flat rate avoids the need to distinguish between different women's levels of inconvenience, and since the amounts are likely to be modest, the 'danger' of over-compensation in some cases would seem to be a small price to pay for the ease and efficiency of a blanket payment to all donors to 'make good' the expenses and inconvenience of donation.

Within the EU, a free market in eggs is prohibited by law and instead the questions are limited to (a) whether any compensation for inconvenience should be permitted; (b) if so, whether a flat rate or individually tailored compensation is preferable, and (c) if a flat rate is preferred, what would amount to reasonable compensation for the 'inconvenience' of donation. It is implausible that a sum of money which is limited to

'compensation for inconvenience' could ever be so great as to effectively force the hand of a young woman, perhaps facing debts of tens of thousands of pounds in order to pay for her education. The point of a robustly regulated system is that the amount of compensation can be strictly limited. Admittedly, my preferred solution is contingent upon high levels of trust in the regulators who are charged with setting compensation levels. But my point is precisely that within an effective, trusted and robust regulatory framework – such as that which exists within the UK – it is possible for compensation for inconvenience to be set fairly and proportionately. Spain interprets the Tissue Directive more liberally than other EU countries, but payment there is limited to approximately £800. This is undoubtedly an attractive sum of money, and to students or unemployed women it will be especially appealing. But it is not so much money that saying 'no' is not realistically an option.

It could be argued that advocating a system of regulated compensation is simply a pragmatic compromise solution to the problem of whether women should be paid for going through the process of donating their eggs. It sidesteps the charge of coercion by maintaining that – if set at a fairly modest level by responsible regulators – there should be no danger of vulnerable women finding themselves with no choice but to donate their eggs. There is, however, also a point of principle here. Egg donation is an act of extraordinary generosity. It involves one woman undergoing a medical procedure in order to benefit another woman, rather than herself. Unlike bone marrow or kidney donation, deciding to become an egg donor has psychological implications not only for the woman who donates, but also for her own children, who may have half-siblings whom they never meet. The 'inconvenience' – both physical and emotional – of egg donation is considerable, and offering the woman some measure of compensation for her self-sacrifice is to treat her as someone whose time and commitment is of value.

Autonomy is not enough?

Heather Widdows (this volume) argues that there is something wrong with the claim that autonomous consent is morally transformative, that is, that the fact that a woman has freely and autonomously chosen egg donation is sufficient for us to think that her choice should be respected. Widdows is critical of what she calls the 'choice paradigm', in which some feminist commentators have embraced autonomy, without – in Widdows' view – sufficient recognition that a woman's choices may be so constrained that they are better described as desperate, rather than autonomy-enhancing.

But this leaves us with the difficult problem of how to respond to a woman's competent, informed and voluntary decision to become an egg donor. If we think that women would only ever make this choice because they are disempowered, desperate and discriminated against, it might reasonably be argued that the desire to be an egg donor is an inauthentic preference, born of systematic subordination. I find it implausible, however, that no woman would ever choose to donate eggs to another woman, unless her circumstances were desperate. Known egg donation commonly involves an infertile woman's sister or friend donating eggs in order to help her to conceive. Donors in such circumstances may feel under some pressure to donate, but the impulse to help others less fortunate than ourselves is a powerful and a honorable one, and for such women, altruism will generally be their principal motivation. Similarly, where payment in return for donation is available, it may act as an incentive, but women are also likely to be motivated by the desire to help others.

Certainly we know that women in 'egg sharing' schemes, who donate some of their eggs to others in return for free or reduced price IVF, have mixed motives. Undoubtedly the offer of free treatment is a powerful incentive, but evidence suggests that this is not their only motivation. Since 2003, Belgium has provided six free cycles of IVF to each couple, and while it is true that this led to a reduction in the number of women sharing their eggs, the fall was not as dramatic as one would expect if free treatment was the only motivation for donating eggs. The number of women deciding to share their eggs dropped by 70 per cent, suggesting that a significant minority still regarded egg sharing as a valuable thing to do, even when they could rely on state funding for their own IVF.

Ahuja et al found that 86 per cent of egg sharers decided to share their eggs at least in part in order to 'give hope to the childless'.[16] 89 per cent were happy to have shared their eggs, regardless of the outcome of their own treatment. And, interestingly, the common assumption that egg sharers who do not become pregnant might regret having shared their eggs with another woman, is not necessarily borne out by the evidence. Instead Ahuja et al found that women more commonly gained comfort from the fact that they had been able to help someone else: 'Thinking it might help another couple made it less in vain when it didn't work for us'.[17]

So women egg donors are overwhelmingly likely to have mixed motives, and those motivations will be shaped by their circumstances, but does that render their choices desperate or unworthy of respect? Ideally, all women would have a range of valuable options from which to choose, and Widdows is right to say that some choices, rationally and autonomously made, do not look like valuable and enriching ones. The decision to become a prostitute, or a lap dancer, may be a competent, informed and voluntary one, but the fact that a woman can rationally choose to become a prostitute does not make that choice one that we would always necessarily consider life-enhancing.

Widdows is plainly right that the fact that one makes an autonomous choice to do something does not, on its own, establish that we should celebrate whatever one has chosen to do. Simply being chosen is not sufficient to give an activity moral integrity. People make some very ill-advised, not to say selfish and thoughtless choices, so the mere act of choosing cannot stand as a proxy for the question of whether what has been chosen is worthy of respect.

Nevertheless, it is not clear that the best way to protect the interests of a woman (or a man) who has autonomously chosen to become a prostitute is to ban prostitution. On the contrary, it is clear that what makes prostitution especially dangerous for women (and men) are rules which prevent them working openly and transparently, in safe and clean surroundings. Regulation may then promote women's (and men's) best interests much more effectively than prohibition. Prostitution clearly raises broader issues than the health and welfare of the individual female or male prostitute, but it could also be argued that these wider questions of power and inequality are best addressed through education and cultural change, rather than through a ban on the selling of sexual services.

