

Fresh Egg Donation During IVF Treatment: Views from Australia



Emerging Health Policy
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Menzies Center for
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THE UNIVERSITY OF
SYDNEY

- › ARC Linkage Grant: *“Human Oocytes for Stem Cell Research: Donation and Regulation in Australia”* (CIs Waldby, Kerridge and Skene)
 - › Industry Partner: *Westmead Fertility Clinic*

 - › *Relevant Aims:*
 1. *Identify the values, needs and perspectives of oocyte donors*
 2. *Develop ethically robust regulation for research oocyte donation and SCNT research in Australia*
 3. *Improve social equity of oocyte donors in Australia*
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- “Regenerative Medicine”
 - Tissue growth rather than transplantation
 - Tissue compatible with recipient
 - Reduced tissue rejection & immunosuppressants
 - Somatic Cell Nuclear Transfer (SCNT) / Therapeutic Cloning
 - Largely bypasses debate about moral status of embryo in research
 - Requires women’s oocytes (eggs)
 - Original genetic material removed, replaced with recipient DNA
 - Prohibition of Human Cloning and the Regulation of Human Embryo Research Amendment Act 2006
 - Sourcing Oocytes for SCNT
 - Young eggs, large numbers (hundreds for one stem cell line)
 - Difficult to procure, invasive, health risks
 - Procurement using in vitro fertilisation (IVF) technology
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- › Oocytes are scarce
 - Must be fresh (unlike embryos, they can't be frozen)
 - In Australia, payment cannot be made (versus New York State model)
 - Reliant upon altruistic donation (from either non-patient donors or IVF patients)
 - Relies upon assumption of IVF patients having “spare oocytes”
 - UK Egg-sharing model for stem cell research (Murdoch 2008)

 - › IVF Patients are going through IVF treatment to fall pregnant

 - › What does this mean for an ethical and fully-informed consent for egg-donation during IVF treatment?
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- › 35 Semi-structured in-depth interviews (data collection still in progress)
 - Ex IVF Patients (n=20)
 - Donors of reproductive oocytes (n=5)
 - IVF Nurses, Scientists, Counsellor (n=10)
 - › IVF experience, case-studies of overseas incentive models for procurement
 - › Thematic Coding using Nvivo software

 - › Major relevant themes:
 - IVF Journey difficult and long
 - Uncertainty of pregnancy success
 - Precious eggs rather than surplus eggs
 - Experience of IVF (potentially) mediates donation decisions
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Experience Mediates Perception of IVF

- Technological Fix
- Hope versus statistics (30% chance of pregnancy per IVF cycle if in mid-30s)

“I think your first cycle, you’re kind of excited, and I remember saying to someone, ‘this isn’t as hard as what everyone supposedly reckons it is. I’ve heard IVF is really hard. Its not that hard’ ... and if that doesn’t work you get to the second time and your all excited and gee’d up and that doesn’t work and then, you know ...

(Caroline, married and childless)

- Experience of IVF and poor outcomes mediates preparedness to give away oocytes for research
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IVF: Uncertain, Emotional, Uncomfortable



“The reason why I’m going through the treatment is to fall pregnant, so I want the best option I’ve got to fall pregnant, and that means getting the most out of the eggs that they’ve taken from me to increase my chances of falling pregnant...It’s a really big thing to go through IVF and I’m doing it for myself,... so I don’t want to diminish my chances of falling pregnant by giving away the only viable egg out of everything that they’ve taken from me. You’re not going to know until they fertilise them”

(Isabel, Married with one child)

“And once they’ve done the treatment, once they know what’s ahead of them ... that it may not work ... they know then ‘Oh, doing it a second time may not work as well.’ ... it sort of shocks them as they come along”

(Chandie, Registered Nurse)

“You have to have a little bit of experience to really understand it”

(Rena, Social Worker)

- › Embodied experience of IVF assists in a more fully informed consent for fresh egg donation during IVF treatment
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- Need to reconsider ethical and fully-informed consent as including embodied experience of IVF outcomes

In practice this means ...

- Female IVF patients should undertake at least one IVF cycle before:
 - (a) being approached for, or
 - (b) consenting to fresh oocyte donation for SCNT research.

This is regardless of whether

- (a) compensation, or
 - (b) payment is offered in exchange for oocytes for SCNT research
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