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The HFEA is conducting a review of UK donation policy this year. It is a sensitive subject, with ethical and public policy considerations, and inevitably controversial, but it is also important. More than 2,000 babies are born in the UK each year from donated eggs, sperm and embryos, and donation offers the hope of a family to many prospective parents, including infertile couples and those in alternative family structures.

One of the HFEA's objectives in undertaking the review is undoubtedly to encourage more patients to conceive within the carefully regulated UK framework. With donated sperm and (particularly) eggs in short supply in the UK, the HFEA knows that increasing numbers of patients are turning to foreign clinics instead where donated gametes are more readily available. But reviewing donation policy is a delicate task, and the HFEA will need to balance the wish to increase the supply of donated gametes carefully with the interests of patients, donors and donor-conceived people, and wider public concerns about donation practices.

### So what is the HFEA reviewing?

#### Payments to donors

Currently, donors can only be paid their actual out-of-pocket expenses (for example travel costs) plus up to £250 for loss of earnings in total for each course of donation. The only other kind of compensation permitted is free or reduced-cost fertility treatment offered to patients who agree to donate their eggs or sperm to other patients (i.e. egg sharing arrangements).

One of the issues being considered is whether it would be acceptable to pay donors more. Long established UK policy is that donation should be an altruistic gift, and that donors should not be incentivised to donate their eggs or sperm for financial gain. There are also fears about the slippery slope toward eugenics, and concern that introducing a commercial element to donation could start us on the road to a market in which certain perceived desirable features are sold to the highest bidder.

However, on the other side of the fence, the current limits on payment have been criticized as being excessively severe. Sperm donors have to undergo extensive tests at the outset

# Gifts of life: the HFEA's review of donation policy

of their donations, then attend the clinic regularly to donate their sperm and then undergo further tests, all spanning a period of many months. Egg donors have to undergo an IVF cycle, including ovarian stimulation and egg collection, with all the discomfort and inconvenience this entails. It seems doubtful that many people would do this without altruistic motivation, even if compensated more generously, so the £250 limit on compensation could be raised to a more sensible figure without prejudicing broader principles.

#### Numbers of families

Currently, each donor is permitted to conceive up to ten different families in the UK, with each family able to have as many children as they wish using the same donor. The HFEA is considering whether this limit should be increased. Clearly this would have an instant effect on supply, since each donor recruited could be used to treat more patients. However, the wider implications will need to be carefully considered. The current regulatory restrictions aim to limit the numbers of genetic relatives created through assisted reproduction (mainly to reduce the risk of inadvertent consanguine relationships) and the greater the number of children conceived from the same donor, the more the risk increases.

A further consideration, following a legal change introduced last year which gives donor conceived people new rights to contact their siblings, is how increasing the numbers of families (and so the numbers of potential siblings) will impact on donor conceived people in the longer term.

#### Donors' control over their donated gametes

Currently, donors have complete legal freedom to place restrictions on how their donated eggs or sperm can be used. They can, for example, stipulate that their gametes should only go to a particular type of fertility patient, perhaps to recipients of a particular religion or family background. Should donors still be given this absolute control or, in the modern age of non-discrimination, should it be left to clinics to decide how gametes are used?

#### Donor anonymity

One issue not up for discussion is the UK's policy on donor anonymity. The law was changed in 2005 to ensure that donor conceived people would, at age 18, be able to find out the identity of their genetic parent if they wished to do so. The changes were not retrospective, and have created a two-tier system whereby some UK donor conceived people now have an anonymous donor, while others have an identifiable donor. Although the lifting of donor anonymity may bear responsibility for the shortages of donor gametes in the UK, the HFEA has made it clear the policy on anonymity is a matter for Parliament and not part of this regulatory review. The consultation on the HFEA's donation review is open until the autumn. You can go to: [www.hfea.gov.uk](http://www.hfea.gov.uk) for more details or to participate.