So what of paying women for their eggs? Is this a choice – like prostitution or lap dancing – which women might rationally make, but which is not what one would necessarily wish for one's best friend or daughter? Or – if made competently, voluntarily and with sufficient information – could it be a decision which we should respect and even celebrate? My own view would be that it is perfectly possible to want to help other women by donating eggs to enable them to have fertility treatment. I accept that the fact that someone wants to do something does not tell us, without

more, whether what they want to do is a good thing. But egg donation helps relieve the intense suffering associated with unwanted childlessness. Premature menopause and ovarian cancer leave some women unable to conceive without egg donation. Wanting to help a woman who has had ovarian cancer, or gone through the menopause in her twenties to have a baby is not a goal that is self-evidently *undesirable.*

Egg donation requires considerable commitment on the part of the donor – both in the short term, through the uncomfortable and time-consuming procedures involved in ovarian stimulation and oocyte retrieval, which carry a small but real risk to health – and in the longer term too, especially in countries in which donors are no longer anonymous and therefore run the risk of being contacted when any children born reach the age of 18.

Is there something wrong with giving women compensation in return for this not inconsiderable act of self sacrifice? On the contrary, I would argue that there is something wrong with a system which allows the women themselves no reward at all in return for donation, while the clinics who recruit them will charge recipients for their eggs. Money changes hands during the process of treatment with donated eggs, but the women themselves are excluded from this exchange. Not only is this unfair, but it also could be said to reinforce gendered assumptions about women's tendency to be generous and self-sacrificing.[18]

Of course we should be concerned if poor, vulnerable women are making choices that they regret because their background circumstances are impoverished. But the best way to address this is first, to recognise that their background circumstances require political and social change, not a ban on compensation for eggs, and, secondly, to put in place regulations which are designed to ensure that no-one's will is overborne.

Defending Agency

It is true that 'the right to choose' is an empty slogan, begging the question - the right to choose what? And where the 'what' is something that is harmful to others, there could be no right to choose to hurt other people. But where what is chosen is self-directed – a medical procedure conducted on a person's body, for example – the only justification for preventing the person from choosing the self-regarding conduct is paternalism, or some version of the view that others are better able to decide on the merits of the self-regarding conduct than the person whose body is at stake.

Of course, few actions are entirely self-regarding. Egg donation may result in the birth of a child; it will also have an impact upon the woman who receives the eggs, who might not otherwise have been able to conceive, and it will enable the clinic to offer treatment, and charge a fee for that treatment. Some people might go further and say that compensated egg donation is not self-regarding because it has a wider impact upon all women by commodifying their reproductive potential. But if clinics charge for eggs, a price for the supply of eggs already exists. A price is put on a woman's reproductive potential if she wins a damages claim for negligence which results in infertility, or more specifically, in the removal of her ovaries. If egg recipients are charged for treatment with donated eggs, why should the only people who are unable to benefit from this be the women whose eggs they are and who undergo physically demanding procedures in order to donate. And it is critical to recognise that it is these processes that are being compensated for, not the eggs themselves.

Women who undergo ovarian stimulation but do not proceed to egg retrieval, perhaps because insufficient follicles are identified on their ultrasound scan, should

undoubtedly be compensated for their time and inconvenience. Egg sale, on the other hand, would give a woman money only for however many viable eggs are actually retrieved. So – under a system of egg sale, a woman who had three eggs retrieved would receive three times less than a woman who had nine eggs retrieved. But in any fair system of compensation, the time and inconvenience of *all* women would be fairly and reasonably compensated, regardless of how many eggs, if any, they are able to provide.

Conclusion

The offer of money to egg donors may be attractive to some women. If women are offered tens of thousands of pounds in return for their eggs, it can be expected that women who would not otherwise choose to donate their eggs will do so, and that some women might do this when they would prefer not to. Of course, most of us do things that we would prefer not to do because we need the money, and while egg donation is more significant and intrusive than having to get up early in the morning, other obligations undertaken in return for money – defusing roadside bombs, going into a burning building – may have much more serious consequences for a person's health than routine egg retrieval.

Nevertheless, donating tissue is not a job. In the case of eggs, it is something which professional bodies recommend women should only do infrequently. Some women will have health conditions which make ovarian stimulation especially dangerous for them, and they should not do it at all. An advocate of a free market in eggs might argue that it is patronising to protect women from making a decision they might regret by taking away an option which may benefit both them and a childless woman. But there are undoubtedly downsides to a completely free market in the supply of human tissue, not least that it would inevitably mean one way traffic of eggs from the very poor to the very rich. In contrast, a regulated system of compensation for donation does not need to lead to the excesses of a free market. Effective regulation could ensure that the sums are modest and it would be hard to argue that a few hundred pounds could overbear a woman's will and vitiate her consent. If there is no danger of overbearing someone's will, and if egg donation is a choice many women are proud to make in order to provide the chance of motherhood to another woman, what possible justification could there be for taking this decision out of the hands of the woman whose body it is?

Many of us are pleased to receive some acknowledgement or reward when we do something mainly for altruistic reasons. No university teacher agrees to examine a PhD for the paltry payment, which as an hourly rate would seldom come anywhere near the minimum wage. One does it as a favour to one's colleagues and because one knows the system depends upon us not always acting in a purely self-interested way. But having examined a PhD, the acknowledgement of one's efforts by the modest payment one receives is appreciated. Compensation for inconvenience within a robust system of regulation does not unleash the forces of capitalism onto women's bodies, it acknowledges the time and emotional commitment involved in egg donation, and treats women fairly. This is the antithesis of exploitation.

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