

## Bidding on the Future? The Limits of Paying for Gametes

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A unique environment has evolved in reproductive medicine in the United States. Nowhere else in medicine are human tissues bought and sold, but that is increasingly the case with gametes. This owes to a number of factors, including the supply and demand for donated sperm and ova, the lack of third-party reimbursement for most reproductive medicine services, and the perception that reproductive medicine is not providing life-saving medical care. Buying and selling gametes raises both practical and ethical issues, some of which have been addressed by American society in debates about blood donation, as well as in the donation and allocation of solid organs. Why has the conclusion been different for gametes than for any other body parts or tissues, and what are the differences in the impact of paying for sperm as compared with eggs?

### *The Problem with Payment*

There are numerous reasons to be wary about paying sperm and egg donors: the safety of donated tissues, creating inappropriate incentives or exploitative situations for donors, and issues of fairness in the allocation of the sperm and eggs if their cost is too great.

When there is less money to be made from donation, there is less incentive to hide illness, family history, or other typical exclusion factors, and so there is presumably greater safety for the donated tissue (Guerin, 1998). The greater the financial reward, the greater the incentive for potential dishonesty in donation and the greater the likelihood that donation is motivated by money rather than by altruism.

In the case of sperm donors, this could lead to more "one-time" donors and to more donations rejected after

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screening. Since sperm is replenishable and easily donated, relatively low financial rewards are often sufficient to encourage donors. But such encouragement can quickly turn the donation into a sale when the donor is motivated only by money. We then turn sperm into a commodity, which can be bought, sold, or traded—a phenomenon already occurring on the Internet. Although improper incentives are one thing, exploitation of donors is another. It is difficult to argue that there is exploitation in the relatively low pay for sperm donation or that access to sperm is so limited as to create issues of fair allocation. But the same cannot be said for egg donors.

### *Wanted: Tall, Smart, and Fertile—The Difference between Sperm and Egg Donation*

Because of their shortage, demand is growing for donated human eggs, culminating recently in ads on Ivy League college campuses for donors with specific characteristics. A woman who is tall (over 5 ft 7 in height), smart (SAT scores above 1400), and attended an Ivy League college can now command \$50,000 for her donated eggs. With \$50,000 in the offing, it is time to ask whether we've created a market in human eggs. How did eggs become a commodity to be bought and sold in an era when we have steadfastly refused to allow the buying and selling of human organs? One way to understand the current situation is to look at the kinds of tissues or body parts we have historically allowed to be donated for money. Blood, bone marrow, and sperm are all replenishable, have relatively low or no risk associated with their donation, and bring relatively low payment.

So does egg donation look more like the donation of these other tissues or more like donating a kidney? It bears some resemblance to both. Like donating blood, sperm, or bone marrow, egg donation involves parting with something that will not otherwise be used or can be replenished. But it is certainly more uncomfortable and risky than blood or sperm donation and somewhat less uncomfortable and risky than donating a kidney. But although donated bone marrow or kidneys are just as precious as human eggs, we do not allow a market for either of them. Why not?

First, we are concerned about the exploitation of potential donors. Everybody has a price, and it is unethical to create situations in which people overlook the risks of donation to themselves and their family (pain, disability,

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Portions of this article appeared in Dr. Kahn's biweekly column on CNN Interactive, Ethics Matters, which can be found at CNN.com/health.

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Received for publication June 3, 1999; accepted for publication June 9, 1999.

long-term effects, and even, rarely, death) for monetary inducements. Many women report that they are concerned about the psychological impact of having genetically related children created from their eggs somewhere in the world, and we don't yet know the long-term effects of the drugs taken to produce superovulation in egg donors. Second, we have decided as a society that it is unfair to base access to a scarce health care resource on one's ability to pay. Even with good access to health care, selling eggs puts *in vitro* fertilization out of reach for many and allows the rich to outbid others and to jump whatever queues might exist.

### *Conclusion*

So, should infertility clinics and sperm banks offer increasingly large monetary incentives as an effective and appropriate method for creating a supply of precious medical material? Or should we view the burgeoning market in human sperm and eggs as wrong and conclude, just as we have concluded for kidneys, that a market is inappropriate?

The closest we should come to a market for sperm, eggs, or organs is to provide reimbursement for the costs associated with the donation, such as payment for lost wages and transportation; and at most, we should provide a standard and consistent monetary incentive to encourage altruism. This approach would follow the lead of the United Kingdom's Human Fertilisation and Embryology

Authority (HFEA), which is phasing out all payment to gamete donors other than "reasonable expenses" (Johnson, 1997). Whatever dollar figure we agree is appropriate, it will be far less than \$50,000. We should not be paying donors to ignore or overlook the risks of their donation, both physical and psychological—and the higher the pay, the more likely that is to happen.

The reproductive medicine community must take responsibility for controlling the burgeoning market in sperm and eggs. They are the front door to the process, as well as the only legitimate avenue for the use of gametes. If the professional community doesn't regulate itself, it will be up to the government to assert authority over what are increasingly commercial transactions that threaten to become mercenary at best and exploitative at worst.

Whatever donations result should not be allocated on the basis of market forces but distributed according to medical need and waiting time. If we choose another course, the price to be paid by making commodities out of human body parts is even higher than the price of an organ shortage.

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