

The changing landscape of donation



The ethics of sperm and egg donation capture the public imagination. The issues are rarely out of the press which is unsurprising given what donation involves: making children who will not be genetically related to their parent(s). As the fertility watchdog, it is our job to regulate sperm and egg donation and treatment. We last looked at our rules in 2005, but even in this short time the landscape of donation has changed and we want to make sure our rules are up-to-date.

We would like your views about the changing landscape of donation in the UK and the most important principles engaged in donation.

Social and technological changes

The changing patient profile and new technologies

While more single women and same sex couples are having donor insemination, the demand from couples with a sub fertile male partner (for example, where the man has low sperm count or low quality sperm) has decreased over the past decade. This is because ICSI has become more widespread in treatment. As a result of ICSI, the number of women undergoing donor insemination is now less than a third of the number treated in the early 1990s (around 2,000 in 2007, compared with 9,000 in 1991).

About 4% of IVF and ICSI treatment in the UK involves donated eggs.

The number of sperm and egg donors has risen in the UK since 2005 (when the UK passed legislation removing donor anonymity). However, despite this increase, the number of people receiving treatment has dropped. One explanation for this could be an increase in known donors (friends or family of the patient), who donate to one family only.

Increasingly, donated sperm is imported from other countries. Currently about 20% of donors are from overseas, compared to 12% in 2005.

Demand for treatment with donated eggs or sperm continues to outstrip supply, resulting in long waiting times at some clinics, particularly when patients want a donor from a minority ethnic group. The British Fertility Society estimates that we need 500 sperm donors a year to meet demand in the UK.

Shortages of egg and sperm donors

There has been a shortage of donors in the UK since we were first established in 1991. It is often argued that the shortage has been exacerbated by the removal of anonymity by Parliament in 2005. As a regulator, it is not our role to ensure the supply of donors. However, this shortage impacts on aspects of donation where we do have some control: donor compensation, the family limit and family donation.

What are the consequences of donor shortages?

The shortage of donors results in long waiting times for treatment in the UK. These waiting times is one of the main reasons people give for going abroad, where it can be easier to access donor treatment. However, people conceived in clinics abroad will not be able to benefit from the safeguards which exist in the UK, including the right to information about their donor and siblings.

Rising number of online donation sites

There has been an emergence of web-based matching services where donors advertise their willingness to donate to potential recipients. Some of the risks of having donor treatment outside a licensed clinic are that:

- the sperm sample received is not safe
- the safeguards that the law offers to parents, to donors and to those who are born do not apply.

Possible solutions to the donor shortage

Increasing awareness of donation and better understanding of effective donor recruitment and retention strategies, may help to increase donor numbers.

Clinics have also told us that the current system for compensation is a burden to administer and may leave some donors out of pocket. Donor numbers might increase if these issues were addressed.

Access to sperm donor treatment might be increased by raising the number of families an individual donor can donate to; this limit is currently set at 10.

The ethical principles and concerns of donation

There is a greater demand for donor treatment in licensed clinics than the supply of donors, yet there is a perception that unlicensed donor/recipient matching websites are on the increase. This suggests that there are people who are willing to donate, but do not do so through licensed clinics.

These issues force us to consider our values and principles regarding the nature of giving, the value of life, how life should come about and the proper place of regulation. There is not a clear 'right' answer; there are competing principles and concerns.

Outlined below are the principles we think are relevant to the issues surrounding donation.

- Welfare of the future child
- Safety of donors, patients and donor-conceived people
- Respect for family life
- Altruism
- Fairness
- Informed consent
- Free choice
- Importance of counselling
- Pragmatism
- Openness
- Special status of the human embryo