Egg providers’ views on the use and distribution of eggs in the UK, Spain and Belgium: implications for information giving and informed consent

Hudson N.1, Coveney C.2, Culley L.1, Goethals T.3, Herbrand C.1, Lafuente S.4, Pavone V.5, Pennings G.5, Provoost V.3, Weis C.1

1 De Montfort University, Leicester, UK; 2 Loughborough University, UK; 3 Bioethics Institute Ghent, Ghent University, Belgium; 4 Goethe Universität Frankfurt am Main, Germany; 5 Consejo Superior De Investigaciones Científicas, Madrid, Spain

Research question
How do women who provide eggs for use in fertility treatment perceive practices related to the use, storage and distribution of eggs?

Background
Within Europe, donor eggs are used in over 56,000 cycles of fertility treatment per year. Vitrification allows clinics increased flexibility in the management and storage of eggs and permits separation of the traditional link between egg provider and recipient since technically they can be stored indefinitely. Vitrification and banking also increase possibilities for commercialisation and movement of eggs that remain after the initial recipient has completed their first cycle. Existing research tends to focus on egg providers’ motivations and experiences, but little is known about their views of the use, storage and export of vitrified eggs.

Design
This paper is part of the EDNA study, a multi-phased comparative study (2017-2021) that explores egg donation in the UK, Belgium (B) and Spain (S). A maximum variation sample of egg providers was recruited from a range of sites in each country including fertility clinics, egg banks, agencies and via social media.

Method
We interviewed 68 egg providers (27 UK, 20 Spain, 21 Belgium) between April 2018 and January 2019. Questions were asked about experiences as well as views, values and principles relating to use, storage, and export of eggs. For the latter, we used specifically designed elicitation techniques. Interviews were transcribed to allow thematic analysis. Findings presented are preliminary.

Results
Egg providers considered a range of options for the use and distribution of eggs and voiced their views on acceptability. In this poster, we present the results relating to two options: using eggs for several participants and transferring eggs to another clinic in return for payment.

Use the eggs for several other recipients?
Yes, because of the eggs’ instrumental value (and to help more people)
The dominant view was that using donated eggs for several recipients was allowable. Several egg providers demonstrated how straightforward they thought this was using expressions like ‘of course’ and ‘I think that is logical’ (B3). Some even said this ‘should be done’ (UK23).
The principle idea in this line of reasoning was the instrumental value of the eggs, and the egg providers’ physical and emotional investment into their creation (and their value in the eyes of the recipients). In this view, the eggs should never go to waste. ‘Yes, if they are usable, why not have another woman having them?’ (S21). For some, helping more people was a plus: ‘if I can help others too, then that is allowed’ (B1).

Yes, but under certain conditions
Some egg providers thought clinics could only do this under certain conditions. Mostly conditions were about either 1) limiting the number of recipients to prevent consanguinity, or 2) informing the provider or even asking for specific consent. These egg providers stated ‘I would need to know about it’ (S4) or ‘as long as the donor has given permission’ (UK14).

No, egg donation is a one-to-one transfer
Egg providers who were negative about this option, often explained that, for them, egg donation was inherently a one-to-one transfer where the donor-recipient relationship was deemed the core element: ‘No, I think it should all be kept for that person. Obviously, it’s different if you donate twice because you have done that purposely for two different people’ (UK2)

Transfer the eggs to another clinic in return for payment for the original clinic?
No, egg donation is not about making profit
The majority of women expressed negative views and reacted in a very resolute way to this option. ‘Nope! It’s not about money!’ (B4)
In their explanations, UK and Belgian egg providers underscored the importance of the altruistic motivation. They therefore thought the clinics should act on a charitable basis: ‘the eggs we donate, we do that voluntarily. So I think that one centre should voluntarily give it to the other centre’ (B2). They also thought clinics were not allowed to make a profit from egg donation. ‘I do not think that I am earning money for the eggs. Therefore, I would think it is wrong that the clinic gets paid for the eggs’ (S11).
Spanish egg providers who were opposed, referred to the idea of clinics profiting twice, which they called ‘a resell’ and ‘illegitimate’, rather than being against commodification of eggs as such. ‘The clinic has already been paid by the patient. This is not fair. This is... it would be... a market. I mean: it would be trafficking with my eggs, really.’ (S4)
Some egg providers who said no, explained that the eggs effectively belonged either to the recipients or to the first clinic, that the egg providers should be asked for their consent, and in some cases that the egg provider should receive the additional money.

Yes, but money should only be for reimbursement of first clinics’ costs
Several egg providers found it acceptable only if the original clinic received a payment to cover their incurred costs. ‘If it’s really for profit, I don’t agree. Is it more for transport, for time...’ (B16)

Yes, this is how things work
Other egg providers were rather pragmatic about it. ‘It would be lovely if people just gave eggs and didn’t expect anything in return, you know, the clinics, but I understand that they run a business.’ (UK11)

Discussion
Egg providers’ views about what should or should not be allowed with (their) eggs were inherently related to the meanings they attribute to eggs and egg donation. These findings underline the importance of providing adequate information to providers about the nature of the donation they consent to, especially in the context of changes to the landscape of egg donation.

Limitations
This study is a qualitative study, therefore no empirical generalisations about groups of egg providers can be made. Rather, the study generates theoretical inferences about views and ways of reasoning.